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REGULARS

Letters to the editor should be clearly marked and be a maximum of 250 words. Submissions and letters may be addressed to:
**The Editor
Australian Counselling Association
PO Box 88
GRANGE QLD 4051**

aca@theaca.net.au

See page 70 for peer-reviewed article submission guidelines.

Editorial

Climate hope from listening to the young
Philip Armstrong
Editor

As we go about our daily lives at work and at home, it has become near impossible to avoid thinking about, or indeed observing, climate change and the impacts it is having on people around the world.

While the science and research that has been accumulating for more than half a century may still not be fully understood by many, especially given the efforts of powerful influencers to dismiss it, the reality is nonetheless right there in front of us. The increasingly extreme weather events that we have been warned about for decades are happening.

This challenges us in ways that can be difficult to articulate. It clouds almost every imagining about our future, our children's futures and the world's future. It adds another layer of complexity to modern living, and to the role of professional counsellors and psychotherapists in helping people navigate through this challenge and change.

The differentiating factor, perhaps, with climate change is that it affects everyone. No one is facing this alone, so it becomes a community conversation — an intergenerational conversation.

In this edition of Counselling Australia journal, we examine the mounting mental health impacts of climate change, especially on young people. These can be impacts caused not only by scenes of climate disaster consuming more and more of the daily news cycle, but also the angry nature of the debate. Most young people find this unfathomable, especially when you consider the hundreds of communities across Australia that have, in recent times, been traumatised directly by devastating fires, floods and storms.

The CA community is on the frontline of these weather crises, and everybody is feeling the intensity of what is unfolding. It is very close to home at the Australian Counselling Association, which suffered tremendous losses in March last year when our offices were deluged by an unprecedented rain event and subsequent flooding in Brisbane. We are still managing repairs and the fear of another such calamity.

In the meantime, we all wrestle with the challenge of conquering uncertainty, and shining light onto avenues of hope — onto the many ways people around the world are responding. From a climate scientist's perspective, it might not be fast enough, but when I look at all of this through the eyes of my youngest son, Kiernan, I am given hope and confidence. His generation will not 'mess about' as ours has. His generation is our hope.

As a 10-year-old, he is more present and concerned about how action and inaction will really affect us. Through him, I observe how climate change is creating intergenerational trauma that is colouring how we see and judge ourselves and others.

The other week, Kiernan was clearly troubled when he watched a news story about recycling in Brisbane. He said the story was not telling the whole truth. He was informed. He had already researched how much of the recycling in Brisbane goes to landfill, and how industry and governments are missing opportunities by not embracing sustainability principles such as the circular economy.

He explained the lifecycle of recycling and how it is so poorly done in Australia, how it is neither efficient, effective or sustainable and, in the end, actually creates more waste and pollution.

More disturbingly, he spoke of his distrust of adults and their ability to address the issue because of their readiness to manipulate truth. He is 10 years old and he investigates these issues. He is informed about the complex interactions and consequences of unsustainable consumption of the Earth's resources, and the impacts on wildlife and food chains.

Kiernan will also talk to anyone about his concerns and what people — adults — could be doing that would make a difference to our future.

He pushes me to do better, to learn more. That's why I hope this edition of our journal captures the spirit of the generations to come.

As health professionals, it is imperative that we all reflect on the challenge, our own feelings about it and how we can start to make a difference, in many small ways, in our own lives. These will be the seeds of hope and rebuilt trust between our generation and those that follow. ◾
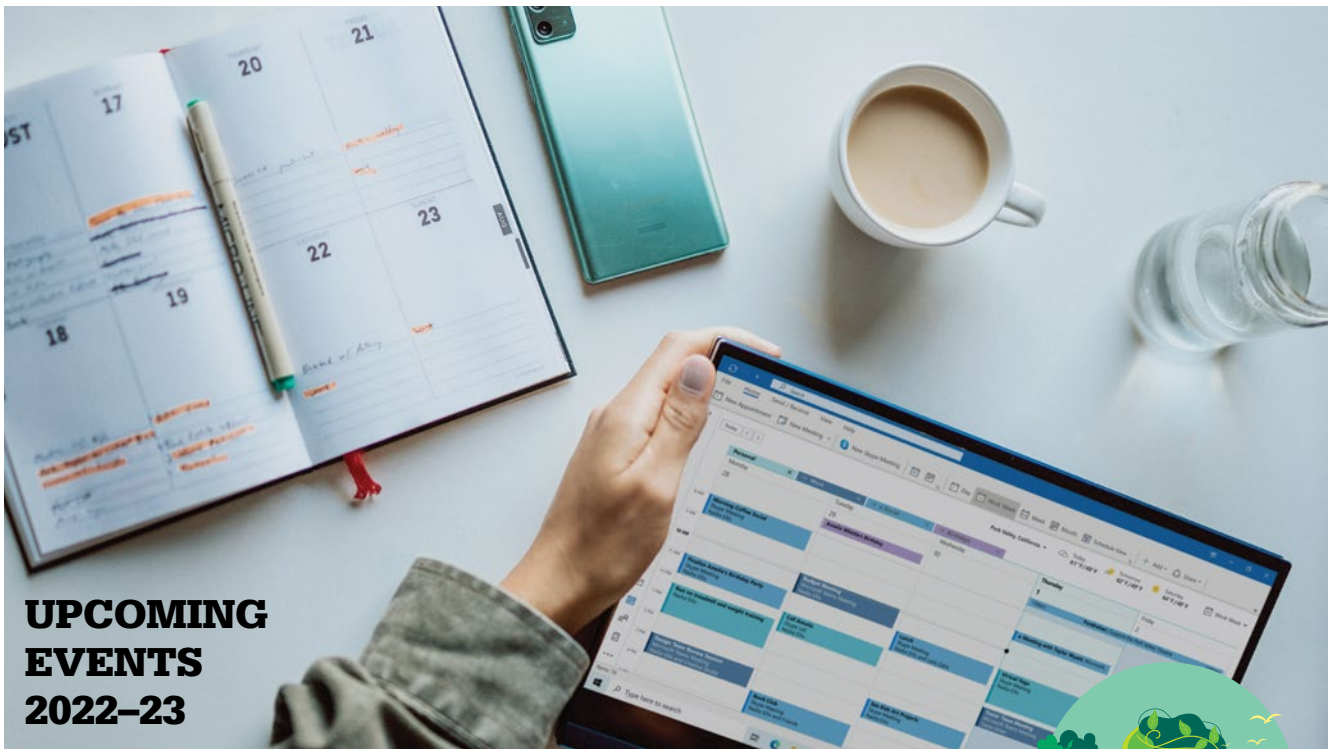
UPCOMING EVENTS 2022–23

National Close the Gap Day
16 March
Close the Gap Day supports health equality for First Nations Peoples. On 16 March, consider hosting an activity at work, home, school or in your community to help make a difference. See the Closing the Gap website for ideas and to register: closethegap.org.au/close-the-gap-day.

Neighbours Every Day
26 March
Neighbours Every Day promotes practical and effective ways to help address loneliness across our communities. You can register an event to celebrate your neighbours and create belonging on the initiative's website: neighbourseveryday.org/about-neighbour-day.

Wear Purple
26 March
On 26 March each year, people around the world are invited to wear purple and host events in support of epilepsy awareness. Find out how you can take part at purpleday.org.

World Schizophrenia Awareness Day
24 May
Schizophrenia affects more than 20 million people around the world. This yearly event is about raising awareness about this mental health condition, and breaking down the stigma and prejudice surrounding it.

National Sorry Day
26 May
National Sorry Day, held every year on 26 May, remembers and acknowledges the mistreatment of Aboriginal and Torres Strait Islander people who were forcibly removed from their families and communities.

National Reconciliation Week
27 May to 3 June
The theme for National Reconciliation Week 2023 (#NRW2023), Be a Voice for Generations, encourages all Australians to be a voice for reconciliation every day — where we live, work and socialise. Learn more at reconciliation.org.au/our-work/national-reconciliation-week.

World Environment Day
5 June
This 5 June, the focus of World Environment Day is solutions to plastic pollution. Check out the World Environment Day website to find out how you can help in the global effort to #BeatPlasticPolution: worldenvironmentday.global.

Men's Health Week
13 to 19 June
In mid-June, International Men's Health Week highlights the importance of men's and boys' physical, emotional and mental health. Western Sydney University coordinates Men's Health Week in Australia, and its website explains how you can take part: westernsydney.edu.au/mens-health-week.
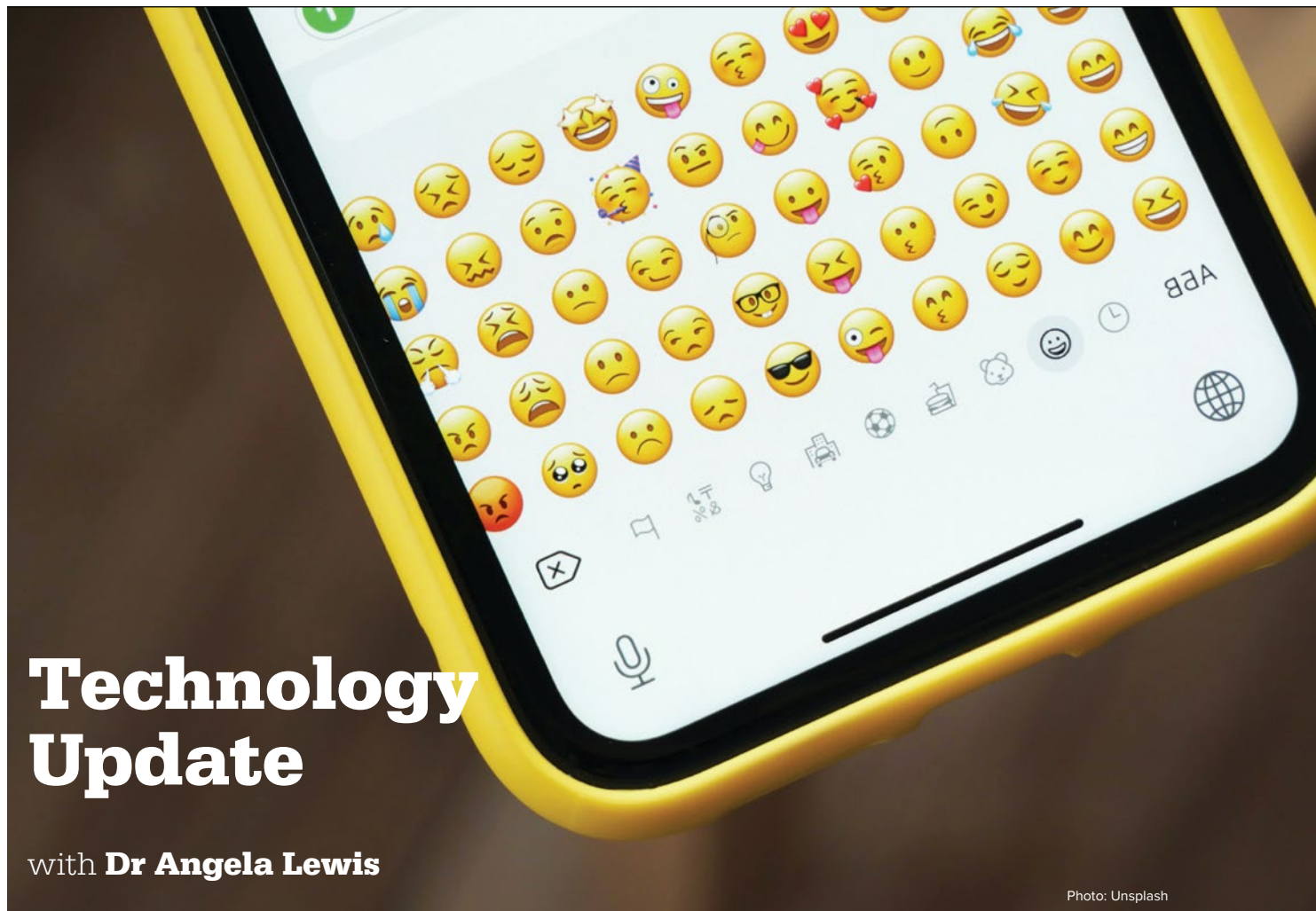
Technology Update

with **Dr Angela Lewis**

Photo: Unsplash

Welcome to 2023. This year's first column is a grab-bag, starting with making our online security stronger and ending with the world of emojis.

Two-factor authentication

With the number of online accounts most people use, it can be challenging to ensure they're all protected against the ongoing problem of cybercriminals trying to illegally access login credentials. One way we can significantly bolster the security of our online accounts is to employ two-factor authentication. Some of us will already be familiar with two-factor authentication as it is required for MyGov accounts, while those with Gmail accounts will have noticed an automatic prompt encouraging its use. When two-factor authentication has been set up, the user is asked to provide their first authentication method (for example, a password

or pin), then provide a second method of identification to access their online account or system. The second method is either an SMS security code (currently the most common method), an on-device prompt or even a fingerprint scan. When there are two or more methods of identification required, the practice is known as multi-factor authentication.

Two-factor authentication is easy to set up and most online systems (banking, email, Facebook, Google, LinkedIn and so on) provide it, so just check out the user settings for the relevant account.

PS: Whether you decide to employ two-factor authentication or not, you should ensure you have

anti-virus software installed and running.

Emojis

Emojis (often still called emoticons) are the small digital images or icons people use online to express an idea or emotion – the smiley face (😊) is the simplest form.

Many people use keyboard combinations to create emojis – for example, they might use the colon, dash, right bracket to produce the smiley face. But did you know there is an easier way? Hold down the Windows key (on the left side of your keyboard, near the Z) and press the full stop key. This action brings up the emoji panel in most apps, including in MS Word and

Photo: Unsplash

Outlook. Once you've opened the panel, simply click on the required symbol.

However, be warned that specific emojis can have different meanings across different generations. For example, a recent study by the Adobe Group found that many of those in the Gen Z bracket (those born between 1995 and 2010, and the first generation known to 'zoom' the internet) are taking offence at some routinely used emojis such as the thumbs up; apparently, some Gen Zers are calling out this popular emoji for being 'rude' and 'hostile', even saying they feel attacked whenever they see it used in the workplace. They believe that if someone wants to communicate 'well done', for example, they should write it. Purportedly, Gen Zers only use the thumbs up in a sarcastic fashion. Other emojis this generation dislikes (or only use when interacting with those they perceive as of an older generation) are the lipstick kiss and the OK hand. If you are curious to know how Gen Zers prefer to use their emojis, quickly Google 'How Gen

Z uses emojis'. It's quite surprising to see how they have subverted the original uses and meanings – starting with the skull 💀 being their preferred emoji for laughter!

Nomophia

The term nomophia is short for 'no mobile-phone phobia'. According to Healthline.org, symptoms include:

■ worry, fear or panic when you think about not having your phone or being unable to use it;

■ anxiousness and agitation if you have to put your phone down or know you won't be able to use it for a while;

■ panic or anxiety if you briefly can't find your phone; and

■ irritation, stress or anxiety when you can't check your phone.

A recent online survey of 1000 people in the UK by CNN Business found that almost two-thirds (66 per cent) of respondents experienced nomophia. The youngest age group (18 to 24) topped the list, with 77% having experienced it, which was 11% more than for the second most affected group, those aged from 25 to 34.

PowerPoint: the difference between the PPT and PPTX extensions

PPT is the default file extension for saving presentations in PowerPoint 2003 and earlier versions, while PPTX is the default file extension for saving presentations in PowerPoint 2007 and later versions. If you open a presentation previously saved as .ppt and wish to save it in a more recent version of PowerPoint, you will be prompted to save it as a .pptx. It's fine to do this. ■
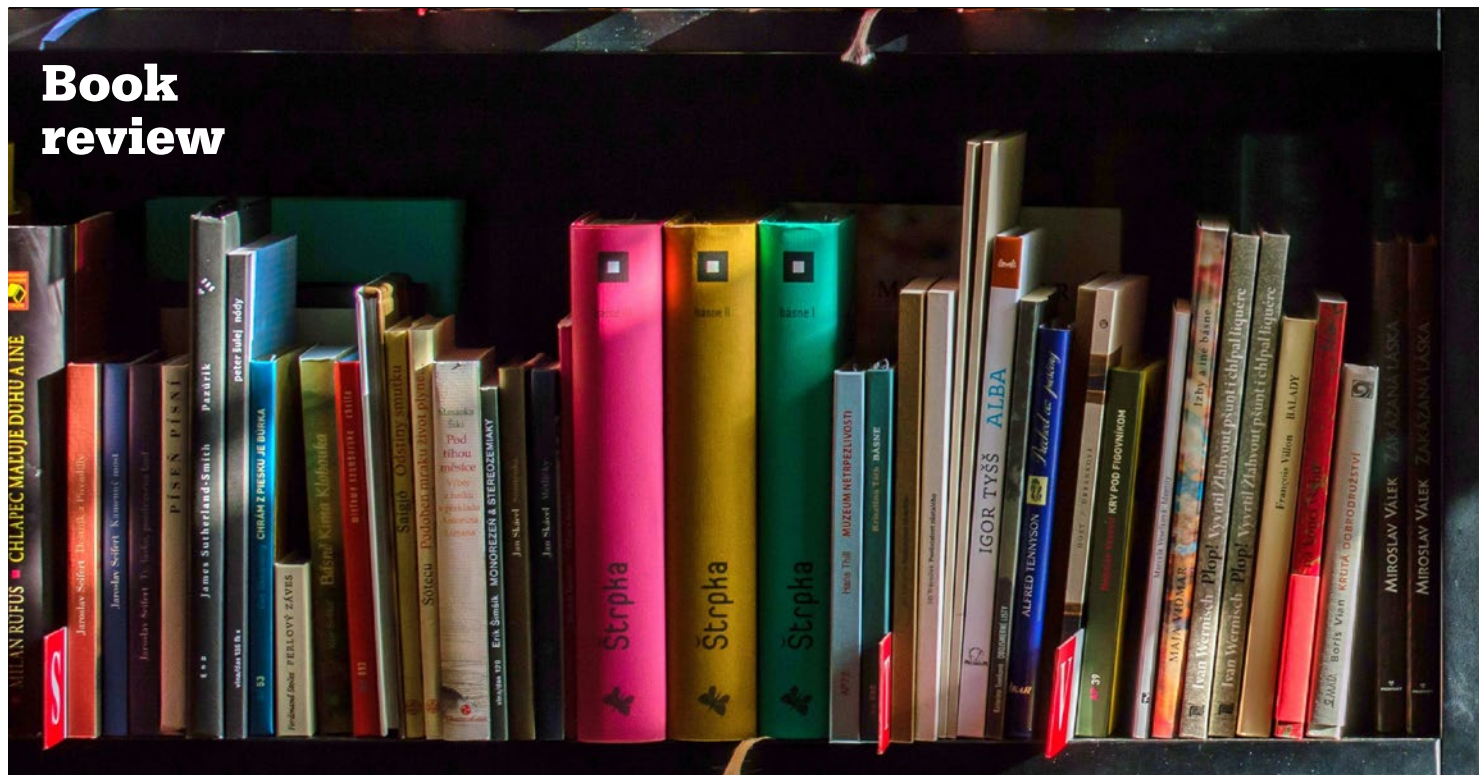
Book review

13 things strong kids do:
Think big, feel good, act brave
By Amy Morin

Reviewer
Deborah Campbell

Disclaimer: I am reviewing this book through the lens of a psychotherapist and counsellor who has been working in the field, predominantly with children and young people impacted by trauma, for over 30 years. I volunteered to do this review as I'm always looking for refreshing and effective ways of working with this target group. I am a long-time reader of Counselling Australia, but a first-time contributor.

