

## Orchestrating And Framing An Approach To Climate Change Challenges

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*Preface: Once our climate change committee started, I found it lacking a framework. I also felt most climate change efforts had too many non-integrated frameworks. There were too many overlaps, good ideas conflicted with their assigned roles in our work, too many domains were not woven into an amalgamated fabric, etc. And therefore, the psychological treatment of associated anxieties, fears, etc., needed a more centered and grounded algorithm. Below is my current effort to fill in that conceptual cavity.*

Much superb, essential, and timely work about the climate change problem is active, but the approach needs to be classified into tiers. This allows for a better focus. A medical group desperately wanted to work with climate change but needed to choose a concentration of priority for their work, while accepting the importance of the other tiers. An example is within the newly released [Fifth National Climate Assessment](#) It lists much of the scientific work, speaks to cultural changes, etc., but leaves a hopeful flavor that we can reduce the impact of the many impending climate changes. We need to try, to be sure, to delay or slacken these changes, but what if cannot achieve that safety net? The biopsychosocial collisions of that will be massive. Our job is to study and prepare for the worst; hopefully, we will not need all the parachutes we assemble. The ‘sky isn’t necessarily falling,’ but it may not be the friend we are used to it being.

Solastalgia captures this venue. It combines Latin *sōlācium* (comfort) and Greek *-algia* (pain, suffering, grief), to describe a form of emotional or existential distress caused by environmental change<sup>1</sup>.

Squaring the circle –  - putting a circle in a square, is a traditional symbol of the unity of the material world – the earth -- and the spiritual<sup>2</sup> world. The earth has corners, the spiritual world does not.<sup>3</sup>

We need the power of a Climate Emperor, who, benevolent in every manner, is like a schoolteacher who knows what we need in the long run and is not afraid to inconvenience us in order to achieve that end point. The Emperor teaches us how to square the circle. Such an Emperor is not a reality yet. We must keep the ‘emperors’ perspective’ alive in all our work.

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<sup>1</sup> Coined by philosopher Glenn Albrecht in the 2005 article 'Solastalgia: a new concept in human health and identity'. A 2015 article in The Lancet [The Lancet](#) included solastalgia as a entity contributing to problems with emotional well-being. Also see the [BBC 2015](#) article.

<sup>2</sup> Spiritual in a supra-group existential and communal manner, not a religious manner, though for some a religious or other domain may co-exist.

<sup>3</sup> Earth – an old symbol of universal fecundity and sustenance, personified as a mother goddess and the womb of life. The sky couples with the earth such to allow life to develop. (This became the biosphere.) The conversion of the expected sustenance into the Earth's exhaustion, and the impatience with our presumption of its endless fruitfulness, despite a revealing history of draughts, earthquakes, volcanoes, etc., is a very deep switch.

Therefore, I propose five tiers. Each tier has a focus point. Overlaps between tiers exist, and these overlaps do not dilute each other's primary focus. They can actually strengthen each other's focus.

We must function on the best data we have, but we must remain humble: "Because so many scientific theories from bygone eras have turned out to be wrong, we must assume that most of today's theories will eventually prove incorrect as well." *Kathryn Schulz*

*The Tiers:*

**One.** The political system must endorse and legislate such that climate change necessities are not hindered by inadequate, archaic, mercenary, or short termed policies and laws. Great care is needed to prevent or bravely reveal proffered projects that are actually political-scientific syntheses or pseudoscience.

**Two.** The economic system must modify itself in concert with the realistic and necessary changes in the economy to accommodate climate change needs. Much of our economy rests on how we consume things. Laws will not necessarily change the activity or influence the economic tier. Consider, as with the case of mental health parity, though widely required by law, it is widely not actually done; it is a good law but of limited teeth and sway. And furthermore, some polluting countries might not afford fewer polluting lifestyles or technologies. One richer country's clean air should not be polluted by upwind poorer countries' pollution. Will a car – as the the earth -- with only three healthy tires, be acceptable? <sup>4</sup>

**Three.** There must be scientifically solid research to identify and falsify the proffering of all changes – human's and nature's - into our biosphere<sup>5</sup>. Then we need scientific and sound mechanisms to mitigate the human climate change impacts on the earth from our lifestyles. These mitigations extensively intersect all the other tiers. Some climate changes exceed our ability to amend. This third tier should be woven into the fabric of the first two tiers. These vexing but mandatory mechanisms must embrace all physical ecosystems and all the political, religious, educational, psychological, and spiritual domains. And a central stance must be preserved that the human infusions into climate change are not the full culprit – earth has other quite active and natural climate fluctuating dynamics.

