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### Citation

Macagnino, Trudi (2022). Why aren't we talking about climate change? – Defences in the therapy room. *British Gestalt Journal*, 31(2) pp. 14–23.

### URL

<https://oro.open.ac.uk/90919/>

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# Why aren't we talking about climate change? – Defences in the therapy room.

## Abstract

Increased attention is being given to the psychological impact of climate change, often termed eco-anxiety, which is predicted to increase and be widespread. Despite this, therapists and clients do not frequently discuss this in their sessions. Indirect side-mentions may be made by clients but these are often not opened up for further exploration. This paper outlines findings from narrative interviews with therapists and clients that show both are defended in sessions against potentially overwhelming feelings. A variety of mechanisms including unconscious individual, organisational and social defences are observed. I draw on the concepts of containment, transitional space and the therapeutic third help to understand these dynamics. Findings suggest that therapists need training and to have worked through their own anxieties regarding climate change in order to work effectively and safely with clients around this issue. I conclude that therapy needs to be re-visioned as a psycho-social endeavour.

Key words: Eco-anxiety; psychotherapy; unconscious defences; social defences; psycho-social methods; thematic analysis; narrative interviews; containment; therapeutic third; transitional space.

## Introduction

There is increased awareness and concern regarding the climate and ecological emergency (CEE) with 75% of people in Great Britain stating they are worried about climate change (Office for National Statistics, 2021). Attention is now being given to the psychological and emotional impact of the CEE. The latest Intergovernmental Panel on Climate Change (IPCC) report mentioned the impacts on mental health for the first time stating '*Mental health challenges, including anxiety and stress, are expected to increase under further global warming in all assessed regions, particularly for children, adolescents, elderly, and those with underlying health conditions*' (IPCC, 2022). Evidence supports this statement with depression, PTSD, guilt, grief, anger and anxiety being associated with climate change (Lawrence et al. 2021; Lertzman, 2015) and being particularly prevalent in young people (Marks et al., 2021). These symptoms are often referred to under the overly simplistic umbrella terms of eco-anxiety or climate anxiety. These labels have a clinical ring about them although many believe they are a healthy response to the CEE, rather than a pathology (Bednarek, 2019a).

Psychotherapy and counselling professions have begun to recognise the need to attend to eco-anxiety. Professional organisations such as BACP, UKCP and the British Psychological Society (BPS) have run CPD events, issued special editions of their journals (UKCP, 2016; BPS, 2020; BACP, 2021) and some have even made statements declaring a climate emergency (Royal Society of Psychiatrists, 2021). However, as an integrative psychotherapist working in private practice I have not seen clients coming to sessions wanting to talk about the CEE despite the evidence suggesting that eco-anxiety is increasing. This was a starting point for my PhD research.

Through interviewing therapists and clients for my research, a puzzle presented itself. Clients and therapists easily and comfortably talk about the natural other-than-human world, such as animals, pets, the natural environment and landscapes in therapy sessions. They speak about the healing and restorative powers of nature, of special relationships with other-than-human entities and the way in which the natural world is part of their spiritual practice. Despite the obvious value placed on the

natural world by both therapists and clients during their work together, the CEE is rarely spoken about directly. Therapists told me that sometimes, however, clients make side-mentions related to the CEE such as noticing unusual weather, or referring to pro-environmental behaviour such as going plastic-free. In these cases, therapists typically choose not to explore the topic further, instead seeing these comments as small talk. In parallel, clients also choose not to say more or go any deeper into these areas. So the puzzle for me was if the natural world is so important to them, why is the CEE, a threat to something they love, not being brought into the room?

The interview data suggested that this was not due to a lack of care or concern about the CEE. It is more likely that eco-anxiety caused by confronting the reality of the CEE is potentially an overwhelming experience of existential magnitude (Lertzman, 2015). It is, therefore, not surprising that we are all likely to defend against it to various degrees at times. Sally Weintrobe has written extensively about disavowal, the unconscious defence of turning away from the reality of the CEE (Weintrobe, 2013). She has also suggested that much of this disavowal is social, a result of our Western individualistic culture (Weintrobe, 2021). Such a psychosocial perspective sees that the individual is to be found in the social and the social within the individual in a mutually constructing dynamic, not all of which is conscious (Frosh, 2003).