If the name Amy Morin sounds familiar, you would be right – the Scottish-born American Morin is a psychotherapist and bestselling author, as well as a podcaster and regular contributor to Psychology Today. This is Morin's first book for eight to 12-year olds, and aims to teach them 'how to become their best'.

The book's hard cover features vibrant, colourful print; it is inviting from the get-go and catches your eye from the bookcase. The fonts used throughout the book are varied, perhaps to keep younger readers engaged, and readers are often addressed directly as 'you' (which was a little confronting to me initially). The fun illustrations are the only possible indicator of cultural diversity – and this is minimal.

The chapters follow a consistent format:

- 'the context': This is a vignette relevant to a child-related theme, written with child friendly language and termin-ology – for example, 'BFF'.
- 'check yourself': A reflection/self-analysis exercise encouraging the reader to think about how the vignette may relate to some of their current thoughts, feelings and behaviours.

- 'closer look': This aims to help the reader draw closer parallels between the vignette and their own experience.
- 'proof positive': Provides examples of how the new 'habit' of thinking big, feeling good and acting brave can improve wellbeing.

There are three exercises per chapter (42 exercises in total) that explore:

- helpful versus unhelpful thoughts: These are about being with uncomfortable emotions and strategies to deal with them. Some exercises teach problem solving while others show readers ways to solve how they feel about the problem – because not all problems can be solved.
- traps to avoid: These are suggestions to thwart misunderstandings and avoid falling into unhelpful thoughts, and so on.
- quick tips: These are the take-aways at the conclusion of each chapter, and share how to engage the new habit (according to Morin and the researchers she has referenced at the end of the book).

The concepts are couched in cognitive behaviour theory (CBT) language, and the book is possibly the first introduction young readers will have to concepts such as positive versus negative self-talk; links between thoughts, emotions and behaviours; self-compassion; empathy; and gratitude. In addition to its array of engaging fonts, its sub-headings make it easy to read, and it also has humour and relatable characters. Trying new things is called doing 'experiments', which can invoke young readers' curiosity and sense of fun and adventure.

Further positives about the book are:

- the relevant themes of the vignettes, such as belonging, social media, performance anxiety, fear of failure, risk taking, friendships and adapting to change;
- the use of metaphor; for example, "Change the channel in your brain";
- the way it normalises making mistakes, and owning and learning from them;
- the use of quite detailed examples, so readers get a good understanding of the processes explained; for example, the STEPS problem-solving framework; and

Photo: Pexels

• the way it celebrates and encourages children's agency, empowering them to make choices where they can.

The book also has some negatives:

• It is possibly written from a 'conservative' American lens.
• The audiobook is narrated by an American female with a strong accent, which may impact the listening experience.
• I would have liked to see or read more references to cultural and ability diversity.
• In the scenarios the children present as middle class. There are no diverse family/parenting models, and all parents are compassionate, understanding and well-resourced to deal with challenges (except for the character of a step-father, whose step-child calls him a a 'jerk').
• Some scenarios could be quite triggering for children,

and while the introduction encourages readers to identify five adults they can speak with if they feel uncomfortable with any of the ideas presented or raised, not every child will have access to or feel comfortable accessing this support.

My feeling is that this book is a very useful tool for those who work with children who fit into mainstream systems; however, a practitioner or parent could adapt scenarios to better suit their reading or listening audience if they fall outside the mainstream.

My other suggestions for using the book include:

• beginning at the beginning of the book rather than selecting random chapters, as chapters often build upon the previous one;
• employing it as a family resource, as part of strengthening the family

or family therapy, because it may help parents gain increased insight into some of their children's challenges. I can imagine the book being particularly useful as an audio book (particularly if your family enjoys an American accent) – in fact, you could listen to it one chapter at a time on car trips;

• using it in group work, as it could provide meaningful opportunities for young people to reflect, with supportive facilitation, over scenarios that occured during their week, perhaps as part of a 13-week course in personal development and resilience.

Finally, if CBT makes you cringe, do not despair. There are plenty of practical exercises in this gem of a book that can be adapted to fit any strength-based, client-centred framework. ■

"Thinking big, feeling good and acting brave will help you develop bigger mental muscles."
– Amy Morin

Climate change and mental health

Where to seek further information

For helpful resources on the issue of climate change and mental health, Dr Chloe Watfern, transdisciplinary researcher and Scientia PhD scholar, recommends:

- Climate Psychology Alliance, climatepsychologyalliance.org;
- Climate Psychiatry Alliance, climatepsychiatry. org;
- Joanna Macy and Chris Johnston – Active hope, book and free online course, activehope.info;
- Britt Wray – *Generation dread*, book and newsletter, brittwray.com/gen-dread;
- Leslie Davenport – *All the feelings under the sun*, booktopia.com.au/all-the-feelings-under-the-sun-leslie-davenport/book/9781433833915. html;
- Ayana Elizabeth Johnson and Katherine Wilkinson – All We Can Save, allwecansave. earth; and
- Psychology for a Safe Climate – lots of great events, including training for mental health professionals, and climate cafés', psychologyforasafeclimate.org.

For CA's interview with Dr Watfern, see page 12.

Dr Rebecca Patrick, senior lecturer at Deakin University and a co-director of its Health, Nature, Sustainability Research Group, recommends:

- Climate and Health Alliance (CAHA), caha.org.au;
- Australian Psychological Society, psychology.org.au;
- The Royal Australian & New Zealand College of Psychiatrists, ranzcp.org/home; and
- Doctors for the Environment Australia, dea.org.au.

For CA's interview with Dr Patrick, see page 51.

Jules Silva offers:
Some books of interest

- Klein, N. (2015). This changes everything: Capitalism vs. the climate. Simon and Schuster.
- Macy, J., & Johnstone, C. (2012). Active hope: How to face the mess we're in without going crazy. New World Library.
- Weintrobe, S. (2021). Psychological roots of the climate crisis. Neoliberal exceptionalism and the culture of uncare. Bloomsbury. doi. org/10.5040/9781501372902
- Weintrobe, S., Robertson, C., Hollway, W., & Hoggett, P. (2022). Climate psychology: A matter of life and death. Phoenix.

Training

Some opportunities for professional development
and training

- Psychology for a Safe Climate: psychologyforasafeclimate.org
- Climate Psychology Alliance: climatepsychologyalliance.org
- Sustainable Self (Dr Thomas Doherty): selfsustain.com
- One Earth Sangha: oneearthsangha.org
- Active Hope: activehope.info

Networks

Some networks to consider joining

- Work that Reconnects: workthatreconnects.org
- Good Grief Network: goodgriefnetwork.org

Websites

Some other resources of interest

- Climate Psychology Alliance, Handbook of climate psychology: climatepsychologyalliance. org/images/files/handbookofclimatepsychology. pdf

- Australian Psychological Society, Climate change empowerment handbook: psychology.org.au/getmedia/88ee1716-2604-44ce-b87a-ca0408dfaa12/climate-change-empowerment-handbook.pdf
- Climate and Health Alliance: caha.org.au/resources

Podcasts

Some podcasts/online presentations
of interest

- Climate change and happiness: climatechangeandhappiness.com
- Good Grief Network: goodgriefnetwork.org/ podcastandresources
- Royal Australian & New Zealand College of Psychiatrists Climate change and mental health webinar series: ranzcp.org/practice-education/ webinar-event-recordings/climate-change-and-mental-health-webinar-series
- Also, check both the PSC and CPA websites for podcasts: psychologyforasafeclimate.org and climatepsychologyalliance.org.

For CA's article by Jules Silva, see page 18.

Photo: Jackie Dilorenzo/ Unsplash

THE ART OF MEANINGFUL ACTION: ADDRESSING THE MENTAL HEALTH TOLL OF CLIMATE CHANGE

Embracing the concept of 'active hope' in her work and life, Dr Chloe Watfern's creative-based practice draws on meaningful connections to transform people's distress and anxiety around climate change into a more positive mindset. By **Melissa Marino**

Chloe Watfern was pregnant with her second child as Australia's Black Summer bushfires raged across the east coast over 2019–20.

As a resident of Sydney, there was no escaping the smoke that choked the city from New South Wales' worst bushfire season, and she felt the impacts both physically and psychologically.

By the time her daughter was born late in February, the fires had turned to floods. Torrential rain across several days led to power outages and evacuations and, despite the distraction of a new baby, Dr Watfern recalls being "filled with despair" about climate change.

"I really struggled with my mental health during that period," says the artist and research psychologist, who had been involved in environmental issues for many years. "I did a lot of doomscrolling; I revisited a lot of quite alarming science. And it took me a long time to reckon with that and find my own path through it."

Dr Watfern says she "slowly but surely" realised she could take skills from her professional background and channel her negative feelings into something constructive. So, she shifted the focus of her work to look at the connections between climate change and mental health in the community.

Dr Watfern had been completing a PhD with Black Dog Institute and the University of NSW School of Art and Design, working alongside neurodivergent artists in supported studios to better understand their art practices.

Focused around social inclusion, her qualitative research involved numerous hands-on creative projects with participants, including people with autism and dementia carers, who hand-stitched works of art on cloth to express their experience.

Given it is intended to build community and social wellbeing at a group level, Dr Watfern says there is significant overlap between the work she is undertaking today as a research associate with the Black Dog Institute and the Consumer and Community Involvement and Knowledge Translation Strategic Platform of Maridulu Budyari Gumal Sydney Partnership for Health, Education, Research and Enterprise (SPHERE).

Through the Institute and SPHERE, and as an independent creative facilitator, Dr Watfern has maintained the community focus of her work but has segued into addressing distress associated with climate change — a real issue for a growing number of people.

In Chloe Watfern's body mapping workshops multi-generational participants used life-sized outlines of their bodies as scaffolds to express how they felt in nature, as well as about changes to the environment.
Photo: Chloe Watfern

Compounding people's trauma, Dr Watfern says, is climate distress – also known as climate anxiety – that refers to concerns around future loss and uncertainty.

Climate change impacts

Dr Watfern says there is a substantial body of evidence showing that climate change is impacting on people's mental health in several ways.

Firstly, there are impacts such as trauma and post-traumatic stress disorder experienced by those who have been impacted by climate change directly – losing homes, special places or loved ones to fires, floods and heatwaves fuelled by a warming world.

Solastalgia, a term coined by Australian academic Professor Glenn Albrecht in response to the impact of open-cut mining in the Hunter Valley, is also gaining traction globally. It describes distress or depression caused by environmental change, such as from climate change.

Compounding people's trauma, Dr Watfern says, is climate distress – also known as climate anxiety – that refers to concerns around future loss and uncertainty.

"Many people who have lived through incredibly traumatic experiences don't feel they can just recover and repair and it's over," she says. "They feel these climate-fuelled events are going to keep on coming. So how do you plan for a future that's so uncertain?"

Dr Watfern says these types of responses are not just restricted to those directly impacted by a significant natural disaster.

In a world where impacts of climate change – no matter how incremental – are seen and felt every day, the experience of climate distress is widening, she says.

"Unfortunately, the line between direct and indirect impact is becoming blurrier as the crisis escalates," she says. "A lot of people are simply reading about these things in the news or are becoming aware of the science, or experiencing more hot days, and that is quite rightly stressful."

A young issue

Dr Watfern says it is young people, growing up in a world already impacted by climate change and concerned about what lies ahead, who are experiencing the greatest levels of climate distress.

A 2021 global survey of 10,000 people younger than 25, led by Caroline Hickman from the University of Bath, found 80% were worried about climate change. And more than 45% said their feelings about climate change affected their day-to-day functioning.

"A lot of young people are not wanting to have children, for example, because of their anxieties about what the world will look like with climate change," Dr Watfern says. "It's a really big issue for them."

Dr Watfern says much of this distress is driven by uncertainty about the future as well as a sense of hopelessness about the sheer scale of the problem. "They have questions around what they will do to cope, but also how they can contribute to a solution to such a huge issue," she says. "So I think a lot of people feel very helpless."

Dr Watfern is working in response to this sense of helplessness, building people's feelings of agency and understanding through positive, arts-based activities.

Meaning and hope

As a qualitative researcher trained in psychology and art, Dr Watfern takes a 'meaning-focused' approach to her work, with the concept of 'active hope' at its core.

This framework is inspired by two eminent researchers: Dr Maria Ojala, who after more than a decade researching young people and climate change is an exponent of meaning-focused coping strategies; and Dr Joanna Macy, a scholar and environmental activist informed by Buddhism and systems change theory who co-authored a seminal text on active hope.

While unique in their own right, both of these theories hinge around acknowledging the seriousness of the issue causing distress, then drawing on someone's personal belief system to promote, meaningful, positive action.

Working within the arts-based knowledge translation team at Black Dog Institute, Dr Watfern collaborates with communities and a range of organisations to develop

Above Students from Randwick Girls High School created letters of thanks to female leaders taking action on climate. Photo: Chloe Watfern

creative responses to people's experiences — including distress around climate change.

Visual artmaking, writing and dialogue enables people to explore their feelings about the climate crisis and build a constructive response, she says.

"It's been really fruitful and a privilege to hear how people are feeling and play a role in helping them to come to terms with such a big issue," she says.

Projects for empowerment

In one project, The Climate Letters, Dr Watfern and her collaborator Zoe Edema worked with students at Randwick Girls High School sending 'letters of thanks' to female leaders taking positive action on climate.

Letter writing is a powerful rhetorical tool that opens a dialogue and it enabled the students to articulate their feelings about climate change, she says.

Dr Watfern was amazed at how many of the leaders who received a letter responded. "They have said how the letter uplifted them," she says. "So there's ripple effects when you start heartfelt communication between people."

Dr Watfern is also running 'body mapping' workshops with the Black Dog Institute and a team led by her PhD supervisor and mentor Professor Katherine Boydell, who has written a book on the role of the practice in research.

Body mapping involves taking a life-sized tracing of a person's body to be used as a scaffold or a framework to articulate an experience, Dr Watfern explains.

In the workshops, held in collaboration with Randwick Council, she is working with children and their carers to map how they experience nature. Participants express the positive feelings they have when they are in nature and how they feel that in their body. They are also asked about

how they feel about changes to the environment.

Working as families, participants create a collective map with their bodies interlinked. Dr Watfern says this opens important dialogue and cooperation between generations, helping parents to communicate with children about the issues.

Creative approaches such as letter writing and body mapping unlock different perspectives on issues causing people distress, whether it be climate or something else.

"Often it's hard to express our concerns through usual forms of conversations, so art can help create a context where we can reveal ourselves to others," she says. "Sometimes it's just about the mindfulness of certain practices, like making a mark or creating an object, that helps to centre us."

She says everyone can engage in art-based techniques to prevent distress from escalating. "It's not just

"These are habits and practices that you can use in daily life to live a richer life, and they have definitely informed my work."

for when you're struggling and in acute crisis," she says. "These are habits and practices that you can use in daily life to live a richer life, and they have definitely informed my work."

Positive action

Dr Watfern says there are overlaps between the principles she applies in her own work and how counsellors can understand their role in helping people as they struggle with feelings about the climate crisis.

For counsellors dealing with clients presenting with these types of concerns, Dr Watfern says an important first step is not to pathologise climate anxiety. Once distress is validated, empowering responses can be explored.

"Part of not pathologising is not focusing on fixing or stopping the feelings of anxiety or distress, but looking really closely at them and what those feelings are telling us and how we can allow them to be there, without

Above Chloe Watfern and Zoe Edema guided students in the creation of beautifully crafted letters that acknowledge and give thanks to people who are taking action on climate change.
Photos: Chloe Watfern

completely overwhelming us," she says.

Using a meaning-centred approach that draws on active hope, counsellors can help people understand why they care about climate change (their love of the natural world, for example) and identify positive actions related to that, such as planting a tree, tending to a garden or even just spending time outdoors. These are lessons Dr Watfern has adopted herself, taking breaks from climate-related news, spending time in nature to remind herself why she cares, and deriving meaning from her work.

"Today I feel more fulfilled and motivated in my work than I probably was before, because I care so much about doing something," she says. "And I still do have moments where I feel really sad and worried — particularly I have a lot of those feelings around my children and what their life will look like in 20 years' time and what our life together will look like. But I often channel that now into things that I know I can do and contribute." ■

So you want to be a counsellor ...

About the counsellor

Sharon Marshall

Diploma of Business, Diploma of Counselling (ACA membership), behaviour practitioner, registered counsellor, specialist support coordinator.

My company is Boutique Caring and we are located in Brisbane.

In this series, counsellors share with *CA* their professional journeys and the things they have learned along the way. Counsellor and behaviour practitioner **Sharon Marshall** tells *CA* what she wishes she knew in the prelude to her career.

Looking back to your final year as a student (before starting your counselling career), what are the top three pieces of advice you would give?

- Be true and honest to yourself
- Follow what you want
- Reach high and hard

Would you change your decision to be a counsellor or psychotherapist? Why or why not?

No. I studied Psychology for three years and regretted wasting HECS on that, so I deferred. I felt it was too orientated around research and statistics and there was not enough emphasis put on the holistic person-centred approach.

How do you describe that work that you do?

My day consists of assisting people to find the best that they are and can be. I show them techniques to assist them to dig deep and delve into their trauma. As hard as it is to confront those demons, I am fortunate to be able to assist people and have an impact on their recovery or journey. To do this, it is necessary for me to have a thorough understanding of the impact of the trauma on the client's life. Therefore, I spend a lot of time in conversation, or with children in play therapy (I love this). I often say that they are the flower, and I am just watering it and one day it will bloom.

Do you love your work? Why?

About 10 years ago my life took a dramatic turn. Imagine a ball rolling down a hill, gaining momentum and pulling everything into the vortex with me. My brain was on overdrive and I had a complete breakdown. I took a massive overdose with the intent of dying. I had said my goodbyes to my children and husband and then died. But there were other plans for me. After a long rehabilitation in Belmont Private Hospital (my first admission was over 10 months and then two admissions after that), I bounced back and I said, enough is enough, no more of this medication and ECT. I took control of my life and now I am teaching, navigating, encouraging people to take control of their lives. I love my work as I do make a difference in someone's life.

I am very good at what I do because I have lived experience and I can totally relate to people's mental health and their challenges. I have empathy and I learned at the very beginning that we have two ears and one mouth, therefore listening is often all people require.

My company has just started a therapy centre where people – either NDIS or private – can join in activities. They can learn how to cook, make candles, make cheese, do a resin board or restore some furniture. The therapy centre is also a place of sanctuary and safety; they can just sit in the beautiful lounges and have a coffee and read a book.

What is your ACA level?

As a professional counsellor, I focus on upgrading my knowledge by undertaking courses, such as BPD and training, as my passion is understanding them.

I am completing my Master of Counselling, which is inspiring and has a steep learning curve. ■

Facing the climate and ecological crisis: the 'challenge of our times' for the profession

By **Jules F B Silva**

In this article, I critically examine how the counselling profession can confront, wholeheartedly and with an appropriate level of urgency, the ever-increasing mental health impacts of the seemingly inexorable climate and ecological crisis (referred to herein for the most part as 'climate change' or 'climate crisis') that we, and the planet, face.