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<sup>4</sup> Likewise, to what goal is money and study given? To proactively reduce pollution or to reactively offset damages from worsening climate disasters. [Stage set for conflict at COP28 with mixed response to outcome of key climate talks | AP News](#)

<sup>5</sup> The biosphere, an amazingly thin entity, is activated by solar radiation, to collect and retribute solar energy, and convert it ultimately into free energy capable of doing work on earth. The biosphere is as much a creation of the sun as it a result of terrestrial processes. (Vernadsky, 1939). He distinguished nine biosphere biochemical functions, including the process of bioaccumulations, including carbon as life's building block, metabolism and biosynthesis. His work was particularly introduced to American science in 1945 in (*Scientific Monthly* – Evelyn Hutchinson) with "On Living in the Biosphere."

[Pew Research in November 2023](#) reports Americans are less trusting of scientific presentations, and we fall under that same canopy. Part of truth/false/oversold/undersold presentations stem from the extensive political polarizations which oversimplify but add emotions.

The biosphere, as an entity, was first coined in 1875<sup>6</sup>. Fifty years later it was introduced into the scientific vocabulary<sup>7</sup>.

“...human beings are now carrying out a large-scale geophysical experiment of a kind that could not have happened in the past nor be reproduced in the future. Within a few centuries we are returning to the atmosphere and oceans the concentrated organic carbon stored in sedentary rocks over hundreds of millions of years.” (Revelle and Suess, 1957)

**Four.** Each of us must study and accordingly modify our own consumption patterns. We must apply those changes to meet the demanding long-term climate change realities. It is often a matter of inconvenience, with perhaps new financial costs, to meet the requirement of various new lifestyle adaptations. Perhaps a simple and small starting point, such as telemedicine being a convenient green activity (no travel), or mow the grass less frequently, as promoters of a greener community. But while this is good, it is not enough. We must educate without fear that using less gasoline helps but will not fix the larger problem. This feeds into, and is in turn fed, by tier five.

**Five.** I believe this tier is the primary area needing our mental health work.

The community at large, including psychological, educational, religious, and other proponents of our consuming and interactive lifestyles, must better understand the impact of climate change on all our routines. This includes the inner mental health realities of an existential change that cannot be stopped, though it must be allayed. We need to work on developing, testing, educating, and delivering survival modes that carry the weight of global and universal modes, recommendations, and preparations. This is not a local problem. A study of human lives during prior earth climate cycles may help with perspective, but those civilizations had a different earth-human-technology symbiosis. There must be non-panic reviews of climates and psychosocial movements, done with an unstinting respect and knowledge of the history of earth’s climates and of human pressures on the climate, and then, in a non-fad or overly narrow or fastidious manner, use, develop and provide solid emotional preparations for the inescapable changes. As noted, this is different than most psychotherapeutic interactions because of the unique endpoint.

The emotional swell of fears about climate change is that it is inescapable and not resolvable in the manner of divorcing from a bad marriage, leaving a psychologically dysfunctional home, political shifts, etc. Our emotional interventions and resiliency trainings need to face the task of elevating ego strengths such to accept the global universality of the changes and threats. This includes an assessment of how hardy and buoyant an individual needs to be because there are no non-inconvenient psychosocial-geographical cures. Nihilism, ennui, fatigue, and panic need to be avoided or minimized with concrete tools. Mental health providers must now treat their own lives for the same challenges that exist in their patients. Doing psychometrics to evaluate climate change concerns helps, but merely adds a label without a cure. Labeling without intervention can

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<sup>6</sup> Edward Suess, 1831-1914, an Austrian geologist.

<sup>7</sup> Vladimir I Vernadsky, 1863-1945, a Russian, is credited with the biosphere as a part of life studies.

worsen the anxiety. Doing psychotherapy requires a well thought out approach, appropriate to individual psychological constraints, an understanding of the psychosocial dynamics, and the appreciation that possibly an unmodifiable fear or anger may be one of the passages through which the psychotherapy must pass. Psychotherapy is known for its multiple manifestations, from merely being a supportive friend or parent, to coaching, through other styles and philosophies, and through more profound psychodynamic remedies. We must prepare those who provide any of these services with appropriate skills for their various treated consortia.

Tier 1 is possibly the easiest to participate in, but potentially the most ineffective or slow. At least it brings the topic to discussion. Too often it depletes the time and energy needed for the passions necessary to work on the other tiers. The mere fact that arguments have to be made to enact legislation to save our climate speaks to the disappointing, and at times frightening, realities of how people disagree or minimize, for whatever reasons, about what is happening to our home.

I suspect Tier 4 is the most difficult challenge, and much of that is fed by the inability to deal with the challenges dwelling before us as discussed in Tier 5. I believe real changes in Tier 4 will ripple into real changes in Tier 2. But I believe the core kernel for us, in the mental health arena, lives in Tier 5.

And so, with my proposed scaffold to surround us, let us begin the thinking and urgent dialogues. I suggest we give ourselves 6 months, or less, to engage from any good source, to refine, create and activate the Tier 5 curriculum into real action. This cannot be a scholarly only undertaking.

Tiers 1 through 4 are co-interactive and heavily packed important entities, and so are not to be lessened or ignored. Below, however, is my closer look at Tier 5. Again, my sense is that this is the primary field from which mental health work should be fed. I am open to ideas.