In this paper, I outline a psychosocial explanation for the puzzle and an understanding of the unconscious defences at work in the therapy room which served to keep the CEE out. I specifically draw on concepts of containment (Bion, 1962), transitional space (Winnicott, 1971), thirdness (Benjamin, 2004, 2009) and social defences against anxiety (Menzies-Lythe, 1960) to make sense of my findings.

## Method

Taking a psycho-social position concerned with both inner and outer worlds, the psyche and the sociocultural, I utilised psychoanalytically informed methodology which recognises hidden unconscious structures and defences which lie ‘beneath the surface’ and ‘beyond the purely discursive’ (Clarke and Hogget, 2009, p.2). Specifically, free association narrative interviews (Hollway and Jefferson, 2000, 2013) were used with therapists and the biographical narrative interview method (Wengraf, 2001) was used with clients. Each participant, apart from one (Lester) was interviewed twice. Due to the COVID-19 pandemic twenty-four of the twenty-seven interviews were conducted online using Zoom live video. I kept a research journal throughout the project to capture my thoughts, ideas, feelings, dreams and reflections and this became important reflexive data.

Seven therapists were recruited through convenience and purposive sampling (Patton, 2002). The only inclusion criterion was that participants had to have an active therapy practice.

<b>Pseudonym *</b>	<b>Gender</b>	<b>Approx. Age</b>	<b>Modality</b>
Jenny	Female	50's	Core process
Lester	Male	60's	Humanistic/Integrative
Lee	Female	60's	Gestalt
Nellie	Female	60's	Integrative
Amanda	Female	50's	Core process
Sarah	Female	50's	Person-centred
Rob	Male	30's	Dramatherapy

Seven clients were recruited through similar sampling method. Clients were unconnected with the therapists. Inclusion criteria were that participants needed to be in or had recently completed therapy and were sufficiently emotionally resilient as judged by their therapist to take part.

Seven participants were recruited:

Pseudonym *	Gender	Age
Sean	Male	45
Margaret	Female	75
Deborah	Female	30's
Phil	Male	39
Elaine	Female	64
Martin	Male	62
Helen	Female	43

\*All names have been changed to ensure anonymity

Pen portraits were written about each participant giving background and context and capturing individual characteristics, emotional tone of the narrative, the core story line (Cartwright, 2004) and my general observations and impressions. This process served to capture counter-transferential data which were then incorporated into my analysis.

Thematic analysis (TA) (Braun and Clarke, 2006) was then conducted for each individual data set (therapists and clients) generating codes, themes and patterns. Specifically, reflexive TA (Braun and Clarke, 2019, 2021) was used which puts 'the researcher's role in knowledge production [...] at the heart of [the] approach' (Braun and Clarke, 2019, p.594) and this is consistent with a psycho-social methodology where the researcher is understood to be co-constructing the narrative. A more focussed reflexive and psycho-social lens was used by further interrogating the data with questions designed as prompts to deepen my analysis still further (see appendix).

Psycho-social research assumes both subject and researcher to be anxious and defended (Hollway and Jefferson, 2013), therefore, even with reflexivity it is not always possible for the researcher to access their own unconscious processes. I, therefore, involved colleagues, supervisors and peers in the form of research panels to gain differing perspectives on extracts of the data that I found particularly interesting, confusing or strongly indicative of a particular theme.

The final stage of analysis was to consider the two data sets of therapists and clients together as a whole, identifying unifying themes as well as any differences.

## Findings

As already outlined, one of the key findings was the contradiction between the importance placed on the natural world by therapists and their clients, and the relative lack of direct reference to the CEE by them in the therapy sessions; this was the puzzle. The explanations for this puzzle constituted the remainder of my findings and were captured under two broad themes: 'What therapy is for' and 'Feelings and Defences'.