My intent is to share some of the findings of research I have conducted (with academic supervision provided by Jennifer Coburn) into therapists' (psychotherapists, counsellors and psychologists) responses to climate change (Silva & Coburn, 2022). I also provide some suggestions and resources to inform how the counselling and psychotherapy peak bodies (including training institutions) and individual counselling professionals can take action.

For some readers, this will be familiar territory in their ongoing personal and professional journey, and for others it will be relatively new. In any case, the intention here is to stimulate reflection and provide some support for inner processes, outer conversations, and in-awareness trajectories of personal and professional growth in this space, as well as provide some information and leads that might be helpful along the way.

As I write this, I am aware that I do so from multiple perspectives: as a person experiencing much ongoing anxiety and grief related to the climate and ecological crisis, both in the present and in anticipation; as a climate-aware practitioner who sees clients with their own parallel distress and has undertaken training to support this work; as a published researcher on climate psychology; as an advocate for climate awareness in the profession and the development of climate-aware/focused clinical practice methodologies/interventions and best-practice models; and as a person seeking to act and contribute by pursuing further research in this area with emphasis on clinical practice approaches to eco-anxiety, eco-grief and eco-trauma. I write with a broad philosophical stance, disposition and intentions – to be generous and supportive, and to advocate for a non-siloed approach to the work at hand (with no separations delineated by professional 'specificities', and modality 'centricities') – and acknowledge my privilege in this context, as a white, educated person, with access to resources that are not readily available to so many others in our respective social, economic, cultural, ecological and political contexts.

Photo: Karolina Grabowska/ Pexels

I also acknowledge and honour that I sit and write from Wurundjeri Country, which is stolen.

The science regarding the enormity of the challenges before us at this critical time in history is evidence-based and overwhelming, and the anthropogenic (human-induced) causes of the climate and ecological crisis indisputable (IPBES, 2019; IPCC, 2021; WHO, 2022a, 2022b). It is presumed here that the reader accepts these facts.

The droughts and extreme weather events, including the devastating floods and fires that have occurred across multiple states in Australia (and locations across the globe) over recent years — some of which have re-occurred and then affected populations already displaced and traumatised, resulting in cumulative and compounding mental health impacts (Crandon et al., 2022) — tell a very grim story. These climate crisis escalations and the devastating biodiversity and ecological impacts that are inextricably linked to them (Pörtner et al., 2021) are having increasingly profound, negative impacts on the mental health of both directly affected populations, and those who witness and experience them indirectly.

It is my perspective, both personally and professionally, that we are compelled and morally obligated to face the enormity of the climate crisis. My research (Silva & Coburn, 2022) highlights the importance of getting to work in our profession to address the crisis we are facing. We simply must.

Facing the climate crisis is, indeed, the 'challenge of our times' for the profession. To do anything else is an act of profound neglect to ourselves, to our clients, and to all other species that reside on this dear and precious planet, (Mother) Earth, upon which our survival, and that of all other life, depends.

A call to action: reflections on my research findings

This section draws from my recently published research on climate change and the dialectic between its personal and professional dimensions for therapists (Silva & Coburn, 2022). Eight therapists took part in interpretative phenomenological analysis. All eight participants identified that, at the same time as individuals and communities are being ever-increasingly impacted by the climate and ecological crisis, the response of the counselling profession in Australia has been minimal. It is this

Photo: Marcus Spiske/ Pexels

very concerning finding that is the driver behind this article.

What will it take to get the profession really moving, with full force and momentum, right now, in this crisis?

The emotional and psychological impacts of the climate crisis (often referred to using the overly simplistic umbrella term 'eco-anxiety') have already escalated and are expected to continue to increase considerably into the future. They include (but are not confined to) anxiety, depression, trauma, panic, dread, grief, loss and mourning, disgust, guilt, shame, terror, helplessness and despair. Other permutations of terminology and meanings that circulate in relation to the crisis are ecological grief, eco-depression, eco-trauma, pre and post-traumatic stress, anticipatory grief, disenfranchised grief and solastalgia (Doherty & Clayton, 2011; Weintrobe, 2012, Pihkala, 2018). Most of these terms

are suggestive, at least, of their meanings. Solastalgia describes the distress, grief and loss caused by the perception and witnessing of negative changes and degradation occurring to one's home environment, "the lived experience of the physical desolation of home" (Albrecht et al., 2007, p. 96).

Spanning across some of the cognitive-behavioural (Gifford, 2011), existential (Dickinson, 2009), psychoanalytic and psychosocial (Adams, 2016; Hoggett, 2019; Weintrobe, 2021) literature on the subject of climate change-induced distress, is the view that powerful feelings and experiences can evoke responses that are either ecologically adaptive (helpful) or maladaptive (unhelpful). There is agreement across the literature explored that maladaptive responses such as denial and disavowal act as psychological impediments to pro-environment behaviours that would otherwise be

helpful in this time of planet Earth's crisis. It is therefore imperative that those in the counselling profession learn ways to not only support themselves and clients emotionally and psychologically, but that this in turn reduces maladaptive psychological responses that result in behaviours that are harmful to the environment.

Silva and Coburn (2022) found that therapists, alongside their clients, experience powerful psychological and emotional impacts as a consequence of the existential threat that the climate crisis presents. The therapists who participated in this research noted that this was a crisis that involved not only their clients, but themselves and all of humanity. Experiencing the enormity of the crisis presented complex experiences for them, personally, including:

- inner conflicts with self-identity and values held with respect to

The therapists who participated in this research noted that this was a crisis that involved not only their clients, but themselves and all of humanity. Experiencing the enormity of the crisis presented complex experiences for them, personally...

the uncomfortable awareness of being 'forced' into complicity with the problem, in their day-to-day lives, due to the world and its systems being 'as they are';

■ meaningful, and at times unsettling, resonances with personal histories and experiences, and with history (for example, the echoes of intergenerational trauma such as from wars and population displacements, loss of 'home', alienation from culture and country);

■ disconnects with 'truth' and knowledge as they occupy a world of increasing unreliability and lack of 'grounded-ness'; and

■ interpersonally complex reverberations found in conversations with others on the subject.

A sense of disorientation in an 'unreal' world was felt by participants, inviting contemplation of existential concerns around death, meaning and the future, and a sense of losing trust in the experience of 'being' in the 'day-to-day' while enveloped by alienating and unsettling social discourse.

A core theme (and its subthemes) that emerged strongly in the research pertained to participants' experience of pervasive professional uncertainties in the context of this crisis.

Participants noted that, increasingly, clients were bringing their anxieties related to climate crisis into sessions. This reality challenges counselling professionals to reflect on how they might work with clients experiencing these anxieties.

In particular, we must attend to the question, how do our own responses to the climate crisis influence our work with clients? Are there times, for example, when our own unconscious defences respond to the horror of it all, and then constellate in the work at hand in ways that lead to inadvertent avoidances? One participant spoke of a client's relief in finding a therapist willing to listen to her experience without pathologising it.

"I was speaking with a client who expressed profound relief. She said she went to another therapist and said she was feeling, 'All this despair'. And the therapist pathologised it. So it became an internalised, individualised pathology ... of ... 'this person is depressed', and, 'how do we fix your depression?' And she said she found it such a great relief that she could sit with somebody now, who understood that she was carrying despair about the state of our world ... and a fear about what the future would hold [Clara]." (Silva & Coburn, 2022, p. 11).

Participants unanimously reported the view that therapists are ethically bound to face their own experience of the climate crisis and to bring into conscious awareness their own processes around it.

"But actually, the psychological intent was ... to allow myself to come to a point where I could imagine the possibility of the collapse of the generative world ... Now the fact that I could imagine it ... not just be afraid of it or react against it ... That's my point. The fact that I could try and imagine what it would be like ... to feel it ... that was my personal job ... And the

principle of that ... which goes back to Jung and Freud and others ... is the therapist has to know, as it were, him or herself, as much as they possibly can. And you can only treat ... you can only be useful, therapeutically, to someone else, if you have done your 'homework' [Charles]." (Silva & Coburn, 2022, p. 12).

Participants also reflected on how varying counselling/therapeutic approaches and modalities might frame the client's experience, and how these may be more, or less, helpful; and by what degrees. As well as warning against pathologisation, another participant advised that therapists should avoid individualising the client's experiences.

"I'm not someone who practices [cognitive behavioural therapy] ... but something of what I understand is that you need to reality-test what's going on for you, and where you [pause], through this reality testing, discover that you're making a thinking error and you need to put that aside and ... I suppose ... it just seems to me that people who are learning about climate change in a university setting ... you'd imagine that they've got a lot of that reality-testing covered ... on a big enough level that the emotional responses you are getting is probably going to be accurate enough that it's not going to be classified as a 'thinking error' [Callum]." (Silva & Coburn, 2022, p. 12).

Participants consistently call for therapists to situate and conceptualise clients within the social, economic, cultural, ecological and political contexts of their lives, as distinct from

the conventions of otherwise individualising and pathologising models.

"Most of my clients … and the groups of people here … are in a really fragile environment that could shift very easily. If it doesn't rain in another year … it has very serious effect" [Charles].

"Marginalised people … they feel powerless, anyway … and this is just yet another area of their life where they are rendered powerless … that can reinforce trauma" [Helen].

"I was with an Aboriginal woman … she's part of the clan … the traditional owners of the rivers that are dying, and the fish that are dying … those fish are the totem of that particular clan. And so there is this profound grief" [Clara]. (Silva & Coburn, 2022, p. 11).

Of key importance here is that all participants yearned for leadership and guidance from professional bodies and training institutions to enable them (and then future therapists), 'on the ground', to support both clients and themselves within a world in which we are all potentially facing dire, unprecedented realities.

"I think it would be great to have more of a 'best practice' model … or some guidelines … around how, as therapists, we might be able to facilitate a purposeful, 'therapeutic intervention' approach … to something that's currently inevitable [Sally]." (Silva & Coburn, 2022, p. 12).

One of the multiple possibilities for further research that has arisen is further exploration into the role and activities that relevant professional bodies and training institutions might undertake to address the urgent need for

leadership, support and training for therapists in the face of the climate crisis, with its implications for clients now and into the future. Are there learnings that can be drawn from the 'rapid response' initiatives undertaken by counselling peak bodies in response to the COVID-19 pandemic onset in 2020 (Silva & Coburn, 2022)?

Recent literature on the question of clinical practice

Since I completed the research discussed here, there has been a surge in interdisciplinary research and discussion that begins to explore possibilities for clinical practice with regards to the climate crisis. This 'thinking space' is shifting dynamically, and at pace. While the literature is yet to provide any definitive guidance on models and structures for clinical practice, the processes of formulation are well underway.

Some recent literature that stands out to me as worth drawing attention to, by Baudon and Jachens (2021), Crandon et al. (2022), Doherty et al. (2022), Pihkala (2022) and Gillespie (2020), explores and/or informs, in different ways, how clinical practice for therapists might proceed.

Qualitative research by Baudon and Jachens (2021) speaks to the need for clear guidance to mental health professionals on how to make informed choices about treatment planning and interventions when supporting clients presenting with eco-anxiety. In this research, the authors conducted a comprehensive scoping review of interventions and treatment approaches currently being utilised, then subjected these

to thematic analysis. An extract from the article offers some salient learnings about what is needed:

"A thematic analysis of the content of the selected records yielded five major themes across interventions for individual and group treatment of eco-anxiety: practitioners' inner work and education, fostering clients' inner resilience, encouraging clients to take action, helping clients find social connection and emotional support by joining groups, and connecting clients with nature. Recommendations for treatment plans are to focus on holistic, multi-pronged, and grief-informed approaches that include eco-anxiety focused group work." (Baudon & Jachens, 2021, p. 1).

A recent review article by Crandon et al. (2022) provides ideas on mechanisms for enhancing resilience that practitioners can draw on to help individuals develop helpful cognitions and behaviours that can support wellbeing:

"Mindfulness-based or cognitive-based interventions could be used to evaluate and reframe thoughts in helpful ways, particularly if thought content or processes are maladaptive (for example, reducing catastrophizing, emotional reasoning, uncontrollable worry or rumination). Existential therapies may take cognitive exploration further, allowing individuals to access existential thoughts and concerns arising from climate change (for example, meaning in life or thoughts about death)." (Crandon et al., 2022, p. 1478).

In a recent and richly comprehensive book chapter that considers clinical psychology's responses to the climate crisis,

Photo: Vincent Janssen/ Pexels

Doherty et al. (2022) explore directions for research, training and advocacy, and possible steps for conducting a climate-aware psychological assessment. In addition, the authors identify some ways in which various mainstream treatment approaches may be applied in creative ways when working with clients in climate distress, including acceptance and commitment therapy, dialectical behaviour therapy, cognitive behavioural therapy, psychological first aid/trauma-informed approaches and Worden-informed grief work (Doherty et al., 2022).

Pihkala (2022) has developed an intriguing, innovative model aimed to support researchers, various professionals and the general public. The model offers a philosophically grounded and nuanced frame within which to test and explore the psychological processes of clients presenting with climate distress, informed by multiple disciplines. Pihkala notes, "Special attention was given to the integration of fluctuation/oscillation to the new model. Both individual and group dynamics were given attention, although the focus was more on individuals as parts of collectives. The aim [was] to make the new model both simple enough for communicative purposes and still nuanced" (Pihkala, 2022, p. 43).

Gillespie (2020), based in Australia, writes in an accessible, yet deeply affecting and informative way about how we are to face the challenges, possibilities and opportunities, and the potentially transformative processes, in our engagement with the climate and ecological crisis. Her work is informed and enriched by her experience as a Jungian psychotherapist for over two decades, and earlier doctoral research in climate psychology, among other 'presences' that she has in the field. It is an important resource for the counselling professions to hold. On the grieving of losses we face now and into the future, Gillespie's words are poignant:

"An engagement with the climate crisis broadens ecological consciousness, it presses hard on the heart. The more we love, the more we feel the loss of what we love. Climate disruption losses can be visceral for those who feel strongly connected to a place or ecosystem." (Gillespie, 2020, p. 56).

Personal and professional development

Some training and professional development that I have undertaken and recommend are:

Psychology for a Safe Climate (Australia-based): Climate Aware Professional Development Program and the Australian Intervision (supervision) Professional Development Program

Psychology for a Safe Climate (PSC) offers the Climate Aware Professional Development Program in a series of three interactive webinars. This programme supports counsellors and therapists in developing awareness of the psychosocial contexts of the climate crisis and its impacts on mental health. Counsellors and therapists also share their emotional responses to the climate crisis and learn how to work appropriately with climate-related emotions and issues as they present in the clinic space for individuals, couples, groups and with communities. PSC has built a network of Climate Aware Practitioners and also now offers the Australian Intervision (supervision) Professional Development Program so that practitioners can continue developing their climate-aware clinical skills and progressing in their climate journey, which PSC deems to be integral to developing such skills. As well as providing peer support, the programme focuses on refining therapeutic interventions in the emergent field of climate psychology and on adapting counselling skills in a rapidly changing therapeutic field and a climate-disrupted world.

Climate Psychology Alliance (UK-based): Through the Door, Living with the Climate Crisis, climate cafés, support for climate-aware therapeutic practitioners.

The Climate Psychology Alliance (CPA), originating in the UK but with chapters and partners across the globe, attends to the psychology of the climate and ecological crisis. The CPA has a register of practitioners who provide therapeutic support for clients experiencing climate distress, and convenes a monthly clinically focused group supervision for these practitioners. It offers online climate cafés: hospitable, empathetic spaces for sharing climate feelings. Those wishing to facilitate climate cafés can attend the online workshop Hosting and Facilitating Climate Cafés, and facilitators can access monthly group supervision.

The CPA also offers a continuing professional development workshop, Through the Door, that helps psychological professionals to expand their vision of work to include the climate crisis.

In 2023, CPA has begun offering an introductory workshop and supervision for those interested in facilitating Living with the Climate Crisis. This is a new small-group experience, based on the award-winning Carbon Conversations (Randall & Brown, 2015), that helps people find their place in the collective project of responding to climate change.

Thomas Doherty Psy.D., 'Sustainable Self' (US-based): Ecotherapy and Climate Conscious Therapy Training and Consultation for Mental Health Professionals

Dr Thomas Doherty facilitates the Ecotherapy and Climate Conscious Therapy Training and Consultation for Mental Health Professionals, an online group, which is presented in English but open to participants worldwide. The group meets weekly for 80 minutes over 12 weeks, with new cohorts beginning at intervals throughout the year (see selfsustain.com for details). The group is designed for mental health practitioners and other professionals seeking expert guidance and peer support for ecotherapy, climate-conscious therapy and related activities (environmental education, coaching, advocacy, support for organisations). The group is suitable for advanced master's and doctoral students, and interns. Meetings include educational topics, case examples, role-plays, self-care activities and tips for professional development. Dr Doherty also co-hosts the Climate Change and Happiness podcast: https://climatechangeandhappiness.com.

What else can you do?

Some suggestions:

- Educate yourself on the 'science fundamentals' of climate change and the biodiversity/ecological crisis by signing up to 'digestible' feeds from reputable organisations such as the Climate Council, Climate for Change, and the Climate and Health Alliance.

- Bring your own responses to the crisis into awareness and create space for reflection, connection and self-care. For example, you could consider attending climate cafés, attending the training mentioned above, or tapping into the Work that Reconnects Network or The Good Grief Network.

- Seek to influence this space in the profession, by advocating for leadership, professional development and training, conferences and workshops with your professional membership

- bodies and training institutions.
- Learn ways of being in the world that are positive for the planet; find ways to 'act' where you can do so according to your values.
- Be inquisitive about clinical practice initiatives as they evolve in your preferred modalities (and others).
- Search for initiatives and linkages provided by the departments of health and other government bodies in your state.

Conclusion

The climate and ecological crisis is escalating with staggeringly rapid momentum, as are its emotional and psychological impacts. This represents an immediate challenge to all of us. There are no exceptions. There is no 'Planet B'.

And it is the 'challenge of our times' for the profession. We are compelled and morally obligated to take stock and rally, both individually and collectively; for ourselves, our clients, and this magnificent but struggling planet Earth and all her life species on whom we rely for life itself.

I offer this article as an invitation for us all, in the spirit of camaraderie, connection and community, to reflect and engage in vitally urgent conversation and professional discourse on ways the counselling profession can respond to the climate and ecological crisis. Let's put it front and centre on our professional agenda.

ACA has taken the timely initiative of dedicating this issue of the Counselling Australia to this most important topic, and for that we as a profession ought to be most grateful. ■

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About the author

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HOW DOES INTERNAL FAMILY SYSTEMS THERAPY LEAD TO TRANSFORMATIONAL CHANGE THROUGH MEMORY RECONSOLIDATION?

By **Vanessa Kredler**

ABSTRACT

Despite a growing interest in psychotherapy effectiveness, it is unclear how positive change occurs in therapy. Ecker et al. (2012, p. 30) posit that psychotherapists can achieve transformational change by deliberately applying a "therapeutic reconsolidation process" (TRP) to induce *memory reconsolidation*, the brain's mechanism for permanently updating emotional learning. Leading Internal Family Systems (IFS) therapists also believe that IFS induces memory reconsolidation but do not provide detailed examples of how this happens. Further elaborations and examples are needed for psychotherapists to improve their practice. This paper will apply Ecker et al.'s (2012) TRP to the IFS protocol, drawing on a case example to illustrate how memory reconsolidation occurs in IFS.