### Theme – 'What therapy is for'

Therapists drew on a discourse of professional and ethical practice emphasising the importance of not bringing their own agenda into the therapy or of leading the clients in a particular direction. They used the therapeutic contract as an explanation for not exploring clients' feelings regarding the CEE in a deeper way. Jenny for instance, does not open up side-mentions about the CEE from clients because she is '*more listening out for what that person is really wanting to bring in that session*' (my

emphasis). I sensed that Jenny was justifying this when she stressed that this would be *'in keeping with, with what we've contracted to work on.'* The need to justify suggests some anxiety around this. The disregarding of the side-mention seems to me a defence, an avoidance of stepping into material that she would rather leave be.

In a similar vein, Lee said, *'I don't want to be directive or leading or you know, I'm not that kind of a therapist'*. The suggestion was that the *'kind of therapist'* who leads clients, in this particular aspect at least, is an unethical one.

In this way, therapist and client explicitly and implicitly agree the therapeutic contract; in other words, this is what your therapy is for, and in so doing keep socio-political concerns such as the CEE out, as though external contexts have no impact on the internal world.

This focus on the therapeutic contract is then continued and further reinforced in supervision:

*With my own personal supervisor, [...] I would tend to be focusing on the really sort of psychotherapy part of the relationship with my clients with with him [...] attachment patterns, looking at people's own personal history, looking at people's thought processes. Um looking at my relationship with them, you know, just me and them in the room, you know, without that bigger without that bigger picture, so it's like the micro, the micro level levels of the relationship. (Jenny)*

Similarly, client participants saw the purpose of therapy as dealing with their personal issues, the small stuff of everyday life, and that large scale global issues such as the CEE are not relevant to the task of therapy. Martin described the topic of nature and the CEE as *'highbrow'* and that one needs to *'get the foundations'* sorted out first, meaning personal issues. Elaine said that she doesn't want to talk about it with her therapist until she's *'got the foundation.'* I think what Martin and Elaine meant by *'foundation'* is a sense of personal resilience, a firm base, which they need before the feelings regarding the CEE can be explored, perhaps because they sense they are potentially of a different order of magnitude, the small stuff is stuff they can do something about. When talking about the *'small stuff'* they are alluding to their own sense of smallness and powerlessness in relation to the enormity of the CEE.

The shared view about therapy from both sets of participants is that it is for the micro-level issues of self and relationships with other humans. These issues are agreed upon between the client and the therapist and then between the therapist and their supervisor. In this way a parallel set of processes is established, both explicitly and implicitly in a strongly held therapeutic frame.

The adherence to a therapeutic model or framework seems to provide some sense of structure and security for therapists, a place to retreat to perhaps. For example, Nellie explained how she will *'fall back'* on her core model, she knows she can *'go there'* and *'do that'* when she doesn't know what to do in a session. This falling back suggests to me a kind of collapsing into, a retreat from something threatening, rather than a stepping into the space of meeting the client, of not knowing and allowing oneself to be impacted by the same things as the client.

The setting of the therapy also appears to play a role in the avoidance of exploring clients' potential anxieties regarding the CEE more deeply. For therapists working in organisations, the goals of the organization also serve to direct the therapy. This was expressed particularly strongly by Nellie who works in an NHS Increasing Access to Psychological Therapies service. The focus on outcomes, measuring symptoms and evidence-based practice serves to restrict the therapy,

in Nellie's words making her work 'narrow'. She spoke about the pressures to keep sessions to a minimum:

*'[...] so I think there's been more pressure to keep the sessions to the sort of minimum that we need in order to get clients to a certain stage of recovery (laughs). So I guess that's, you know, been a performance pressure, like, oh, well, I've talked about x, y, and z, and they seem to be better now so that's worked, job done, you know, out the door (laughs).'*

Although she felt frustrated, organizational goals allow Nellie to shift responsibility of what to focus on in the sessions from herself to the organisation.

There was a general assumption amongst the clients that people, their therapists included, do not want to listen to them talk about the CEE. Clients spoke about being met with a roll of the eyes by people and that conversations were closed down very quickly. This social construction of silence around the CEE (Zerubavel, 2006) leads to a general hesitancy to explore the subject and a vigilance about others' potential reactions. This even played out in the interviews. Clients made apologetic comments as they explored their feelings about the CEE:

*'I'm sorry, this is a bit deep' (Martin)*

*'[Sorry, I'm] being too serious' (Margaret)*

*'Oh, I wonder how you're feeling? Maybe you're gonna go away feeling really depressed. And thinking, Deborah's a real Debbie Downer today (laughs).'* (Deborah)

I think participants were concerned that I would see them as a 'party pooper', someone who brings people down. I suspect this is how others have made them feel and this has contributed to a reluctance to even talk to their therapist about it. This was confirmed by Martin:

*'I'm thoroughly enjoying talking to you about it, because you seem to understand where I'm coming from. But if I was to have this conversation with [...] another counsellor, they wouldn't necessarily be, I wouldn't have a connection, they won't understand'.*

Martin felt met and heard during the interview and less alone with his eco-anxiety.

Helen described her therapist as 'cerebral'. When she tried to talk about her grief regarding the CEE, her therapist interpreted it as a projection of her grief for her mother who had been absent for much of her childhood. This focus by the therapist on Helen's internal psychological process rather than on the external reality of the CEE, is common (Totton, 2021) and linked to the idea of what therapy is for. However, it can also be seen as an unconscious avoidance by the therapist of opening up material which they themselves may also find distressing.

Client participants seemed to take responsibility for what was talked about and not talked about in their therapy sessions, clearly shown in this extract from Sean as he contemplates why he has not spoken about the CEE with his therapist:

*'I know it's my responsibility, because counselling sessions are you know, you've got a helper and a helpee and er you know the helpee brings everything to the whole context of the conversation as as, so I know it's it's my responsibility that I haven't brought enough about how I how I feel about that, how it affects me'.*

My experience of how therapy sessions unfold, however, is that therapist and client are both jointly involved in the process of deciding what to talk about. This taking responsibility had an echo of protectiveness to it. For example, Phil wanted me to know that his therapist was really clever at

'unpicking' things and 'joining things together'. Deborah emailed me after the second interview asking me not to name her therapist in any published material. However, who was being protected from what would need further exploration. For instance, was the client protecting their own idealized version of their therapist? Did they fear that the CEE was too dangerous a topic to introduce, something that could disrupt the therapeutic alliance? Did they fear a withdrawal of their therapist's approval if they introduced the subject? Were they protecting the therapist from feeling distressed themselves about the CEE? Such possibilities could be worked through in the transference and links made to any re-enactments of past experiences, such as having to protect a parent.

### Theme - Feelings and Defences

Data from the interviews suggest to me that feelings regarding the CEE were present for clients and therapists but these were defended against in unconscious ways. These feelings were often beneath-the-surface arising in participant dreams, through interpretations I offered to participants during the interviews and in my own counter-transferential responses during the interviews themselves and subsequently when analysing the transcripts. I will focus here on the predominant feelings and defences apparent in the narratives.

Guilt was often expressed as an individual sense of not doing enough but also as collective guilt – 'We need to change our ways' (Sean). Participants often emphasised their attempts at being green such as recycling and avoiding plastic. I see these as attempts at making amends, of easing the guilt.

Grief was expressed and associated with loss. For example, Jenny told me about an incident when she accidentally vacuumed up a tiny feather gifted to her by a client.

*'I had this real turmoil between do I risk my awful dust mite allergy which will send it off for the next week by actually trying to look through to find it. Or to just accept maybe it's gone. It felt big, it felt like a big thing. I felt really sad that that had happened'.*

Jenny's sadness could signal some unconscious grief about the destruction of our fragile natural world. Her turmoil alludes to the dilemma we all face in relation to the CEE - do we act and inconvenience ourselves or accept the loss of species, land and people. As Jenny said, it is a really big thing.