Introduction

There is evidence that psychotherapy can lead to positive transformational change, but how this occurs remains largely unclear (Cuijpers et al., 2019). In the last decade, psychotherapists have become interested in the neurobiological process of memory reconsolidation (MR), the brain's mechanism of permanently updating emotional learning (Ecker et al., 2012). Psychotherapist

Ecker and colleagues have extensively researched how this brain process can be applied to psychotherapy (Ecker, 2018; Ecker & Bridges, 2020; Ecker et al., 2022; Ecker & Vaz, 2022; Vaz & Ecker, 2020). They posit that MR has significant implications for clinical practice due to its potential to bring transformational change, understood as an internal shift in subjective experience giving permanent relief from challenging symptoms (Ecker & Bridges, 2020). MR is seen as a unifying framework for effective psychotherapy irrespective of modality and symptoms (Ecker & Vaz, 2022).

Ecker et al. (2012, p. 5) list IFS as one of the "focused, experiential, in-depth psychotherapies that are congenial to fulfilling" MR among other therapies such as Coherence Therapy and Eye Movement Desensitisation and Reprocessing

Illustration: 123rf

(EMDR). Leading IFS therapists agree that IFS induces MR (Anderson, 2021; Anderson et al., 2017; Schwartz & Sweezy, 2020). They briefly correlate the steps of MR to IFS protocol but do not provide clinical examples. Similarly, Ecker et al. (2012) do not provide IFS-specific examples.

Yet to become effective, therapists must engage in deliberate practice with clearly defined learning goals and repeatable steps (Caspar, 2017). To facilitate this, therapists must understand the theory of "comprehensive and highly detailed models of therapeutic change" (Caspar, 2017, p. 208). Moreover, learning from case examples is deemed important for therapists to develop their theoretical and practical capabilities (Neidhart & Löffler-Stastka, 2020). Weaving together theory and practice, this paper seeks to contribute to psychotherapists' professional development by applying Ecker et al.'s (2012) TRP to an IFS session. First, key concepts of MR in the psychotherapy context and of IFS as a psychotherapeutic modality will be outlined.

Memory reconsolidation

Discovered between 1997 and 2000, MR is the brain's only known method for fully revising previously learned information encoded in long-term memory, leading to a permanent change in a person's subjective experience (Ecker et al., 2012). Memory in this context is understood not simply as the remembering of facts and events (Ecker & Vaz, 2022). Specifically

in relation to psychotherapy, memory is defined as "semantic, schematic knowledge that formed implicitly and nonverbally on the basis of emotionally significant life experiences" (Ecker & Vaz, 2022, p. 8). In other words, memory is a learned construct based on how a person has made sense of and feels about an experience. It is this type of "knowing", "emotional learning" or "schema" gained in the past that drives behaviours, thoughts and emotions that generate a wide range of symptoms in the present; hence, such emotional learnings are usually the target for therapeutic change (Ecker et al., 2012, p. 15).

As explained by Ecker and Vaz (2022), neurobiological research has established three conditions required for MR to occur. The first condition is the reactivation of the target memory. Second, the target memory must be disconfirmed by inducing a concurrent juxtaposition, or mismatch, experience, leading to the destabilisation of the target memory. Third, repetitions of the juxtaposition of these two experiences are required to prompt the full unlearning and rewriting of the destabilised target memory. In this process, memories of facts or events remain unaffected, but the associated emotional charge and meaning are transformed. These three conditions must be met within a five-hour window while the learning is destabilised.

Ecker and colleagues have termed this three-step process the "empirically confirmed process of erasure" (ECPE) (Ecker, 2018, p. 24), recently renamed as the "empirically confirmed process of

annulment" (ECPA) (Ecker & Vaz, 2022, pp. 4–5). Essentially, MR is unique because it annuls, or voids, a learning rather than creating a new, competing learning, which would lead to counteractive, as opposed to transformational change (Ecker & Vaz, 2022). With this process at its core, Ecker et al. (2012, p. 30) have developed the TRP as a seven-step protocol (ABC-123-V) (see Table 1).

The TRP is divided into three phases. The *accessing sequence* (I) consists of steps A, B and C and, while not essential for neuroscientists, is important in the therapeutic context to elicit vital client information (Ecker et al., 2012). This includes identifying the symptom of concern *(A),* bringing into conscious awareness the emotional learnings underlying the symptom *(B)* and identifying disconfirming knowledge *(C)* (Ecker et al., 2012). Once initial client information has been accessed, the *transformation sequence* (II) follows, consisting of the previously outlined three-step neurobiological MR process (steps 1, 2, and 3) (Ecker et al., 2012). Last, the *verification phase* (III) includes step V, which enables therapists to determine whether the desired symptom relief has been achieved (Ecker et al., 2012). In laboratory experiments, neuroscientists verified that MR had occurred via behavioural tests. For psychotherapy, Ecker et al. (2012) have defined three markers of change to fulfil step V; namely that the client is no longer emotionally triggered, that their symptom has ceased and that this state remains as a continuous and effortless transformation.

TABLE 1: THERAPEUTIC RECONSOLIDATION PROCESS (TRP)*	
I. Accessing sequence	A. Symptom identification
	B. Retrieval of target learning (symptom-requiring schema)
	C. Identification of disconfirming knowledge
II. Transformation sequence (ECPA)	1. Reactivation of symptom-requiring schema (B)
	2. Activation of disconfirming knowledge (C)
	3. Repetitions of (B)-(C) pairing
III. Verification step V	V: Observations of:
	> Emotional non-reactivation
	> Symptom cessation
	> Effortless permanence

Notes: *Table adapted from Ecker et al. (2012, p. 30) and Ecker & Vaz (2022, pp. 4–5)

**Ecker et al. (2012, p. 30) refer to this phase as transformation or erasure sequence interchangeably. This article uses the term transformation sequence.

Internal family systems

IFS is an evidence-based psychotherapy modality developed by family therapist Schwartz in the 1980s (Hughes et al., 2022). Based on systems theory, IFS holds that the mind in its natural and healthy state is a multiple entity composed of many parts, or subpersonalities, that operate as an inner family system (Catanzaro et al., 2019). These subpersonalities possess a full range of emotions, thoughts, sensations and beliefs and under ideal circumstances grow into complementary roles as the individual develops (Catanzaro et al., 2019). Like many spiritual traditions, IFS also posits that everyone has a central core, the *Self,* which is not a part. This centre is "the innate, healthy, wise and compassionate presence in all human beings" (Spiegel, 2017, p. 14). The Self remains undamaged in any circumstances and its inner healing powers are always accessible (Spiegel, 2017).

Human internal family systems are "delicate ecologies" (Schwartz & Sweezy, 2020, p. 41). Under adverse or traumatic conditions, parts take on extreme positions within the system to secure survival (Spiegel, 2017). Such protective strategies can lead to unwanted outcomes, which IFS conceptualises as well-meaning attempts at restoring internal balance rather than pathology (Spiegel, 2017). This non-pathologising approach is especially well-suited for trauma therapy because it welcomes extreme, complex symptoms common to clients affected by trauma (Hodgdon et al., 2021).

Parts are categorised as exiles and protectors (Anderson et al., 2017). Exiles are young parts that have experienced trauma and hurt and carry overwhelming feelings, thoughts, beliefs and sensations called *burdens* (Spiegel, 2017). Protectors banish these young parts out of awareness to protect the system from unbearable emotional pain (Spiegel, 2017). Protectors embody the role of either managers or *firefighters* (Anderson et al., 2017). Managers are proactive and help the client to function in daily life through roles such as working hard, pleasing people, perfectionism and inner criticism (Anderson et al., 2017). Firefighters are reactive and focus on immediately suppressing any emotional pain of exiles through extreme strategies such as addictions, rage, self-harm or suicide (Anderson et al., 2017).

The goal of IFS therapy is to heal and integrate protective and exiled parts to enable *Self-leadership* of the internal system (Anderson et al., 2017). Rather than eliminating parts, IFS seeks to relieve them of their extreme roles so that their original talents and strengths can unfold in the system (Schwartz & Sweezy, 2020). While the therapeutic relationship is highly valued, IFS seeks to build the relationship between the client's Self and their parts as the primary healing agent (Schwartz & Sweezy, 2020).

As elaborated in Table 2, IFS therapy begins with eliciting the client's symptoms and learning about the parts involved (Schwartz & Sweezy, 2020). Using the 6Fs, the therapist invites the client to find and focus on a target part and flesh out more details. *Befriending* occurs

through compassionate dialogue with parts. Asking the client how they *feel toward* parts helps the client to *unblend*, or differentiate, from their parts and gain a compassionate stance, or *Self-energy*, while learning about their fears about letting go of protective strategies (Spiegel, 2017). Once a part feels understood and trusts the client's Self, therapists seek permission to work with the exile, or the core wound that gave rise to the protector's strategy (Schwartz & Sweezy, 2020). Gradually, the client's Self builds a connection with the exile, and engages in *witnessing* the past burdening experiences, before the do-over, where the Self offers the exile a corrective experience (Schwartz & Sweezy, 2020). Next, a *retrieval* of the exile to the present occurs, followed by an *invitation* to release its burdens, and replace them with desired qualities. The final *protector check-in* explores whether protectors are ready to pivot their roles (Schwartz & Sweezy, 2020).

TABLE 2: THE IFS PROTOCOL
The 6Fs
Find
Focus
Flesh out
Feel towards
BeFriend
Fears
Witnessing
The client's Self witnesses the past experiences the exile wants to show.
Do-over
If desired by the exile, the client's Self enters the scene and fulfils the exile's needs on the exile's terms.
Retrieval
The client's Self brings the exile into the present, to a safe place of the exile's choice.
Unburdening
The exile lets go of sensations, feelings, or beliefs it had to carry in whichever way feels right.
Invitation
The exile takes on desired qualities for the future to fill up the space of the released burdens.
Protector check-in
Protectors are invited back to witness how the exile is doing and asked if they would like to pivot their roles, retire or whether there are other burdens to be let go of.
Post-unburdening follow-up
The client is invited to check in with the retrieved part and protective parts daily for a month to facilitate integration into the system.

Note: Adapted from Schwartz & Sweezy (2020) and Anderson et al. (2017)

Applying the therapeutic reconsolidation process to IFS

Case summary
The next section applies the TRP to IFS as it unfolds in a single therapy session, inspired by case examples of various psychotherapeutic modalities offered by Ecker et al. (2012). In this session, IFS founder and therapist Schwartz works with a male client, Ethan, in the presence of his female partner Sarah, exploring Ethan's social activist part (Schwartz, 2021). The full transcript is accessible in Schwartz's *No bad parts* (Schwartz,

2021, pp. 109–125). As the transcript is already published, and the original publication refers to the clients by their real names, this paper assumes their consent. The transcript was chosen because it shows the basic steps of IFS and includes a postscript to verify longer-term results (Schwartz, 2021).

Accessing sequence
The accessing sequence (I) contains steps A, B and C (Ecker et al., 2012). In step A, the therapist elicits client information regarding what and when symptoms occur; this may include pinpointing situations,

thoughts, feelings, behaviours or sensations (Ecker & Bridges, 2020). In step B, the therapist helps the client to become aware of implicit emotional learnings underlying the symptoms, enabling them to be felt, sensed and articulated verbally in a way that makes sense to the client (Ecker & Bridges, 2020). In step C, the therapist looks for disconfirming knowledge that may serve to contradict the target emotional learnings being uncovered in step B because contradictory material can later be drawn on to create juxtaposition experiences (Ecker & Bridges, 2020).

From an IFS perspective, Anderson (2021, p. 182) describes the accessing sequence as "protective parts granting the Self permission to be with buried or suppressed memories held within the exiled or hidden parts of our client". According to Anderson et al. (2017), this occurs when the therapist asks the client to find, focus and flesh out the target part to gain a deeper understanding of the part's concerns. This encourages unblending, enabling the client's Self to build a relationship with the part (Schwartz & Sweezy, 2020).

The accessing phase in the session begins with Ethan finding and focusing on the "the destroyer of injustice" (destroyer); a protector who sometimes attacks others in its warrior-like quest for social justice and has been shunned by Ethan for causing friction in his relationship with Sarah (Schwartz, 2021, p. 111) (A). As Ethan fleshes out more detail, he sobs in sadness, revealing that he wants to prevent it from hurting others, yet desires to honour its mission "to protect the world" from injustices such as white supremacy, classism and environmental decline (Schwartz, 2021, p. 111) (B). Thus, through finding the target part, focusing on it and beginning to flesh it out, the TRP's steps A and B are fulfilled as we learn that the main symptom is attack and the underlying emotional learning is the need to protect life.

Initial disconfirming knowledge (C) also emerges in several ways in this non-pathologising opening dialogue (Schwartz, 2021, p. 111). First, the positive intention of the protector is recognised, contradicting Ethan's concern that it needs to be entirely banished. Second, as Ethan apologises to Sarah, he is met with encouragement from Sarah and Schwartz to explore this part, rather than blame. Third, Ethan begins to unblend from the part, learning that he can be with the part compassionately, rather than being either consumed by its fierce energy or having to suppress it.

With steps A, B and C fulfilled, the process can now advance to the transformation sequence's steps 1, 2 and 3; the empirically confirmed steps drawn from MR research (Vaz & Ecker, 2020). However, as will be seen, new symptoms (A) and new emotional learnings underlying the symptoms (B) are retrieved gradually throughout the remaining session. This is likely because, as IFS therapists say, parts will continue to share new information previously kept out of awareness as parts begin to trust the client's Self and the therapist (Catanzaro et al., 2019).

Transformation sequence

The transformation sequence (II) begins with step 1, in which the target emotional learning causing the symptom (B) is reactivated by eliciting associated cues (Ecker et al., 2012). But the unlearning process does not commence until step 2, where the client must concurrently experience both the original emotional learning causing the symptom as well as contradictory new learning (C) as "two contrasting emotional truths" (Vaz & Ecker, 2020, p. 10). This juxtaposition "must feel decisively real to the person based on his or her own living experience", rather than being limited to intellectual understanding (Ecker et al., 2012, p. 27). Finally, step 3 leads to annulment of the original emotional learning via several repetitions that couple the original (B) and new learnings (C) (Ecker et al., 2012). As emotional learnings are usually complex constructs, often multiple components have the potential to serve as material for mismatch and annulment (Ecker et al., 2012). Step 3 repetitions of new learnings can thus be the same or additional to those experienced in step 2 (Ecker et al., 2012).

Anderson (2021, p. 165) correlates this transformation process to IFS's "steps of healing", namely witnessing, do-over, followed by retrieval, unburdening, invitation and protector check-in. In the witnessing and do-over steps, the "Self can be with, listen to, validate, and give the part what it needed, wanted, and never got", creating a novel corrective experience (Anderson, 2021, p. 182). In the succeeding steps, protectors and exiles acquire further mismatch experiences through retrieval to a new place, replacing their burdens with desired qualities and taking on new roles (Anderson, 2021). Moreover, the unblending process is also vital in reactivating and destabilising the target emotional learning because the client is concurrently in Self and with parts rather than being flooded as if they are the part (Anderson et al., 2017).

In the session, step 1 of the transformation sequence, where the target emotional learning (B) (namely the part's need to fiercely protect life) is being reactivated, begins with finding, focusing on and fleshing out the part once more. This

IFS is an evidence-based psychotherapy modality developed by family therapist Schwartz in the 1980s ... Based on systems theory, IFS holds that the mind in its natural and healthy state is a multiple entity composed of many parts, or subpersonalities, that operate as an inner family system

happens via Schwartz asking Ethan where in or around his body he can find the target part (destroyer) (Schwartz, 2021, p. 112). Engaging somatically is vital because implicit emotional memory is stored in the body and hence requires clients to focus their attention on their internal felt sense (Lepak & Carson, 2021). For this purpose, IFS uses the technique of in-sight, whereby clients are encouraged to draw their attention inwards to communicate with their parts, often through the form of imagery, feeling or sensing (Schwartz & Sweezy, 2020, p. 113). Noting the brain's lack of differentiation between real or imagined experiences, Ecker et al. (2012) encourage such experiential methods.

Step 2 of the transformation sequence begins as Ethan starts to feel the destroyer in his chest and Schwartz enquires how he feels towards it, enabling Ethan to unblend from the destroyer (Schwartz, 2021, p. 112). Unblending forms a juxtaposition (2) because the client is at once aware of the target part, can be with, and feel compassion towards it, while the part becomes aware of the existence of Self as a benevolent leader of the internal system (Anderson et al., 2017). Importantly, this juxtaposition repeats throughout the session in parallel to the ongoing unblending process as a key feature in IFS therapy, thus already contributing to step 3 of the transformation sequence.

Next, the session appears to flow into an interplay between steps B, 1, C and 2. This confirms Ecker et al.'s (2012) statement that while the TRP is presented as a sequence, the process is not always linear and can differ across therapeutic modalities. When met with compassion and enough unblending occurs, the part begins to trust Ethan's Self enough to gradually reveal more nuanced emotional knowledge (B), namely that Ethan must stay "committed to real justice for all life" and protect life on the planet for his daughters. The part also allows him to feel this in sobs of sadness (1) (Schwartz, 2021, pp. 112–113). This occurs as Ethan is guided by Schwartz to further flesh out and befriend this part, gently enquiring about its role and positive intention (Schwartz, 2021, pp. 112–113). In this segment, Schwartz also repeatedly applies a strategy he calls hope merchant, whereby he gives hope that the destroyer could be more effective in his role if it allowed a different way of collaborating with Ethan (Schwartz, 2021, p. 113). As this disconfirming perspective (C) becomes available, a mismatch (2) occurs as the previously shunned destroyer now feels "excited that he could come out" and sees "ripples of potential" for operating differently (Schwartz, 2021, p. 113).

Subsequently, it appears that the session returns to steps A, B and C of the accessing sequence (I), as the destroyer now begins to trust enough to reveal more symptoms (A) and retrieve further information (B), and eventually relaxes enough to allow the exile, or core wound, to be accessed (Schwartz, 2021, pp. 113–114). This occurs when the destroyer is asked if he is protecting other parts, and gradually reveals a sad, retreated, crying and frozen exiled 13-year-old boy (A) who lost his dad to a fatal accident caused by a drunk driver (Schwartz, 2021, pp. 113–116). Exiling this young part had been necessary because "there is no room for me crying when everything is dying" (Schwartz, 2021, pp. 113–116) (B). Based on the above, it may be deduced that the TRP can return to steps A and B when a new part enters the scene. However, step 1 happens simultaneously because the newly retrieved emotional learning (B) is experienced in the moment it is being revealed. Step 2 follows as the Self is a compassionate companion to the part while concurrently feeling the part's pain. As mentioned previously, Self's presence also contributes to step 3 as a repetition of old and new learnings.

The transformation sequence (II) continues when Ethan begins to contact the exiled boy by finding and focusing on his sadness (A), while also extending compassion and understanding to him (Schwartz, 2021, pp. 114–115) (C and 2). In a tender dialogue between Ethan and the boy facilitated by Schwartz, they learn that the boy felt isolated and alone, believing that he "can't go on without his dad" (Schwartz, 2021, p. 114) (B and 1). This somatically felt belief is mismatched when Schwartz suggests that Ethan's present-day

Illustration: 123rf

Self could offer to be his dad and take care of him (C and 2). Ethan's caring Self and the boy gradually become closer as Ethan sobs and feels the boy's sadness and the boy tightly embraces Ethan (Schwartz, 2021, p. 115) (2).

Now that there is a closeness and tenderness between Ethan and the boy, the IFS witnessing process begins as Schwartz asks Ethan to have the boy share what he needs Ethan to know (Schwartz, 2021, p. 115). Ethan learns that the boy felt misunderstood by his mother, brother, teachers and students, and could not understand drunk drivers, reflecting unresolved confusion around his father's death and its aftermath (B and 1). His sense of confusion is mismatched with warmth and validation from Ethan's Self that this should not have happened (Schwartz, 2021, pp. 115–116) (C and 2). Ethan also witnesses

that the boy felt partly responsible for the accident (Schwartz, 2021, p. 116) (B and 1). A further mismatch occurs as the boy is relieved that contrary to his assumption, he is not to blame for the event (Schwartz, 2021, p. 117) (C and 2). Schwartz continues to build the relationship between Self and the exiled boy by encouraging Ethan to validate the boy's experiences until the witnessing process feels complete (Schwartz, 2021, p. 117). Based on the above, it appears that the more disconfirmations (C) are offered, and mismatching experiences (2) occur, the more parts trust the Self to reveal additional emotional learnings (B) and feel them (1). This reactivation is constantly mismatched as Self unblends from, befriends, supports and compassionately witnesses the part, contributing to steps C, 2 and 3.

Step 2 of the transformation

sequence ensues with the do-over process in IFS. In a do-over, disconfirming knowledge is generated as the Self offers the exile to enter the witnessed time in the past and give the part whatever was needed (Schwartz & Sweezy, 2020). It is important that the exile determines what was required, which promotes choice as an intrinsic corrective experience in the absence of agency in the past (Schwartz & Sweezy, 2020). In the do-over, Ethan's exiled boy experiences several mismatches as Ethan's Self reciprocates his need to be held, to be reassured that he is not to blame, to receive an explanation of why he was left alone with the experience, and to receive validation that he should have had somebody to support him and now has Ethan's Self (Schwartz, 2021, pp. 118–119). These are new internally experienced realities that

contradict the boy's experience of feeling alone, misunderstood, unsupported and confused.

So far in the transformation sequence, numerous juxtapositions between old emotional learnings and new corrective experiences have occurred, and unblending has already contributed to step 3. But step 3 fully begins with the retrieval and unburdening phases in IFS because step 3 is associated with the full annulment of the target emotional learnings via several repetitions of B and C experiences (Ecker et al., 2012). It could be said that these final phases of the IFS protocol gather up all the revealed emotional learnings (B), disconfirming information (C) and associated mismatches (2) into a completely new reality emerging in an internally unfolding ritual (3). This can be demonstrated in the remainder of the session.

In a retrieval, the Self invites the exile to come to an either real or imagined safe, new place in the present (Schwartz & Sweezy, 2020). Ethan's boy chooses to swim in the ocean, which he desires to be full of marine life (Schwartz, 2021, p. 119), thus creating a juxtaposition to being stuck in the past while also addressing the grievances of the protector (destroyer) about declining ocean life (Schwartz, 2021, p. 113) (3). This is a powerful temporal and spatial mismatch because "it is through the juxtaposition of the new and old that the old is dissolved, and the more explicit the juxtaposition, the better" (Ecker et al., 2012, p. 135). In the unburdening phase of IFS, the Self invites the exile to let go of any feelings, beliefs, thoughts or sensations acquired

in their traumatic past (Schwartz, 2021). The exile is asked to identify where in or around their body these burdens are held, once again seeking to foster the release of implicit emotional learnings through the body. Ethan's boy identifies the previously elicited burdens (B) in the back of his head, his heart and stomach, which he elects to release to the ocean and into a canoe that he pushes out to sea (Schwartz, 2021, pp. 119–120) (3).

An additional powerful juxtaposition happens as the spirit of the boy's dad is called in to help him let go of his sadness about his dad's death (Schwartz, 2021, p. 120). While typically the unburdening is followed by an invitation for the now unburdened exile to replace the burdens with desired qualities, in this case, the boy enjoys being held by his dad and getting his dad's confirmation of their ongoing bond (Schwartz, 2021, p. 120). This creates a mismatch from feeling alone to feeling reconnected with his dad, viscerally felt by Ethan who is sobbing while also seeing the boy smile (Schwartz, 2021, p. 121) (3).

Once Ethan confirms that the unburdening feels complete, step 3 continues as the destroyer is called back, in the protector check-in step of IFS, to observe how the boy is doing and gauge whether the protector would be happy to change his role (Schwartz, 2021, p. 121). While Ethan experiences the destroyer as visibly happier, it transpires that the part also wishes to let go of a burden, namely the heavy responsibility "that protecting life is up to him" (Schwartz, 2021, p. 121). This burden, symbolised in Ethan's internal imagery as a sword, is released to a figure Ethan calls a "mountain woman" (Schwartz,

2021, p. 121). Once the part feels lighter, the symbolic relinquishing of the protector's role via the sword is then replaced with holding a glowing ball of light, symbolising a new purpose (Schwartz, 2021, p. 122) (3). The process is complete with Ethan contently exiting his internal world and reconnecting with his partner Sarah (Schwartz, 2021, p. 122). This creates a final mismatch experience (3) from concern about tension in their relationship to tender closeness.

While this is not evident from Schwartz's (2021) transcript, it is common for IFS therapists to ask clients to check in with their parts daily for several weeks to further facilitate their integration into the system. IFS therapists have developed daily post-unburdening practices to support this integration as "an anchor to the unburdening process, thus making it easier to recall this deep healing" (Glass, 2017, p. 37). This further reinforces step 3.

Verification step

The last phase of the TRP is the verification step (III) (V), which requires the presence of three markers of transformational change; namely, "non-reactivation" of emotional triggers, "non-expression" of symptoms, and "effortless permanence" of those changes (Ecker, 2018, p. 11). From an IFS perspective, post-unburdening clients often report feeling lighter, calmer, more confident and more "Self-led" (Anderson et al, 2017, p. 125). Such salient markers of transformational change can even occur throughout a session as the mismatches begin to dissolve the client's original emotional learnings (Ecker et al., 2012). This is evident in Ethan's session when first the

protector relaxes enough to allow access to the exile (Schwartz, 2021, p. 114), and the exile calms down as a trusting relationship between Ethan's Self and the exiled boy develops (Schwartz, 2021, p. 116). Further verification occurs when the exile is "smiling for the first time" following the do-over, and upon retrieval is "happy to see so much life" in the ocean (Schwartz, 2021, p. 119). Finally, the protector is brought back in and smiles, with other parts dancing, and feels a lot lighter with a new purpose (Schwartz, 2021, pp. 121–122).

However, Ecker (2018) stresses that step V needs to be confirmed in follow-up sessions to ensure that symptoms do not recur in situations where they were previously triggered. Step V is evident in Ethan's post-session reflections (Schwartz, 2021, p. 123). Here, Ethan says that while his "fire for justice and the end of suffering still burned fiercely" it is now shared with others with gentle curiosity and openness rather than creating alienation or conflict (Schwartz, 2021, p. 123). Ethan attributes a sense of "greater spaciousness in my being when issues of justice presented themselves" and a shift in his "energetic field around my body" to the unburdening experienced in the session with Schwartz. He concludes that "my energy around justice work is now more grounded and clean" (Schwartz, 2021, p. 123). Thus, it appears that step V as defined by Ecker has taken place, resulting in permanent change.

Synthesis

Several points about how the TRP unfolds in IFS can be deduced from this case example. First,

a unique aspect of IFS is the unblending process, in which the client experiences juxtapositions of concurrently being with and feeling the part's reality and being in Self (2). Their repetitive nature contributes to step 3 early on in a session. Second, the more disconfirming knowledge (C) is gained, and mismatches (2) occur, the more parts trust the Self to reveal (B) and experience (1) additional emotional learnings. These reactivations of old experience are then swiftly mismatched as the Self unblends from, befriends, supports and compassionately witnesses the part (2), leading to an organic dance between TRP steps. Third, when new parts emerge, new symptoms (A) and new emotional learnings (B) may also emerge. Fourth, the final retrieval and unburdening steps of IFS are particularly conducive to offering salient step 3 experiences because they can be conceptualised as summarising all gathered emotional learnings (B), disconfirming knowledge (C) and mismatches (2) and into a completely new reality unfolding in an internally created ritual (3). Transformative change may already be detectable (V) throughout a session and can be verified in follow-ups. Thus, it appears that in IFS the TRP sequence ABC-123-V leading to MR is abundantly evident with an organic interplay between steps determined by the unfolding relationship and dialogue between the client's parts and Self.

Limitations

The case example presented here is based on minimal information from a published source because the

examination of primary material was beyond the scope of this paper. In addition, this paper does not detail potential risks, contraindications and complications in using the TRP or IFS. Furthermore, an exploration of one session transcript cannot lead to generalisable results. In this vein, further explorations of IFS therapy examples would be a valuable addition.

Conclusion

Drawing on a single session case example, this paper has explored how the TRP leading to transformational change via MR unfolds in IFS therapy. The goal of this paper was to contribute an IFS-specific example to Ecker et al.'s (2012) instructive efforts to show how the TRP can be applied to various psychotherapy models and thus support peer psychotherapists in weaving together theory and deliberate, effective practice. Having demonstrated how the TRP is detectable in the IFS process, the paper strengthens the argument for IFS being a transformative psychotherapeutic modality and shows how this transformation may occur through MR. As such, it also strengthens Ecker et al.'s (2012) thesis that MR is the chief mechanism of transformative change in psychotherapy and may in future become a standard of effective practice. ■

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BECOMING A CLIMATE-AWARE COUNSELLOR: SUPPORTING OURSELVES, CLIENTS AND COMMUNITIES

By **Dr Sally Gillespie, Carol Ride and Christie Wilson**

Abstract

Climate and ecological crises are significantly harming global ecosystems, societies, and physical and mental health. Counselling professionals can offer support to individuals and communities by helping to contain, and make sense of, often intense feelings, including overwhelm, fear, grief and anger, that arise in response to worsening climate-driven catastrophes and ecological losses. To engage therapeutically with climate issues and emotions, counsellors need to go on their own journey of climate awareness, as climate issues are currently rarely addressed in counsellor training programs or professional development. This paper outlines the need, and the process, for mental health practitioners to become climate aware, drawing on the work of Psychology for a Safe Climate (PSC). PSC's Climate Aware Professional Development (CAPD) is based on a Support Model developed through their learnings and experiences of delivering workshops, hosting conferences and writing evidence-based publications in the developing field of climate psychology. Through the interactive process of the CAPD, counsellors experience the necessity and richness of collaborative work in developing the appropriate clinical skills to support themselves, their clients and communities to navigate climate-related catastrophes and commit to ecological care and repair.

Introduction

A series of unprecedented climate-related events in Australia, including bushfires, floods and droughts, has placed the global climate crisis firmly into public awareness and life. The *Ipsos climate change report 2022* shows that 83% of Australians are concerned about climate change, while 70% consider that Australia is already being affected by climate change (Ipsos, 2022). Furthermore, most Australians now have a direct experience of a climate change-related event, with 25% of people with direct experience meeting post-traumatic stress disorder screening criteria, leading to the conclusion that:

Australia is facing a potential mental health crisis. Individuals with and without direct experience of climate change are reporting significant mental health impacts, with younger age groups being disproportionately affected. There are key roles for clinicians and other health professionals in responding to and preventing climate-related mental health burden (Patrick et al., 2022).

These research findings are not surprising, given that Australians are increasingly witnessing species extinctions and climate-related catastrophic events including bushfire infernos, superstorms, submerged homes, emergency evacuations and the death of millions of farmed and native animals. The evidence is clear; climate change is not a distant threat, but a present and ongoing lived experience (Guterres, 2022).

Climate change places a huge burden on emergency services, food security and health systems. The toll on mental health, especially of young people, disadvantaged communities and those on the frontline of climate emergencies, is very high (Patrick et al., 2022). A clear pattern is emerging across the globe that "while no one is safe from these risks, the people whose health is being harmed first and worst by the climate crisis are the people who contribute least to its causes, and who are least able to protect themselves and their families against it – people in low-income and disadvantaged countries and communities" (WHO, 2021).

Young people especially are acutely aware that they are heading into a highly challenging and unrecognisable future and report feelings of hopelessness and powerlessness because they are not in a position to mitigate climate change impacts (Gunasiri et al., 2022). The youth climate movement's call for urgent political action is a response to the failure of global action relative to the scale of existential threat posed by climate upheaval. A 2021 study in the Lancet of 10,000 young people (16 to 25 years) from 10 countries, found that:

- 56% of surveyed young people said "humanity was doomed" due to climate change (including 50% of Australian respondents);
- 75% said the "future is frightening" because of climate change (76% of Australians); and
- 39% said they were "hesitant to have children" (43% of Australians) (Hickman et al., 2021).

This study also reports a correlation between feelings of climate anxiety and government inaction on climate change, with 58% of those surveyed saying that governments are betraying them. They note that climate distress is often grounded in relational factors, with children often experiencing "an additional layer of confusion, betrayal, and abandonment because of adult inaction towards climate change" (Hickman et al., 2021, p. e864).

As counsellors well know, when adults fail in upholding their duty of care to young people, the psychological consequences can be profound. Counsellors need to be able to acknowledge their adult duty of care in relation to climate issues, professionally and personally, in order to adequately support young people towards healthy engagement with their climate affected future. This means recognising their own and other adults' responsibilities to collectively engage with and act on climate danger.

When climate issues enter the counselling room

The public need for psychological recognition of, and support for, the mental health impacts of climate change is fast increasing. It is vital that this recognition understands, validates and supports people grappling with climate distress, "without pathologising or labelling the distress as an individual struggle, or a mental illness" (Hickman, 2020). This however is not to deny that in some cases, ongoing climate distress can and does contribute to clinical anxiety or depression, especially if not well-validated or understood. In relation to treatment, Susan Clayton

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(2020) makes the point that it is "important to distinguish between adaptive and maladaptive levels of anxiety. A focus on individual mental health should not distract attention from the societal response that is necessary to address climate change". Both counsellors and clients need support and education to understand that climate distress is a normal, rational and reasonable response to what is happening, and in fact is a sign of connection to, and care for the world (Silva & Coburn, 2022). As Graham Lawton (2019) writes in the New Scientist, "what we are witnessing isn't a tsunami of mental illness, but a long-overdue outbreak of sanity".

Climate psychology research shows that conversations with trusted others who are authentic about their own emotional processes of grappling with climate realities and existential threats enable the exploration of psychological defences, conflicts and supports (Gillespie, 2019;

Randall, 2012). When conversations are conducted well, it helps people to consciously integrate the threats of ecological breakdown, easing feelings of isolation, guilt, grief, fears and traumatic reactions, whilst facilitating responsive action (Gillespie, 2019; Randall, 2012). Climate psychologist Sally Weintrobe (2019) observes that when people are able to engage with climate realities, having emerged from a collective psychic retreat, they often feel re-energised and more alive. She cautions however that:

> they are also vulnerable. They need the support of a culture of care that values truth and provides a non-persecutory atmosphere. They need the grounding that an understanding of politics can provide. These help to gain a sense of proportion when trying to work through issues of anxiety, shame and guilt. (p. 3)

It is therefore vital that mental health professionals learn

how to provide a politically, psychologically and ecologically informed culture of care as clients and communities seek their support in grappling with the realities of the climate crisis.

It is essential that counsellors explore their own climate understandings, responses and distress in order to be able to provide containment for others (Silva & Coburn, 2022). However, given that most training programs are not offering climate-aware training, many counsellors struggle to recognise and negotiate climate change-related emotions in the counselling room, or indeed in themselves (Silva & Coburn, 2022). They, like their clients, may feel overwhelmed, powerless or isolated in response to the climate crisis, becoming vulnerable to the risk of bypassing their feelings and falling into a collective psychic retreat from climate realities (Aspey, 2021).

Australian research by Silva and Coburn (2022) shows that when climate change issues enter the

counselling room, therapists do indeed feel challenged to support clients or to respond in a way that feels authentic or helpful, because they feel ill-equipped to work with the complexities of climate change and mental health. One of the reasons for this is the therapist's personal experience, which may include "inner conflicts with self-identity around the uncomfortable awareness of complicities with the problem, meaningful resonances with personal and other histories, disconnects with 'truth' and knowledge, and interpersonal reverberations found in conversations with others" (Silva & Coburn, 2022, p. 13). These findings point to the need for training and professional development that supports therapists to explore the complexity of their own psychological responses to the climate crisis while learning how to identify and work with parallel processes within themselves and their clients.

In many ways, the challenges of the COVID-19 pandemic have opened the way for counsellors to work with collective threats, where both the client and the therapist are negotiating similar psychosocial impacts on their lives. In response to both the pandemic and climate crisis, therapists have to learn to navigate their own catastrophic thinking and disruptive emotions (Kassouf, 2022). In relation to climate catastrophes, we are now all affected, to a greater or lesser extent. However, there is a high likelihood that client and therapist may be at different stages of climate awareness, understanding and responsiveness. Facilitators and trainers from PSC, including the authors of this paper, have heard a number of stories of climate

campaigners and researchers seeking therapeutic help for their climate-related distress, only to find that the counsellors they consulted were unable to engage with climate crisis as a valid cause for distress. When this happens, the client's experience can be discounted, dismissed, 'band-aided' or unhelpfully placed into a context of unresolved family dynamics, because of the counsellor's lack of climate awareness training.

Silva and Coburn (2022) call for professional bodies and training institutions to provide "leadership and guidance to therapists that enables them to support clients, and themselves, facing potentially dire climate crisis realities" (p. 1). While ACA is one of a number of professional bodies that already recognises both the significant role that counselling and psychotherapy professionals can play "in supporting and assisting people experiencing mental health issues in relation to climate change and post-disasters", as well as the need to acquire the specialist skills and knowledge, and social justice advocacy perspectives necessary to do this (ACA, 2021), there is little training available in this area. Fortunately, however, climate psychology organisations such as the PSC in Australia and the Climate Psychology Alliance (CPA) in the United Kingdom and the United States are well-positioned to lead the way in both informing and providing this vital support, research and education for counselling professionals and their professional bodies and training institutions.