Fear was apparent in the narratives through allusions to war, famine and death, and also surfaced in participant dreams. The therapists tended to speak about their clients' anxieties rather than their own, a way of unconsciously projecting their own fears onto others. Advising clients not to listen to the news was a common way of avoiding facing the reality of the CEE.

*'Even if that really is going on, [...] if I'm not reading the news, if I'm not listening to all this negative talk, my life actually hasn't changed' (Sarah)*

One of the most common unconscious defences evident in the narratives was that of splitting. The CEE was treated as separate and distinct from nature as a nurturing and healing resource, and participants did not move spontaneously in their narrative between these topics without being prompted by me. Participants spoke about their relationship with the other-than-human as being easy and unproblematic whereas relationships with people are difficult. What is split off here and kept out of awareness is the fact that our relationship with the other-than-human *is* problematic. It is extractive, exploitative, lacking mutuality and destructive. In this way participants split off their 'nature-destroying self' from their 'nature-loving self'.

Similarly, references to nature as dangerous and threatening were notably absent from the narratives. No-one mentioned recent natural disasters such as mega-bushfires, floods, hurricanes and droughts, all of which have caused devastation and loss of human and nonhuman life. Nature as dangerous and threatening is thereby split off from a benevolent nature. Participants were able to retain their idealised view of nature whilst the natural world as destructive and savage stayed out of conscious awareness, as did their fear. Ultimately, our dependency on the natural world and our vulnerability is split off from awareness, and as Jenny expressed it we *'do just live a little bit in this kind of alternative reality that it's not climate crisis'*.

Disavowal and avoidance were also evident. On the one hand participants acknowledge the relevance of the CEE and therapists want to 'make space' for a client's feelings about it, but at the same time neither therapist or client opens up the topic. The therapists seemed to have a blind spot when it came to the CEE. They know it is there but at the same time they do not see it. This turning away is a form of disavowal, a knowing about the seriousness of the CEE and at the same time making it insignificant in the context of the therapeutic encounter.

Another common defence was that of intellectualisation. Intellectualisation serves to maintain an emotional distance from the subject. For instance, when asked to tell me about their feelings about the CEE participants would often resort to a cognitive problem/solution response - greed is the problem, connecting with nature is the solution. Participants used the words *'interesting'* or *'fascinating'* as they reflected on the CEE suggesting an observing self, curious but dispassionate.

*'We touched on it when I was at university. I became quite fascinated with [...] the idea of the agricultural revolution, which we touched on at university and anthro anthropocentrism, man at the centre. So I found this so fascinating um reading around it and I've been reading about it since I've left University.'* (Martin)

Martin effectively maintains a distance from difficult emotions by maintaining a 'scientist' position.

I have reflected on my own pursuit of a PhD as similarly defensive. By engaging with the subject matter through an academic process I am effectively distanced from my emotional responses to it. In interviews I found it tempting to engage in intellectual discussion with participants. I could pretend that this was purely academic, any anxiety was deflected towards the challenge of gathering data and achieving my PhD.

## Discussion

It would seem from the interviews that I conducted that clients and therapists share a socially constructed view that therapy is for personal, inner world issues. Additionally, beneath the surface, neither clients or therapists felt safe enough to explore eco-anxiety deeply during therapy sessions. This speaks to me about two core concepts of therapeutic work: containment and the therapeutic third. In addition, a wider social perspective highlights a social defence against eco-anxiety at play.

Containment, the ability of the therapist to receive powerful affect from the client and return it in a more manageable and less overwhelming form (Bion, 1962) is necessary for the digestion, assimilation and ultimately transformation of potentially damaging feelings into something which can be made use of by the client. This 'staying with the trouble' (Haraway, [date](#)) is a fundamental tenet of therapy. The difficult work of staying with painful feelings of helplessness, grief, despair, fear and shame about the CEE could ultimately lead to a re-connection with personal agency, a sense of love and commitment to the natural world and motivation for engaging in positive actions aimed at reducing environmental damage or campaigning for change.