Both PSC and the CPA ground their work within a psycho-social approach that examines the interplay between internal, psychological factors and
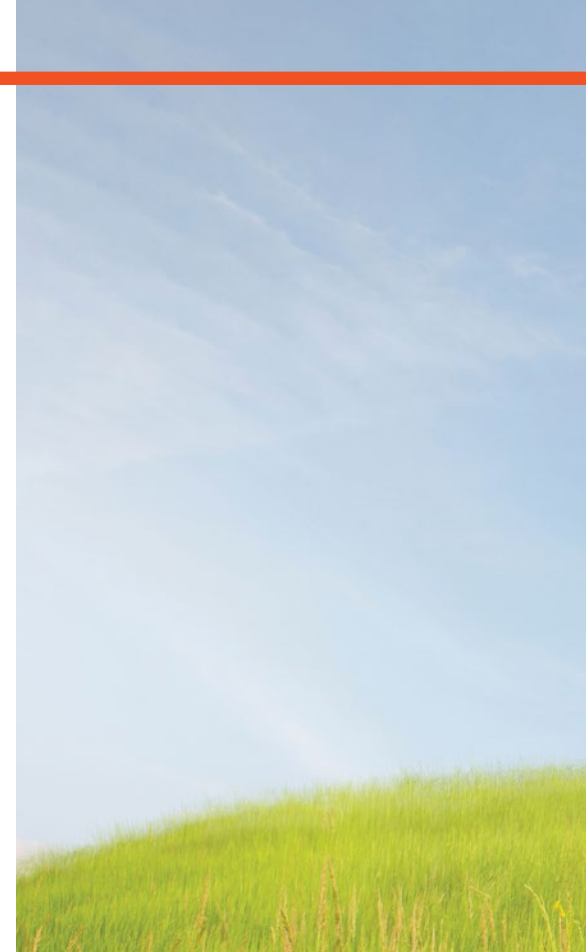
external, sociocultural factors, such as values, beliefs and norms, that shape people's responses to climate change (Hollway & Jefferson, 2013). This ecologically and politically informed systemic approach provides the necessary context for a psychological analysis of people's climate responses. It also sits within critical and reconstructive psychological practices that forgo individualistic perspectives and an 'expert' outsider stance in favour of supporting communities that consciously nurture the wellbeing of all (Watkins & Shulman, 2008).

Over the last 10 years, these organisations have helped to establish 'climate psychology' as a discipline, while developing talks and workshops for communities, and psychological support for climate activists, researchers and policy makers, both individually and in groups (Inquiry and Dissemination Group, 2021). They also facilitate peer support networks, workshops and conferences for mental health professionals who are, or are becoming, climate aware

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and informed in their work. In the last two years, PSC has also undertaken to provide Climate Aware Professional Development (CAPD) for counselling professionals in response to the urgent need for such programs.

Psychology for a Safe Climate

Psychology for a Safe Climate is a not-for-profit registered health promotion charity whose work is largely done by volunteers. It was founded in Melbourne in 2010 by a group of concerned psychologists, psychotherapists and counsellors who were alert to the severity of the climate crisis, and the need for psychologically informed and appropriate responses. They began by exploring the psychological factors impeding serious and effective climate engagement by communities and governments to help climate activists begin to understand from a psychological perspective what appeared to be stubborn denial from those they were seeking to influence, and how to counter this through communication (PSC, 2015, 2016).

As PSC developed, the core team

experienced the benefits of peer group conversations and support to explore and process their own climate-related emotions. They also observed in themselves, and those with whom they worked, that climate engagement can be an ongoing developmental journey that calls for support and collaborative actions within a community of care. Their observations were further backed up by research showing that when people are given a safe, facilitated space to identify and share with others their climate-related feelings, thoughts, fears and hopes, it can stimulate collective engagement and sense-making that not only eases distress, but also seeds personal and social transformation and action (Gillespie, 2019; Randall 2012). Acting on this knowledge, PSC has designed and delivered workshops for community members and climate researchers, policy makers, educators and advocacy organisations to explore and support the emotional impacts of their engagement. Through these workshops, PSC provides a space for the expression of a wide range of emotions, including grief, fear, anger,

guilt, exhaustion, inspiration, love and hope in the context of current social, political and cultural climates.

A common response in PSC workshops is that "I've been aware and involved in climate change for years, but have never talked about how I feel". Feedback received in evaluation forms also reveals the need that these workshops meet. For example:

What a session! Our Beating Burnout session facilitated by the PSC facilitator was powerful and emotional. As a small [non-government organisation], finding the time and space to really debrief as a team is essential. None of us realised how badly we needed this session until it happened. The learnings and better understanding of each other that the session gave us are invaluable. (Climate advocacy organisation).

The two-day workshop helped us to open up about our grief after losing so much in the Tathra and District Fire. It was so important to do this as a

FIGURE 1 THE PSC CLIMATE SUPPORT MODEL

Purpose
Cultivating meaning and active hope

Resilience
Practising self-care and self-compassion

Presence
Being with the uncertainty and discomfort of the climate reality

Emotions
Feeling and expressing our emotional response to climate reality

Context
Acknowledging the impact of sociopolitical and environmental contexts

Connection
Witnessing and sharing our emotional responses with others

group, to see how others were coping, hurting, healing. The facilitators from Psychology for a Safe Climate made a very safe space for us to explore our responses and share the stories of our various experiences. We felt really supported and respected. (Bushfire Survivors for Climate Action)

Through its work with others, PSC has developed a Climate Support Model (Figure 1), as a framework for training PSC facilitators and the CAPD. The model nominates six core avenues of support for people in their engagement with climate change. Each avenue draws on currently available evidence-based research, as described and referenced below, although the model itself has yet to be formally peer-reviewed.

A core understanding of the model is that working with climate emotions is most effective in a group. Individual self-soothing,

sense-making and indeed action only extend so far when the origins, effects and necessary responses to the threats are collective and socially organised. The complex systemic nature of climate breakdown lies beyond individual consciousness and experience for most people. Coming to terms with this reality, and the enormity of its disruptions, requires the input of multiple perspectives of lived experience. Group work is ideal for identifying the collective systemic nature of the causes and effects of the climate crisis, and to foster a culture of care and collaborative restorative actions for ecosystems, societies and psyches. When group work is well-supported by therapeutic models of counselling, it can provide a healthy way to hold the complexity of emotions and dilemmas related to climate and ecological crises that both normalises a wide range of emotions and builds creativity and resilience for collaborative engagement (Gillespie, 2019; Randall, 2012).

The Climate Aware Professional Development

In 2021, PSC launched their CAPD in the form of three interactive webinars, with the aim of supporting counsellors to develop awareness of the psychosocial contexts of the climate crisis; to recognise climate change impacts on mental health; to identify, express and share their own emotional responses to the climate crisis; and to learn how to work appropriately with climate-related emotions and issues as they present in the clinical space. The content and processes of the CAPD are anchored in PSC's Climate Support Model as the discussion below describes.

PSC's core approach in all of its work is to cultivate an embodied presence in meeting the uncertain outcomes and discomforting realities of climate disruption.

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For the practitioner, presence both requires, and supports, an ongoing engagement with climate realities, personally and professionally, while observing fluctuations of feeling, disruptive thought processes and changing worldviews in oneself and others. Being present also means witnessing our own desires and tactics, conscious and unconscious, to avoid facing climate realities, including disavowal, distancing or displacement (Weintrobe, 2013).

Acknowledging and working through personal responses is a critical component in developing the professional capacity to be with those who are struggling with climate distress. Within PSC, this ongoing work is supported by regular check ins, climate café conversations and experiential processes that help PSC members to assimilate and process

the latest climate science, political developments or catastrophic events. Similarly, the CAPD offers participants space for reflection and mindfulness, a sharing of thoughts and feelings, and art-based explorations to cultivate ongoing presence. Once the CAPD is completed, participants are offered ongoing support for cultivating climate-aware presence through regular climate café conversations and InterVision, a peer supervision group.

The outer circles of the Climate Support Model show five crucial avenues of support beginning with feeling and expressing emotions. The emotional terrain of responding to climate change is varied and complex, containing often powerful, painful and unfamiliar feelings. While the terms 'eco-anxiety' and 'climate anxiety' are much used in the media, they fall far short

of honouring the range, depth or nuances of what people commonly feel in relation to ecological and climate destruction. Panu Pihkala's (2020) synthesis of a number of research papers on eco-anxiety reveals a long list of feelings including numbness, melancholia, despair, hope, amazement, disappointment, shock, dread, yearning, regret, shame and inadequacy. Furthermore, these and other related emotions tend to be fluid, easily coinciding with or morphing into one another (Pihkala, 2020).

When people are given the space and support to name and explore their feelings about climate change, it can open a rich landscape of meaning and connection. It also increases capacity for listening to and supporting others (Baker et al., 2021). Throughout the CAPD, participants are given the space to identify their emotions in response to the material and exercises presented within the seminars, as well as to climate-related events in the wider world. Being able to validate the often very mixed and intense feelings about climate crisis we all carry, consciously or unconsciously, crucially prepares the ground for empathic work with others in this terrain.

Connection happens through sharing emotional responses with others and being a witness for others in their sharing. PSC's work focuses on groups because of the therapeutic value of connecting with others, dismantling walls of isolation and finding mutual recognition and support, often while sitting together with questions and dilemmas about how to be human in these times, such as how to parent, how to work, how to travel or how to relate to friends, colleagues and family who hold different climate views.

When working clinically with climate distress, Elisabeth Allured (2020) advocates the importance of a 'witnessing professional' who has the capacity to deeply be with clients as the trauma of environmental crisis comes to consciousness. This experience of being together lessens feelings of isolation and helps to ease guilt, grief, fears and traumatic reactions (Gillespie, 2019; Randall, 2012). The CAPD models the importance of connection in this work through its many small group exercises and interactive design.

In the Climate Support Model, context identifies the relevance of sociopolitical factors in climate distress and impacts. Entrenched extractivist economies, neoliberal ideologies, consumerist values, political corruption and worsening social inequity are all significant factors driving the collapse of ecosystems and climate systems (Klein, 2014). This combination of factors has contributed to what Weintrobe (2021) has designated as a 'culture of uncare' in which social good is downgraded for free market principles, and where people are treated as isolated individuals and consumers rather than as citizens embedded within communities and ecosystems. This individualistic and dissociative frame weakens the fabric of social connections, breeds loneliness and falsifies ecological realities.

Recognising these sociopolitical contexts stimulates counselling professionals to rethink their own ideas about personal agency, social action and political processes. In the CAPD, participants are given an introductory psychosocial analysis of the climate crisis, informed by climate psychology research, and

> The CAPD teaches evidenced-based self-care and self-compassion practices while framing self-care and self-compassion within the systemic context of ongoing community climate engagement and impacts.

are encouraged to develop ways of working that build connections between people and address social justice issues; for example, facilitating community workshops, training and conversations.

The term resilience has had a recent resurgence in response to climate catastrophes and the COVID-19 pandemic, reflecting collective concerns about collapse, despair and burnout. People and communities have some understandable scepticism about this term, seeing that it can be deployed to deny the ongoing nature of climate impacts and threats, as well as to encourage 'business as usual' attitudes. For PSC, resilience does not mean 'bouncing back despite it all' but rather something that can be carefully cultivated and shared in the challenging ground of individual and collective vulnerabilities, suffering and ongoing difficulties.

The CAPD teaches evidenced-based self-care and self-compassion practices while framing self-care and self-compassion within the systemic context of ongoing community climate engagement and impacts. Mindful self-compassion supports an acknowledgement and acceptance of suffering and difficulty while facilitating action from a place of care for oneself and others (Neff, 2011). The CAPD also incorporates nature-based practices that can have many benefits for physical and mental health as well as foster feelings of relatedness to the living world (Coleman, 2006).

In his book *Transformational resilience*, psychologist Bob Doppelt (2016) illustrates how finding new purpose, meaning and insights in life as a result of climate hardships can help people tap into the core values they want to live by in the midst of adversity, and inspire meaningful action that draws on personal skills and gifts. Similarly, in their research with climate activists, Randall and Hoggett (2016) observe the emergence of an emotionally intelligent form of 'sustainable activism' that can hold the tension between optimism and pessimism while committing to the principle that it is never too late for meaningful and helpful action.

Committing to caring and meaningful actions, regardless of possible outcomes, nourishes active hope (Macy & Johnstone, 2012). This form of hope is guided by a compass of care, steering through the emotional ebb and flow of engaging with climate and ecological issues. The CAPD opens an exploration of how practitioners can support active hope in themselves and their clients by committing to purposeful action, nurturing inspiration and joy, connecting to the natural world, practicing gratitude and rest, and tending to emotions.

Each one of the circles in the Climate Support Model are taught and practiced in the CAPD including in the final seminar, when therapist facilitators share case studies of working with climate distress, and invite participants to respond to hypothetical scenarios as well as their own experiences. Through this process, practitioners experience the necessity and richness of collaborative work in developing the individual and community resilience necessary for engaging with immense social and ecological upheaval. Knowing that everyone present is grappling with unprecedented events, dilemmas, griefs and change generates a shared vulnerability, generosity and openness to experimentation that is as inspiring as it is challenging.

Reflecting back on the CAPD process, one participant offered this feedback:

These workshops offered me the deep understanding and support I needed at a critical time in my work. I felt the humanity, humour, kindness and deep vulnerability of both facilitators and participants. The conversations explored our shared grief, uncertainty, dismay and understanding, as well as offering valuable insights and genuine learning. This experience has strengthened my work practice and I do not feel as alone. We do not know exactly what the future holds but I, for one, need ways to help maintain both individual and collective wellness. Disasters happen to individuals and communities. So many of us have not had spaces to hold these dynamic conversations about climate grief, as we have been too busy listening to others. Psychology for a Safe Climate offers those conversations into the unknown. I am so grateful.

InterVision

As well as building a network of CAP practitioners, PSC has created an InterVision (supervision) Professional Development program to continue the ongoing development of clinical skills and the practitioner's personal climate journey. These clinical skills include assessment, problem identification, diagnosis, rapport building, treatment strategies and nature-based practices. As the therapist's climate journey is an integral part of developing CAP clinical skills, the InterVision groups continue the CAPD practices of giving participants the space and support to explore their personal climate emotions, thoughts, actions and relationships. InterVision also helps practitioners to explore issues of self, values, identity, meaning and spiritual concerns in depth, with the recognition that climate emotions require an eco-psychosocial response and a systemic approach. As well as providing peer support, this supervision group focuses on refining what is needed in the emergent field of climate psychology, adapting counselling skills in a rapidly changing therapeutic field within a climate-disrupted world.

Conclusion

PSC's CAPD and InterVision groups meet a previously unmet need to rework mental health practice understandings and practice in this era of mounting existential threats due to climate and ecological losses. Through this process, participants, including trainers, can experience the necessity and richness of collaborative work in developing the individual and community resilience necessary for engaging with immense social and ecological upheaval. Along the way, many assumptions influenced by an individualistic and eco-systemic denying worldview can be proven false.

As is so often observed, crisis creates opportunity. The opportunity that the climate crisis offers counsellors is to work with others — peers, clients and communities — to develop mental health understandings and practices anchored in a systemic worldview. It will take many villages to endure climate crisis. The village of mental health practitioners can make a vital contribution through shared experiences and learnings based in an acknowledgement of common vulnerabilities, connections and care. PSC looks forward to seeing a thriving and widespread network of practitioners committed to supporting individuals, communities and organisations develop emotional resilience, connection and capacity for sustained efforts to respond wisely to the climate crisis. ■

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Are my notes confidential?

Professionals are often engaged to assist a party in navigating issues arising from the breakdown of their relationship. Family lawyers are frequently asked by these treating professionals *'Are my notes confidential?'*.

The starting point is non-confidentiality.

Everything said to a GP, paediatrician, therapist, counsellor, psychologist and other allied health practitioners can be disclosed and it can be subpoenaed.

Why? So courts can learn the truth.

In parenting matters, the question that the Court must determine is *"What is in the best interests of the child?"*. This is the paramount consideration and if there are documents that can assist the Court to understand what parenting arrangements may meet the child's best interests, then the Court should have access to them.

Practitioners such as psychologists and doctors have a responsibility to maintain client confidentiality as part of their ethical standards, clinical practice, and professional licensing regulations.

It is understandable that clients may become incredibly distressed when a subpoena is issued to their treating practitioner for their notes in circumstances where they thought that their personal health records were confidential.

The subpoena recipient (for example the psychologist or medical practitioner) and the person affected by the issuing of the subpoena (the husband or wife in the Court proceedings) may object to the production of documents under a subpoena.

Some of the grounds for objection include but are not limited to:
- That the subpoena lacks a legitimate forensic purpose
- That the subpoena is an abuse of process or oppressive
- That the subpoenaed material is not relevant to the issues presented before the Court
- That the information being requested is privileged

In a recent decision of Vitalis & Kazan (No 2) [2022] FedCFamC1F 601 (19 August 2022), the Court was asked to determine parenting arrangements for two children aged 8 years and 4 years.

In the proceedings, Ms Kazan served a subpoena on Ms Vitalis's gender reassignment surgeon ("Dr O") and on her medical insurer. Ms Vitalis objected on the ground of relevance.

It was noted by the Judge that "*in any parenting proceeding any parties' mental health issue is potentially relevant to the extent that it may impact on parenting capacity*".

Ms Vitalis accepted that her mental health was a relevant fact potentially in issue and did not object to subpoenas that Ms Kazan had issued to her identified treating mental health practitioners. She did object to the subpoena issued to Dr O on the basis that *"the biological surgical procedures Dr O was involved in will not illuminate any issue relevant to parenting capacity"* and was a *"fishing expedition"*.

Ms Kazan submitted that Dr O may have engaged in an assessment of Ms Vitalis' mental health which was relevant to the issue before the Court. It was noted by the Judge (at paragraphs 21 and 22) that *"[A]s part of gender reassignment, the nature of the surgery might reasonably require the surgeon to satisfy themselves that the patient meets the criteria under the World Professional Association of Transgender Health Standards of Care Guideline. That might reasonably require the surgeon to engage in their own assessment of the patient's mental health status. In this case... it is at least possible that Dr O was required to and did undertake his own independent mental health assessment of Ms Vitalis, taking into account Ms Q's [Ms Vitalis' treating clinical psychologist] opinion but not merely relying upon it."*

Due to the intimate nature of the surgery, Ms Vitalis maintained an objection to the subpoena on privacy grounds. It was also submitted that the Court "should control the use of subpoena in pursuance of the overarching purpose, of the Federal Circuit and Family Court of Australia Act 2021 (Cth) ("the Rules"), being to facilitate the just resolution of disputes according to law and as quickly, inexpensively and efficiently as possible.

The Judge in this case noted that "whilst privacy grounds would be relevant if the information sought went only to the physical process, where it is conceded that there is a real possibility of a mental health assessment, and therefore a genuine forensic purpose, privacy is not a proper ground for objection. While Ms Vitalis' position is understandable, given the sensitive nature of the procedures involved, the nature of the family law jurisdiction,

in which the Court enquires into the welfare and best interests of children, means that the public interest and children's interest in the Court having all available relevant evidence about a parent's mental health outweighs the parent's right to privacy.

The Judge went on to say "Whilst the Court should, and does, exercise close control over the issuing of subpoena as part of the application of the overarching purpose, I am not persuaded that in the context of these proceedings the subpoena to Dr O is inconsistent with the overarching purpose."

It was submitted by Ms Kazan that the subpoena to Ms Vitalis' medical insurance company was appropriate as it would give details of other medical practitioners who had treated Ms Vitalis that "were not disclosed, and who Ms Kazan says should have been".

In many cases, the Judge said that the subpoena to the medical insurer " would be a step too far, but each matter requires consideration on its own facts." Here he said (at paragraph 38) that "Where a party's mental health is an issue in the proceedings, and where it appears that she has taken an approach to disclosure which raises issues about the selectivity and reliability of that disclosure, it may be appropriate to allow a subpoena... to ensure that the Court has the best available evidence when considering the best interests of the children."

The Judge held in this case that there was a "genuine forensic purpose to each subpoena" in this matter and allowed access to the records produced by Dr O and the medical insurance company. ■

More information

❯ Information for named person or other person (served with a subpoena or a copy of a subpoena) (prescribed brochure) can be found at Federal Circuit and Family Court of Australia (fcfcoa.gov.au).

WHAT TO DO IF YOU GET A SUBPOENA

1. Read the subpoena

2. Write down your thoughts

What documents am I being asked to provide?

Do these documents exist?

Are the documents relevant to an issue in dispute?

Are the documents privileged?

Should I object to the subpoena?

Is the Subpoena being used for a proper purpose or is it too broad, oppressive, a mere 'fishing expedition'?

What date do I have to comply by?

Have I received conduct money?

How much will it cost me to produce the documents (eg photocopying costs)?

Where do I send the documents?

3. Get legal advice, if required, and speak with your insurer.

Photo: Supplied

The journey towards climate-related mental wellbeing

Dr Rebecca Patrick discusses her research into the links between mental health and climate change and shares her personal experience working in this space. By **Claire Crawford**

Climate change and mental health concerns are two of the biggest issues we face in the 21st century, and in the space where the two intersect, there is an opportunity to do some innovative work to protect and promote health, Dr Rebecca Patrick says.

Dr Patrick has always had an interest in the nexus between health and environment, and has spent much of her academic career researching in this area. She is a board member and previous president of the Climate and Health Alliance (CAHA) and is also a co-director of Deakin University's Health, Nature, Sustainability Research Group.

Dr Patrick's research has focused on 'climate-related mental wellbeing', a two-sided concept. "When we use the term 'climate-related mental wellbeing', we recognise the negative impacts of climate change on mental health, but also the agency people have over their mental health and their capacity to recover," she says.

Dr Patrick noticed this gap in research when first attending university in the 90s, when she could not study health and environment together. Much of her academic career and work with CAHA has been fulfilling that unmet need for the two areas to be linked.

The numbers
Dr Patrick recently led a collaboration between Deakin and Monash universities, with the support of ABC Science Week, to carry out a survey on climate change and mental health with about 5500 participants across Australia.

The survey took place in late 2020 and looked at the presence of mental health concerns related to climate change among Australians, and how they were approaching these concerns. Participants spanned across a broad range of locations, socioeconomic statuses, backgrounds and ages, from 18 and over.

The survey found that around 25% of respondents screened positive for climate-related mental health concerns such as eco-anxiety, pre-trauma or post-traumatic stress disorder (PTSD). Young people are experiencing anxiety related to climate change at a significantly higher rate than older groups, with one in five

"The way we communicate the impacts of climate change need to be balanced, we need to have an understanding that people get flooded with information (and misinformation), and we should make sure information and support resources are available alongside anything we communicate"

Australian young adults aged 18 to 34 indicating they experience climate-related anxiety.

"Eco-anxiety is a useful way of conceptualizing the impact of fear, anxiety and worry about future environmental changes relating to climate change," says Dr Patrick. "In contrast to eco-anxiety, pre-trauma symptoms are specifically triggered by an anticipated future image or experience that is intrusive, including patterns of avoidance and symptoms of hypervigilance."

Sixteen per cent of participants who had not experienced a climate change event (such as drought, fire and flood) met the screening criteria for pre-traumatic stress, and one in four participants with direct experience of a climate change event met the screening criteria for PTSD.

"Meeting the screening criteria does not necessarily mean they have PTSD or pre-trauma, but it does indicate they're experiencing things that usually indicate it's there," Dr Patrick notes.

And with 55% of participants indicating they have directly experienced a climate change event, there is a strong suggestion that many people are saying that climate change is real, they have experienced it, and it is impacting their mental health in some way.

Taking action

Dr Patrick notes there is a positive side to the growing concerns about climate change.

"It's not only important because it affects their mental health, however. The research also suggests that once you have a direct experience, you are far more likely to be concerned about the issue and take up pro-environmental behaviours."

Dr Patrick has observed that there are many ways someone can positively address their concerns about environmental issues.

"At a personal level, people can become more informed about the solutions. They can engage more with natural environments and change their lifestyle to be more sustainable. While individual action is not going to turn climate change around on its own, it is a step towards getting a sense of agency."

Some people cope by working on climate concerns with others. We call these collective strategies, which help create a sense of community and can expand an individual's sphere of influence. A quarter of participants said they were actively participating in climate debates, whether it be engaging in online conversations or joining protests.

Addressing the issue professionally

Dr Patrick notes that the majority of people surveyed said they are not seeking mental health support as a key coping strategy, but the strong presence of climate-related mental health concerns indicate that the mental health system should be preparing to address the concerns that exist currently, and will most likely continue to grow in the future.

"It is critical that mental health professionals recognise the mental health burden of climate change, and that it is another determinant of mental health that should be in frame, and we should have tools to assess, monitor and treat."

There is a growing pool of tools and resources to support mental health professionals in this area, Dr Patrick says.

"The Australian Psychological Society has some good resources for having these conversations [about the impacts of climate change on mental health] with children and young people. Psychology for a Safe Climate are training health professionals in working with these issues, looking after their own health and wellbeing needs, and have a directory of climate-aware mental health practitioners.

"Australian and New Zealand College of Psychiatrists are also doing some work in this space. Doctors of Environment Australia have put together a good policy briefing. And, of course, the work CAHA has done in raising awareness of the link between climate and mental health is another good way to keep up to date."

Dr Patrick also highlights the promise of nature-based solutions. "We are doing some work to look at taking young people into a natural environment and having the counselling conversation in that space, rather than the clinical environment of sitting across a desk. We think walking, talking and being in nature may work better for young people."

Social media is also a double-edged sword. It is both a place to link with other people with climate concerns and create collective approaches, but also can be a constant feed about the existential crisis of climate change.

"The way we communicate the impacts of climate change need to be balanced," Dr Patrick says. "We need to have an understanding that people get flooded with information (and misinformation), and we should make sure information and support resources are available alongside anything we communicate."

Its also important, Dr Patrick emphasises, that mental health professionals attend to their own mental health and wellbeing when they are often on the frontline, helping people who present with these issues. This includes social media engagement.

"I make sure I use, and am not used by, social media. I use it as a work tool and have gone through patches where I get too consumed by it, which is not healthy. So I recommend setting up clear boundaries with social media engagement, particularly if you're working in the space."

The broader picture

Dr Patrick says her own experience with seeking support for her concerns about the broader existential, as opposed to personal, threat of climate change has contributed to her interest in this area. She faces the issue constantly in her day-to-day work, especially on social media.

"I wanted to have a conversation about my worry about climate change because I've been working in it for such a long time, and the conversation quickly turned into being about my personal relationships, which didn't necessarily work for me. So I became interested in what ways of working could support someone presenting with a big picture concern rather than a more immediate sphere of influence."

Dr Patrick has also been involved in work looking at the drivers of the climate–mental health relationship and looking at what the risk and protective factors are for young people.

This research has uncovered that a lot of drivers stem from bigger picture 'systems' issues such as government inaction, capitalism and access to education. This means big picture concerns also need some big picture solutions to support the individual ones, which Dr Patrick and organisations like CAHA are working towards.

"We are now poised for the implementation of a national strategy on climate, health and wellbeing, which CAHA has largely led and the federal government has agreed to implement. Embedded in that framework is an eye to mental health and its impacts."

"We want to ensure there is intervention at a policy level, at practice level, all the way through to individual actions in the home and community." ■

The well-evidenced benefits of ecotherapy

By **Dr Geoff Berry**
Australian Representative to the
International Ecopsychology Society

Evidence that time spent in nature improves mental health outcomes has increased markedly over recent years. Yet for many practitioners, as well as the Australian public, the field of ecotherapy probably remains a somewhat vague idea that makes intuitive sense but hasn't yet been clearly defined or demonstrated. With reference to landmark publications and leaders in the field, bountiful evidence of efficacy, and the core aspects of ecotherapy and its theoretical paradigm, ecopsychology, this article sets out to change that.

Ecotherapy can best be discussed as an umbrella term, according to Linda Buzzell and Craig Chalquist, the editors of the influential collection *Ecotherapy: Healing with nature in mind* (Buzzell & Chalquist, 2009). This volume shows that ecotherapy "represents a new form of psychotherapy that acknowledges the vital role of nature and addresses the human–nature relationship" (p. 18). From the start, then, at least two things are going on in the field of ecotherapy. Expanding psychotherapy into natural environments has been shown to offer *therapeutic outcomes* to individuals and groups suffering from various kinds of trauma, anxiety, grief or isolation. At the same time, as a *cultural movement*, ecotherapy can help to heal the rift between modern individuals and nature that has led to a broader, less defined malaise — our sense of separation and isolation from nature — that affects the wellness of most of us in some way.

In *Ecotherapy: Healing with nature in mind*, contributions from various authors display the extent of ecotherapeutic approaches, including walking therapy, animal-assisted therapies, wilderness adventures, rites of passage and community gardens. The authors also outline the basic premise of ecotherapy, which recognises that time spent mindfully in nature reminds us that we are not separate from it. Put briefly, the biological and physical laws of nature operate in our minds, not in a reductive sense (as per the now defunct model of the body as a clockwork mechanism), but because we replicate its patterns of growth, healing and development, as well as the inevitabilities of disease and death. The patterns, codes and lessons of nature are stamped into our genetic and cultural DNA. They are inherent in the way our minds work, so

Photo: Ashley Don/Unsplash

that we cannot be analysed as if we operate separately from our relationship with our environment. Ecotherapy is a way of coming home, in the broadest sense, to ourselves as a part of nature. In this, it operationalises a set of concerns that were earlier taken up in ecopsychology, the theoretical framework underpinning ecotherapy. Ecopsychology had been building a knowledge base and inspiration for this research over several decades, with the 1973 publication of Arne Naess's landmark article introducing the concept of deep ecology. However, even then, Naess and others recognised Rachel Carson's *Silent spring* (1962) and, as will be shown, both the theory and practices of ecotherapy pay respects to the traditions that Indigenous peoples have lived by for millennia. But the researcher and writer who gave the field its current name was Theodore Roszak, who specifically set out to bring ecology back into psychology in *The voice of the earth: An exploration of ecopsychology* (1992/2001). Even as Roszak gave the discipline a solid grounding and some working definitions, at this early stage the problem of disciplinary boundaries was already recognised, with ecopsychology operating from the outset as both an *extension and a critique* of more conventional approaches to therapeutic outcomes. Four years after Roszak brought ecopsychology into the limelight, Clinebell did the same for ecotherapy (Clinebell, 1996). In both cases, the concept of taking therapeutic practices outdoors (or bringing the clients' relationship with nature into the therapy

room) broadened the emphasis of conventional therapeutic relationships. Including nature – defined here for brevity as the non-built environment – in a one-on-one therapeutic alliance adds another voice, while also speaking to a broader cultural concern regarding our collective relationship with our environment.

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Ecotherapy has become such a widespread phenomenon in North America that time spent in nature can now be prescribed in many places, under schemes such as Park Rx (see reference list for details). In the US context, this could be seen as an efficacious response to what Richard Louv famously diagnosed as nature deficit disorder (Louv, 2005/2010). In Japan, the phenomenon of forest bathing, or shinrin-yoku as it is traditionally known, can likewise be prescribed due to decades of research into its efficacy (Hansen et al., 2017). Interestingly, this evidence indicated the extra benefits that time spent in nature offered over and above the mindfulness practice that accompanies such forest bathing and ecotherapy approaches generally (McEwan et al., 2021). Researchers attribute this increase to the higher oxygen content of forest air, as well as the possibility that the chemicals trees exude to help them fight off diseases also boost human immune systems.

Ecotherapy has been slower to take hold in Australia, partly due to the lack of training regimes. However, Australian clinical psychologist George Burns has long been recognised as a global

leader in the field, since the publication of his *Nature-guided therapy* in 1998 (Burns, 1998/2004). Subsequent decades of research that utilised his Sensory Awareness Inventory to explore people's pleasurable experiences confirmed for Burns that people consistently find pleasure in nature (Burns, 2009). As such, it became the basis for his therapeutic interventions for prisoners, those facing challenging relationship issues and families caught in unresolved cycles of conflict (Burns, 2009).

The Australian landscape provides excellent opportunities for shifting the focus of therapeutic practices from the clinic to 'the great outdoors', especially in an era when climate-related emergencies exacerbate underlying mental health issues in affected communities (Cianconi et al., 2020). The recognition that human and ecosystem health are interconnected has been heightened by current events, including increased incidences and severity of fires, floods and pandemics. Recent shifts in the field reflect this growing concern, with cases of eco-anxiety and ecological grief becoming noticeable in communities affected by climate change (Clayton et al., 2017; Cunsolo & Ellis, 2018; Hayes & Poland, 2018). Cunsolo et al. (2020) suggest that mental health responses to these increasing crises should include increased training for health professionals on the ways climate change can affect mental health, harnessing proven individual and group therapy strategies, including a family focus and ensuring health equity.

Even in our urbanised capital

cities, accessibility to nature does not need to become a barrier to the practice, as contemporary practices include indoor and urban ecotherapies (using memories to recall moments of special connection with nature, images and objects to reflect upon, or even a view out of a window). What is important for practitioners who wish to incorporate ecotherapy into their practice is that they are trained to expect what incorporating nature into a therapeutic paradigm can mean, including the wide variety of potentials and pitfalls expected within such a broadly defined discipline.

In general, ecotherapy and its theoretical framework ecopsychology draw upon three main areas of inspiration:

- They integrate mindfulness practices, asking not only that we 'breathe in' the natural world and its healing benefits, but that we practise awareness of how we feel before and after such exercises.
- They take seriously what can be learnt from Indigenous epistemologies, in particular the sense of *kinship* and *belonging* that dissolve the existential dilemma of separation from nature and each other that is such a common aspect of modern life.
- They reference the depth psychologies of myth, symbol and the stories we identify with, which often distance us from a true sense of communing with nature and its healing powers.

Mindfulness aspects often draw from Buddhist approaches, and the intersection of mindfulness and ecotherapy is thoroughly summarised in Caroline Brazier's *Ecotherapy in practice* (2017). Mindfulness has of course become a widely referenced paradigm in wellness discourse, since Western practitioners such as Jon Kabat-Zinn showed the scientific basis of its efficacy in stress reduction. In ecotherapy, a typical mindfulness practice would extend the classic calming method of breath awareness to becoming more aware of how we are actually at home in nature and what we can learn when we awaken to its healing properties. Mindfulness practices in ecotherapy also commonly include a gratitude practice and are designed to be simple, safe ways of supporting clients to do their own work and chart their own results.

In terms of Indigenous wisdom, Australians are fortunate to share the presence, and teachings, of the oldest living culture on the planet and their traditions of 'care for Country'. Teachers such as Miriam Rose Ungunmerr Baumann, 2021 Senior Australian of the year, have long advocated that modern Australians practise an Aboriginal mindfulness practice known as Dadirri. Ungunmerr Baumann describes this Aboriginal practice as an "inner, deep listening and quiet, still awareness" that makes people feel "whole again" because it reminds us that the "deep spring" of nature is within as well as around us at all times (Ungunmerr Baumann, 1988). This ancient form of wellness must be seen as a valuable complement to the scientific evidence that forms of

ecotherapy can benefit all people. Ungunmerr Baumann's teaching of Dadirri 're-places' the individual in a broader ecosystem that is alive with meaning. It also accords with an existentialist approach and with mindfulness practices, where we are guided to bring our attention back to what arises in the moment, to focus on what is real or alive for us and not to suppress our inner conflicts or emotional upsets.

The concerns of depth psychology may be summarised, for brevity's sake, as a person's level of connection to and awareness of the patterns that inform them from beyond their personal history. The myths that guide the way we are socialised — into a society ruled by profitability and economic growth, for instance — need to be taken into account as a collective story that very often influences us to accept less satisfying, even soulless versions of ourselves. Paul Shepard's *Nature and madness* (1982) remains influential in ecotherapy literature for having shown the cost of modernity's shift away from rites of passage, which commonly initiated adults into a reciprocal relationship with their local ecosystem. While the processes of initiation into nature connection are rarely part of modern socialisation processes, we can tap into these deep stories and their therapeutic qualities when given the opportunity to do so. The natural world around us is filled with metaphors that help us to see our connection to patterns of growth and healing (for example, watching grass spring back after being trodden on), flow and ease (such as the path of a river as it winds around obstacles) and so on. Arne

Naess may even have shifted the conversation from depth to breadth psychology when he coined the term 'deep ecology'. Naess showed how we can find our way back to identification with nature, as a form of 'ecological self', which expands our commonly individualistic sense of self (Naess, 1995).

One core exercise utilised in ecotherapy programs worldwide shows how these three paradigms can be usefully integrated to benefit mental health outcomes. This exercise is the Sit Spot, which requires a person to sit in the same place over time, for a certain period each day or week, and notice whatever arises there. (This article focuses on ecotherapy for adults; the relationship would change when working with children, especially those who have suffered trauma.) Participants routinely report growing awareness of the beautiful intricacy of nature all around them, in small things such as the way ants rebuild a nest, to changing seasons bringing new growth after winter. Finding metaphors for healing and growth is a common result from the Sit Spot exercise, while journaling the experience offers participants the opportunity to reflect on their place in the ecosystem, especially when they are guided by an ecotherapist to find ways to enhance a sense of belonging in their lives, bodies and place. In such ways, a combination of awareness paradigms and traditional practices can help individuals to realise that their identity, or story of themselves, can become integrated within a broader ecosystem (or bigger picture).

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While it is incumbent upon any ecotherapy training regime to incorporate aspects of these three great traditions, the evidence supporting the efficacy of nature healing modalities is also built upon sound scientific research. Landmark evidence from almost 40 years ago suggested that patients who could look out on natural scenery, as opposed to those who faced brick walls, enjoyed improved outcomes after serious surgery, including earlier release, fewer negative evaluative notes from nurses and less need for potent analgesics (Ulrich, 1984). Concrete examples of the restorative effects available to those immobilised in a built environment have also been attested after similar research in prisons, with reduced demand for healthcare services following mindful gardening programs (Moore, 1981; Lee et al., 2021). Community garden work, featuring an ecotherapeutic approach that combines mindful socialising with sowing, weeding and harvesting opportunities through the seasons, has been a significant platform of Mind, a major mental health organisation in the United Kingdom, since 2007. Horticulture therapies have been shown to be effective in treating symptoms and improving rehabilitation outcomes, quality of life and social functioning in patients with schizophrenia (Lu et al., 2021). They have also been shown to reduce apathy and promote cognitive function in nursing home residents with dementia, which is important in an increasingly ageing society (Yang et al., 2022).

The fact that time spent with exposure to nature improves mental health outcomes stands regardless of whether we are considering those limited to very closed environments (for example, prisons, hospitals or nursing homes) or more generally (such as those living in urban centres). Research shows that spending time in nature generally improves a broad set of mental health issues and symptoms (Hunyh et al., 2022; Summers & Vivian, 2018), while there is also evidence of the mental health benefits of exercising outdoors as opposed to in gyms (Pretty et al., 2005). On a global scale, increased international cooperation has helped provide more specific scientific verification that spending time in natural settings is good for mental health, with results being replicated (with some variance) across countries (White et al., 2021). When associations between spaces that have become known as 'green' (for example, those that are inland, forested, gardened or flourishing) and 'blue' (such as with coastal or other water views) were examined in mental health research across 18 European countries, correlations were clear. Researchers showed that frequency of recreational visits to natural spaces in the previous four weeks were all positively associated with wellbeing, less experience of mental distress and a lower likelihood of using medication for depression. This substantiates earlier longitudinal studies, which found that people who moved to greener areas experienced an immediate improvement in mental health that was sustained for at least three years after they moved (Alcock et al., 2014).