However, for this to occur both therapist and client need to feel safe. The therapist needs to have explored their own emotional responses to the CEE and processed these in a safe space. They need to have experienced their full range and intensity and survived them. This then allows them to offer safe containment for their clients. Several of the therapists I interviewed seemed not to be able to offer the containment needed to explore the CEE with their clients, perhaps because they had not processed their own feelings about it sufficiently. Those that identified as eco-therapists were more likely to engage with it but still felt constrained by the therapeutic contract.

The concept of the therapeutic third derives from Winnicott's work. He proposed that in early infancy we learn the difference between what is me and not-me through the use of transitional objects, that are both of me and not-me (Winnicott, 1971). This affords the developing infant an area of experiencing, a transitional space, to which both their inner life and the external world of reality contribute. It is also a space where play occurs, important because it allows for the accommodation to reality which can sometimes be difficult or painful. For the infant, playing with a reliable carer that is attuned to their emotional needs allows them to tolerate the anxiety experienced as they attempt to control their external world.

If we apply this to therapy of adults, therapy can be seen as a very sophisticated form of play, where both therapist and client are absorbed in a transitional space of creatively making sense of something the client is finding difficult. Similar to the infant scenario, this needs to occur in a reliable relationship where the therapist is trusted by the client to consistently attune to their emotional needs and contain any unbearable affect that may be experienced.

Benjamin (2004) describes this experience as thirdness, a process of 'letting go into being with [the other]' (Benjamin, 2004, p.7). When this process of thirdness occurs, a shared vantage point is co-created by the therapist and client that is outside of each individual, leading to insights and new understanding. However, this is not an easy process to facilitate and Benjamin contrasts thirdness with 'twoness' where each person chooses between submitting or resisting the other's perspective, a 'doer and done to' dynamic (Benjamin, 2004).

Benjamin applies this concept to therapy by considering the way in which a part-self of the client meets a part-self of the therapist (Benjamin, 2009). If the part-self being expressed by the client is not recognised and related to by an appropriate part-self of the therapist in such a way that they can engage in thirdness relating, then the transitional space is unavailable. This can all be out of awareness and need not be experienced necessarily as conflict. On the contrary, on the surface it can appear harmonious, a kind of pseudo-mutuality. So how does this apply to my findings?

Let us consider that when a client is making a side-mention relating in some way to the CEE, he is expressing his ecological part-self, the self which recognises a kinship with and dependency on the natural world. If this ecological-self is not recognised by the therapist because their own ecological-self is defended, then no transitional space is available for creative exploration of the client's ecological-self. If the therapist holds on to the therapeutic contract, sticking rigidly to the original focus of the therapy as a way of attending to her own needs - ensuring that her ecological-self is not overwhelmed by the reality of the CEE - then she has failed to be the reliable and trusted other whom the client's ecological-self can depend on. She has not been able to surrender to the process of thirdness, of meeting in the shared space. The client's ecological-self, therefore, retreats and the opportunity is lost. I believe this is what happens when clients' cues (side-mentions) about the CEE are not fully explored by the therapist. In other words, the therapeutic couple, in an unconscious inter-subjective process, does not feel safe enough to contain the potentially overwhelming feelings experienced by both client and therapist.

Not only are we as individual therapists defended against our anxiety, but so are our professional bodies it seems. Social defences against anxiety, first described by Menzies Lyth (1960) in relation to the work of nurses, operate through the adherence to professionally recognised practices and processes that serve to distance the practitioner from their feelings in relation to their work. For therapists, stressing the importance of therapeutic contracts and goals, focussing on outcome measures and adherence to therapeutic models, although arguably good practice in many situations, can also serve to shelter the therapist from venturing into areas which may be potentially distressing for them.

The way in which the social, in this case the CEE, is kept out of therapy suggests a split of politics from therapy (Samuels, 2006) which drives our collective understanding of what therapy is for. Samuels (2006) draws attention to the way in which the external socio-political world is hardly ever mentioned in psychotherapy clinical texts, even though the founders of psychotherapy such as Freud, Jung, Perls and Rogers saw themselves as social critics (Samuels, 2001). As the reality of the CEE continues to make itself felt, we are all likely to emerge from our climate bubble (Weintrobe, 2021) and experience significant shock. We are likely to feel vulnerable, angry, traumatised, shamed, afraid and so on. This background collective dis-ease will be the context in which client and therapist are working.