A social equity question naturally followed such outcomes; perhaps these results revealed a socioeconomic aspect, which made them unattainable for those without the lifestyle benefits of being richer, healthier and thus able to afford to spend time in nicer

places (Dolan, 2021)? Thankfully, this potential inequality was found to be almost reversed, when proximity to the coastline was shown to have a higher correlation with better mental health amongst more deprived groups (Garrett et al., 2019). Time spent in nature seems to be healing even without the benefit of ecotherapeutic interventions.

Meanwhile, Cooley et al. (2020) point out that while reduced stress responses and improved mood have been clearly shown as physiological and psychological benefits of time spent in nature, talk therapies are specifically "enriched by added mutuality, freedom of expression, mind–body holism, interconnectedness with the natural world, and practitioner wellbeing" (p. 1). This added value was noted regardless of the extent to which the therapy incorporated the environment – the therapeutic alliance could actively utilise nature or it could remain a passive backdrop, regardless of whether the experience took place in urban parks or wilderness areas. Cooley et al. also discuss how safety and professional competency need to be taken into account when ecotherapy sessions take place in the less predictable spaces out of doors. The specific challenges facing ecotherapy in this respect are also discussed by Patricia Hasbach in *Prescribing nature: Techniques, challenges and ethical considerations* (Hasbach, 2016).

Psychologists warn that the impact of climate change "can be debilitating for the growing number of people overwhelmed by the scientific reality of ecological breakdown and for those who have lived through traumatic climate events" (Taylor & Murray, 2020). In this context, ACA has made a commitment to 'future-proofing' the counselling profession by recognising that the "counselling and psychotherapy profession have an important role to play in addressing mental health issues in relation to climate change and post-disasters" (ACA, 2021). The ACA Climate Change Commitment is appropriate and agile, stating that:

> moving forward, we strongly recommend that counsellors and psychotherapists acquire specialist skills and knowledge to assist in providing effective culturally responsive counselling and psychotherapy for work related to climate change and post-disasters. In addition, it is vital to understand the importance of social justice advocacy as an important aspect of the counselling and psychotherapy work.

This remit can be developed with regards to ecotherapy, as a fast-evolving approach to mental health that takes into account freely available benefits, in both crisis and everyday contexts, in a time of increasing ecosystem breakdown. Ecotherapeutic approaches, from community gardening or habitat rehabilitation projects to walking therapy outdoors, are increasingly being incorporated into programs designed to help ease eco-anxiety in climate scientists, researchers and even parents who do not know how to talk to their children about climate change in their futures (Taylor & Murray, 2020). Learning to work more effectively with young people will become even more important as they are increasingly impacted by the ongoing effects of climate change.

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By following the robust definitions and strategies that are part of the nascent field of ecopsychology, and by including traditional practices such as mindful awareness and openness to an innate sense of belonging in nature, an ecotherapist with requisite experience can guide clients to the sense of ease and other mental health benefits that have long been suggested by such practices. Well-researched evidence continues to support this suggestion. What is required in an ecotherapist is the same as what we would expect from any person-centred counsellor; someone who has 'done the work', is deeply connected with the healing powers of nature and can thereby help others to do the same. Ironically, for therapist and client alike, this may often seem more like a process of 'unlearning' tendencies that keep so many modern individuals from experiencing a healthy relationship with their environment. Ecotherapists the world over prescribe 'homework', much as a cognitive behavioural therapy practitioner would; only this prescription is more likely to be an invitation to inhabit our lives – our bodies and minds, our place and community – with an attitude of deep listening and expanded awareness. The therapeutic aims are also similar; to enable people to experience greater agency, relief from anxiety (whether it be generalised or specific, for example about an increasingly unstable future) and a path out of depressive states or addictive tendencies, and to promote healing and limit suffering in any life stage or process. ■

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TRUTH-TELLING AND CONSEQUENCES

By **Karen Adler**

On 1 September 2022, I coordinated an exhibition, 'Truth-telling & Consequences: Alice in Dunderland Part II', which I registered as professional development with the ACA. 'Alice in Dunderland' was an exhibition intended to highlight and illustrate the role of the arts in dealing with mental health difficulties. As a transpersonal art therapist, I've seen that the arts enable us to go to deeper places within ourselves, places that are often impossible to describe in words, places where we bury the deepest hurts, our most painful wounds. This was the rationale behind Alice – that understanding our internal world, and being able to both draw it and draw from it, can keep us from being engulfed and overwhelmed by emotions that are normal responses to being human.

Due to the COVID-19 pandemic, the exhibition was separated into two parts: Alice, the visual component, took place in February while Truth-telling, the storytelling/education forum component, happened in September, seven months later. Therefore, something that was intended to be two parts of a whole was split asunder over both time and space. Alice, held at The Red Tree Theatre in Tuggerah, NSW, was very successful. It was opened by Liesl Tesch AM, local Labor Party member and among the attendees was Emma McBride, Assistant Minister for Mental Health and Suicide Prevention and Assistant Minister for Rural and Regional Health. By September, momentum had been lost and burnout was looming. Truth-telling took place at my own home via Zoom with a very small audience, rather than in The Red Tree auditorium. Unfortunately,

About the author

Karen Adler
Karen Adler is a transpersonal art therapist, writer, curator, researcher and an artist. She is a firm believer in the inherent healing qualities of the arts. She runs workshops on the treatment of drug and alcohol addiction, self-harming behaviour and eating disorders for people seeking to bring about positive change in their lives and for health professionals working with trauma.

especially as the event was meant to present information that would prompt policy change, Liesl Tesch was unable to attend as she had planned to do.

I initially conceived of and curated Alice as a visual representation of Joseph Campbell's 'The Hero's Journey' archetype, incorporating the notions of journey, movement, trusting the process and left brain/right brain/ holistic thinking. As described above, things did not go to plan. The Scottish poet, Robbie Burns, put

Illustration: 123rf

it most succinctly: "The best laid schemes of mice and men / Go oft awry."

I chose to host the exhibition on the first day of spring deliberately, imagining the date would symbolise new life, new growth and a new chapter in a very long story — both in society as a whole and personally. I was naive in imagining a neat, clean ending of one chapter segueing into a new one. Sometimes life imitates art, but life, on the whole, is much messier.

A lot happened in the seven months between Alice and Truth-telling. One of the most significant events was the release of the Moncrieff report on 20 July 2022, titled Depression is probably not caused by a chemical imbalance in the brain. The report authors, Joanna Moncrieff and Mark Horowitz (see Appendix), found no evidence to support the low serotonin/chemical imbalance theory of depression. They stated that antidepressants are no better than placebo, that long-term use is associated with a worsening of symptoms and that many people experience withdrawal symptoms if they try to go off them. My view — both then and now — is that mental health professionals, training organisations, carers and, most importantly, the millions of people taking antidepressants, need to be informed of this watershed report.

Nothing in the Moncrieff report was a surprise to me, nor to any of the hundreds of thousands of psychiatric survivors and mental health professionals critical of psychiatry who have been sharing

their negative experiences of antidepressants, psychiatric medications in general and the mental health system as a whole, for decades. I took antidepressants after my mother died, and experienced nightmare adverse impacts and withdrawal symptoms that, at the time, I never imagined were caused by the medications. The akathisia I experienced — very mild in comparison with some people I've seen, whose lives have been made almost unliveable — made me think I was going insane. Giant, uncontrollable body shudders and the sensation of millions of microbes crawling under my skin terrified me to the extent that I drove myself to the local psychiatric ward one early morning after yet another sleepless night.

Luckily, the staff were too busy to see me so I hid under a table for a while and then drove home. Hundreds of thousands of others around the world are not as lucky. Many have ended up disabled by their medications, unable to come off them, and are living totally different lives because their diagnoses have altered their sense of self. Many have suicided, some have committed homicide. These stories are available for anyone to read. They can decide for themselves if all these people are lying, which many mental health practitioners seem to think, continuing to discount the truth and very great sadness of these stories. Joey Marino's story of tardive dyskinesia is a particularly graphic account of the horror life can become courtesy of psychiatric medications (see the link to his story in Resources).

I have been a critic of the

biomedical model of mental health as a result of my experience on antidepressants, and from listening to the stories of many people such as Joey Marino, whose lives have been ruined by diagnoses/misdiagnoses and medications. We all know professionals, carers and/or consumers who have attempted to bring their concerns regarding these matters to the attention of those who could make changes, but whose concerns have been met with negative consequences. I was dismissed from my position working in foster care when I expressed concern about an ADHD diagnosis, medications and self-harm of an 11-year-old boy I worked with. I viewed it as my duty of care to act as I did — I was fulfilling my moral, ethical, professional and legal responsibility to ensure a child's safety and wellbeing, particularly considering all I knew about the connections between psychiatric medications and suicide. I, therefore, welcomed the Moncrieff report and prompted discussion about it at the truth-telling event.

The underlying theme of the truth-telling event was that what we believe about mental health and mental illness diagnoses ultimately depends on what we've been taught to be true about ourselves as human beings. Psychology and psychiatry are the specialities that purport to explain our internal worlds to ourselves and to those who would care for us. In matters of grief and trauma, of how we help both ourselves and each other and of what the mental health system offers us, there are consequences that are largely dependent on what we, both individually and collectively, believe to be true.

Ultimately, though, this is not a theoretical matter; it's that very practical reality of one human being who is vulnerable and wounded by life seeking help from another who wants to help.

Periods of prolonged stress have become far more prevalent in our world due to the difficult times we're living through. The consequences of climate change — bushfires, floods, the ever-present threat of another extreme weather event — impact us all, as did the COVID-19 pandemic, through lockdowns, isolation, job losses, closed businesses and inability to meet financial obligations.

Over the decades, feeling sad, anxious, threatened, afraid or stressed — all of which are normal, human reactions to life — has been medicalised and pathologised. We now seek professional help for what we term depression and anxiety — states of being that can be identified and fixed by medications rather than identified and understood as transient states, then moved through. Many imagine that a diagnosis of depression and/or anxiety and an accompanying prescription for antidepressants are the logical response to their troubles. We forget that past generations have been through world wars, concentration camps, genocide and the Great Depression, resulting in far fewer mental illness or mental disorder diagnoses than there are today.

There is a poison apple aspect to all this, for both those who are taking antidepressants and those who prescribe them. Many who are currently on antidepressants will reject the Moncrieff report's findings, because they know the

Illustration: 123rf

relief the medication brings. They may then go on to base their career and professional reputation on this. Many who are prescribing antidepressants will also reject the findings, because that's what they've been trained to do, even though they have seen side effects and patchy results. Which brings us back to duty of care and ethical and moral decisions. Each individual will decide whether they believe information given in the report, and whether they continue taking the medications or whether they continue prescribing them. Doctors will need to weigh up their professional duty to 'do no harm' and decide what to do. This decision making will bring into play knowledge of how the system either rewards or — as in my case — punishes what we hold to be true. Either way, whichever decisions we make, whichever side of the debate we're on, there will be consequences.

The exposure of the truth about depression and antidepressants — that, for generations now, we've been sold a lie, believed this lie and, in turn, sold this lie to others — automatically leads to a deep sense of betrayal and a loss of trust. For many, this will result in an increased sense of vulnerability, and in re-experiencing exactly those sensations of uncertainty and indecisiveness, of drowning and being engulfed, that led us to take antidepressants in the first place.

Those who've been taking antidepressants for decades, have tried to go off them, have experienced the horror of withdrawal effects, and interpreted this as the return of their depression, will cite this as proof that they have a chemical imbalance that is rectified by the medication.

For many, the truth of the Moncrieff report will be too unpalatable to accept. There will be consequences for that, as well. The vast majority of people

I know — whether professionals or not — are aware that the mental health system is flawed. Many say it's broken. None of the information I've alluded to is difficult to find; at the time of writing, a Google Scholar search for 'psych meds suicide' yields approximately 22,200 results. We only need look and do some critical thinking regarding vested interests, business alliances and origins of research. Most people know someone who is on antidepressants or have been on antidepressants themselves, know at least one person who has suicided, know families where grandparents have brought up grandchildren because of drug or alcohol problems, or know people who are currently suffering and who don't want to suffer any longer than necessary. Antidepressants are a useful short-term solution for crises. Believing that we have a chemical imbalance in our brains that is genetic and can be fixed with medication is a very different lens through which to see emotional suffering, with very different long-term consequences.

If we accept the fact that our decisions about whether to prescribe or take antidepressants have different consequences for many and for society as a whole, we need to seek better solutions rather than just sinking into helplessness and losing all hope that change is possible. Our future depends on us asking questions and questioning the reality of matters that deeply impact how we see ourselves. It also depends on how we use power and on questioning how power has been used to deceive us and how — or if — we can change this. ■

OPINION PIECE

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Appendix

Due to the known vested interests behind much psychiatric research, transparency regarding professional affiliations is of extreme importance. Below, then, are details about the co-authors of the Moncrieff report, Joanna Moncrieff and Mark Horowitz.

Joanna Moncrieff is a co-investigator on a National Institute of Health Research funded study exploring methods of antidepressant discontinuation. She is co-chairperson of the Critical Psychiatry Network, an informal and unfunded group of psychiatrists, and an unpaid board member of the voluntary group, the Council for Evidence-based Psychiatry.

Mark Horowitz is co-founder of a company aiming to help people safely stop unnecessary antidepressants in Canada. He is an unpaid associate of the International Institute of Psychiatric Drug Withdrawal (IIPDW) and a member of the Critical Psychiatry Network.

Alice in Dunderland: Truth-telling & Consequences Conversations 2021

Alice in Dunderland is an exhibition that aims to look at the connections between creativity and mental/emotional health. Alice uses artworks to tell a story of being able to move through traumatic experiences rather than becoming stuck forever in the worst moments of our lives. Alice also looks at the connections between mental health diagnoses/misdiagnoses, psychotropic medications and suicide/homicide, as well as the role of advocates in bringing these issues to light.

Australians turning into chemical mental health depositories

By **Philip Armstrong**

New figures released by the Australian Institute of Health and Welfare paint a dire picture for Australians who are becoming reliant on chemical interventions for their mental health.

- 42.7 million mental health-related medications (subsidised and under co-payment) were dispensed in 2020-21.
- 4.5 million patients (17.7% of the Australian population) filled a prescription for a mental health-related medication in 2020-21, with an average of 9.4 prescriptions per patient.
- 62.3% of mental health-related prescriptions filled in 2020-21 were subsidised by the Pharmaceutical Benefits Scheme (PBS)/Repatriation Pharmaceutical Benefits Scheme (RPBS).
- 84.7% of mental health-related prescriptions filled in 2020-21 were prescribed by GPs, 7.5% were prescribed by psychiatrists and 4.9% were prescribed by non-psychiatrist specialists.
- 73.1% of mental health-related prescriptions filled in 2020-21 were for antidepressant medications[1].

The most disturbing figure is that 84.7% of prescriptions were prescribed by GPs. GPs have minimal formal training in mental health, usually a 20-hour course[2], and have no mandatory requirements to undergo annual ongoing professional development or clinical supervision. To be fair to GPs, when would they have the time?

The cost to Australians in 2019-20 for government-subsidised mental health-related prescriptions under the PBS/RPBS was A$566 million[3]. This doesn't take into account that Australians pay a gap fee of up to A$42.50 for most PBS medicines or A$6.80 if they have a concession card.

Take into consideration a study published in World Psychiatry in 2013, the efficacy of psychotherapy and pharmacotherapy in treating depressive and anxiety disorders: A meta-analysis of direct comparisons, which concluded that pharmacotherapy and psychotherapy have comparable effects in several depressive and anxiety disorders[4]. The fact that 73.1% of prescriptions are for depression brings into question why the government isn't making counselling available to the public through the Medicare Benefits Schedule (MBS). Surely giving Australians access to a non-chemical alternative is in everyone's interest, bar that of the pharmaceutical companies?

What would the annual cost be to the MBS for 3000 registered counsellors and psychotherapists to offer 10 one-hour sessions to Australians experiencing depression? Answer: less than A$250 million a year. This is compared to A$556 million for prescriptions alone, which doesn't consider the added cost of people taking prescriptions who are also seeing a psychologist under MBS rebates.

It's time registered counsellors and psychotherapists became part of the Medicare system, so that Australians have a choice between chemical interventions and equally effective counselling services delivered by humans. ■

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SHANNON HOOD

In this feature, *CA* interviews a counsellor and ACA member about their profession, their journey and what they've learned along the way. By **Catherine Norwood**.

What prompted you to move into counselling as a profession?

In my first career as an engineer and an accountant, I realised that although I had some technical skills, what I really liked was working with people. I seemed to have a knack for getting people talking, and together we could discover good solutions to engineering problems.

In doing that I also realised there are some really troubled people, and I thought I could use my skills in a different way, to help solve problems for people, rather than machines.

I decided to train as a pastor, and during my pastoral training I volunteered with my local State Emergency Services unit, providing support as part of their mental health team. That experience really led me to move into counselling as a profession.

What is the biggest reward in being a counsellor?

For me, the rewards of counselling manifest in three ways. Working with clients, I get to see the immediate effect of insights that people have; they can make some profound differences very quickly in their life, and I have been privileged enough to hear their story, and to be part of a bigger change.

In supervision, I love seeing counsellors come alive in their vocation. As Dean of Counselling for the Perth Bible College, I also love the training aspect, facilitating learning and seeing people make new discoveries.

What is the biggest challenge about being a counsellor?

It is the lack of understanding in community about counsellors and our profession. There is a lot of bias, some of good, some bad; some fair, some not, because people just don't understand the profession in the same way they might understand, in a general way, what a plumber does, or a heart surgeon.

Name a highlight of your Australian Counselling Association (ACA) membership

My personal highlight is the ACA conferences. But the aspect of my membership that has provided the most value is the professional recognition that comes with being an accredited member of ACA. It gives people the confidence in me as a service provider, as both an employee and in private practice.

How would you like to see the counselling industry change in the future?

Broadly, I think we need greater consensus on what it means to be a registered counsellor, and once we have that, we need to get that out to all sorts of people – to insurers, in workplaces, to clients.

Describe a valuable learning experience that you had as a counsellor

Because I often work with trauma-related cases, and I get an insight into other people's stories, it gives me an even greater sense of gratitude for my own life; it's a lesson I keep re-learning.

How many clients do you see each week?

In my private practice I see an average of four clients a week, and

Shannon Hood
Photo: Supplied

Because I often work with trauma-related cases, and I get an insight into other people's stories, it gives me an even greater sense of gratitude for my own life; it's a lesson I keep re-learning.

I also do group and individual supervision.

What do you love about running your own professional practice?

As I have a mature private practice, I can be very focused and intentional about who I see. I work exclusively with men, usually around emergency services-based trauma or questions of spirituality.

What pearls of wisdom would you offer to a student counsellor or a colleague?

Use supervision as a valuable resource to help you develop personally and professionally. It can help you on so many levels, from difficult clients and ethical dilemmas to marketing a business and juggling your own family responsibilities.

Your client is always more than their problems. However messed up things seem, your client never stops being a spiritual person who is worthy of love.

Never stop learning. Our profession needs more and more people with high-level qualifications to improve our practice and influence change. ∎

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