Professional practice guidelines may present those of us who are more aware of eco-anxiety with difficult questions. How do we ensure we are not 'that kind of therapist' who imposes our own agenda onto the client and at the same time stay open for cues and signals that the client may be ready to begin exploring their eco-anxiety? When and for whom is it therapeutically beneficial to hold the boundaries that keep the CEE out of the work, and conversely when and for whom should the boundaries be softened to allow the CEE into the room? Working within the window of tolerance (Siegel, 1999) for each individual client is crucial for safe practice. Additionally, moving between the inner and outer worlds of the client, disentangling the complexity of their distress, and developing an understanding of how inner and outer influences each other, is key to a more permeable eco-psycho-social way of working (Rust, 2020).

Trainee therapists do not routinely receive theoretical or experiential training in how to work with eco-anxiety. As a result, it is not surprising that many of us do not recognise the cues that eco-anxiety may be present. We do not feel confident in knowing how to explore it and may even feel it does not belong in the therapy room. Although more is being provided in the form of CPD and by organisations such as the Climate Psychology Alliance, training organisations have a responsibility to include such material in initial training programmes.

Many of our frameworks derive from our individualistic culture concerned as it is with the self, personal problems and relationships. There is little scope in our current models for a collective lens. The CEE is a collective problem on a global scale, therefore, it presents a challenge to current ways of thinking and working (Bednarek, 2019a; Bednarek, 2019b). I am beginning to wonder whether working with the psychological and emotional effects of the CEE may be too big for a single therapist to adequately contain. Perhaps a different model is needed that is better fit for purpose. There are several examples of community-based models based on group working that have been developed to support people with emotional responses to the CEE such as 'The Work that Reconnects' (Macy and Young Brown, 1998), 'Carbon Conversations' (Carbon Conversations, n.d.) and 'Active Hope' (Macy and Johnstone, 2012). Such practices, have been termed Emotionally Reflexive Methodologies (ERM's) (Hamilton, 2019) and can facilitate the expression, containment and processing of difficult and painful emotions associated with the CEE. They share the feature of being group based, creating a space for reflexive practice and being held by a trained facilitator. Participants can gain a sense of

resilience through the interconnectedness with others and the opportunity to 'link inner world with outer action.' (Hamilton, 2019, p.166)

## Conclusions

The findings suggest that there is an urgent need to re-think the way we do therapy in relation to eco-anxiety. Therapists, clients, our professional and social communities are collectively defended to varying degrees, often unconsciously, against the potentially overwhelming feelings associated with the CEE. As change agents, therapists have the potential to play a part in softening these defences leading to a more active engagement with the problem. However, we need support to do this. Our professional organisations need to provide adequate training which is both theoretical and experiential. As therapists we need to be prepared to do our own therapeutic work around the CEE, understand our relationship with it and our defences. We need to learn to recognise the subtle cues from clients that may signal a preparedness to explore this collective problem and be willing to move into the transitional space where reality can be explored creatively, even when painful and difficult. More broadly, therapy needs to be re-visioned as a collective eco-psycho-social endeavour rather than a purely individualistic one. Perhaps we can only begin to talk about these feelings of existential proportions when we are in the company of others, when the container is big enough to hold us.

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## Appendix

### **Interrogating the data reflexively and psycho-socially**

What cultural discourses are evident or being drawn on?

What subject positions is the participant/ am I being drawn into?  
(interpellation)

What are my thoughts, feelings, intentions? What am I trying to do?

What are my prejudices, assumptions, pre-understandings?

What fantasies are being used by the participant/me and why?

What power dynamics are being played out?

What are the socio-political contexts? (Social thirdness)- Class, race, gender?

What is the role of a collective/social unconscious? (unthought known)

How is our relationship affecting the data?

What is the impact of the interview on me/on the P?

What defences are evident?