### **Tier 5 – Treatment Notes, Considerations, Philosophy, Suggestions**

The ICD 10 code Z-277 appears to be the closest one to use when the issue is some response or interaction with environmental hazards. We need to find a specific code, or ask that one be produced, that deals with the emotional reaction to climate change. It should also qualify for reimbursement. Currently it's probably best to begin with an adjustment disorder with mixed features, adding more as warranted. The DSM-4, Axis 4, described psychosocial and environmental factors affecting the person, and it would be helpful to still have these options. *Although the impact of removing the overall multi-axial structure in DSM-5 is unknown, there is concern among clinicians that eliminating the structured approach for gathering and organizing clinical assessment data will hinder clinical practice* ([Frances, 2010](#))

Traditional psychotherapy techniques are generally adequate. The quintessential difference is the endpoint to which the therapy is focused. Many layers exist.

There are two treatment and planning territories. First are for the urgent and important immediate concerns, such as treating the high heat events, or finding a cool and green forest to relax. The second is for the existentially more complex core preparations. We have to be skilled, like wagon train masters, in both territories. The bulk of the below primarily speaks to the second territory; it is more thorny and complex.

The noun ‘ecoanxiety’ is a good and distinguishable label. Speakers and writers allude to it, but I’ve not seen a hard enough separation amid the nuances between an acute, or long termed, ecoanxiety. With the first, acute phase, we may be able to mitigate and adjust to the issues, but the other forthcoming issues may not be possible for us to presently mitigate. Only massive political-ecological<sup>8</sup> adjustments – not yet defined -- might work to help us survive. The potential for failure is scary and has existential components. So, some aspects of the treatment must speak to the inevitable. It requires therapeutic acumen to know how, and when, to allow the treatment to swirl into just accepting our current exposures, with current remedies, and not go into those changes that will impact later generations. “It won’t be my problem; someone else will figure it out. Science always does.” The therapist must be prepared to navigate through the spectrum’s nihilistic other end - “oh my, its unavoidable and maybe too late...I won’t be here but my kids...oh my!”

Early in the discussions about climate change, we must introduce that we are not at war with the climate, but rather that we need to return to a better symbiosis with the earth. Too much of our contribution to climate change is the multilayered lack of a sustainable earth-human symbiosis. Too much of our contribution germinated – and some still does -- from our naïveté that the earth is endlessly strong, big, and stable, and so is ever able and balanced enough to feed us. But the earth is not an unending trust fund. Part of that misperception is the misunderstanding of symbiosis, and at some time, therapy must spotlight this. This Nova piece can help—(Nova -- Video Ancient Earth Rising [Ancient Earth: Life Rising | NOVA | PBS](#) ) Anyone counseling, or policy creating, teaching, treating, or preaching about climate change, could learn from the Nova piece.

Earth will win. But that doesn’t mean we will lose all. We just need to have new behaviors and psychosocial arrangements with the changing symbiotic actuality.

Many people are passive. They want to be taken care of. They want others to figure things out for them. They might feel the psychological tensions from climate changes and may just retreat into their anxieties more than become proactive. We have to locate this group, and maybe have to empower them with evenhanded public service announcements, the churches, and the like. Other groups, such as narcissists or those with OCD, may deeply suffer when they see their usual problem-solving strategies are maladroit and unreliable. “I can’t fix it, and I can’t get away from it...”

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<sup>8</sup> **Political ecology** is the study of the relationships between political, economic and social factors with environmental issues and changes. Political ecology differs from apolitical ecological studies by politicizing [environmental issues](#) and phenomena. The academic discipline offers wide-ranging studies integrating ecological social sciences with [political economy](#)<sup>[1]</sup> in topics such as degradation and [marginalization](#), [environmental conflict](#), conservation and control, and environmental identities and social movements. The term "political ecology" was first coined by Frank Thone in an article published in 1935. *Wikipedia – November 16, 2023*

The Israeli-Hamas 2023 war was my testing field to ask about societal dangers. So many patients had a global fear and felt danger for themselves and others as a reaction to the war, but few had any insightful political strategies to submit. Many blamed others using partial arguments and untested biases. Many wanted blunt military action to remove the enemy and to restore safety to their lives. They carried these fears to bed with them, but they knew the war would end. It may not end with a win for them, but it will stop.

So, asking about climate change produced similar responses, but many, when I asked for details, said it is sad and important, but too complicated to think about. The war was less complicated than climate change. And many said it would be too hard to change their lives regarding climate change issues. I tried, when appropriate, to explore their insight into how they expected to live in reference to climate changes. I saw that climate change discussions could implant permanent angst if not done with tools and some revamping of their life expectations. "Can this climate change really transform the very way I choose to live? Oh no...."

One wise older man said "it's different, this climate change stuff, because war between people may still cause a lot of carnage, but it's between us. I never looked at the earth as one of us also. I assumed the earth would not change despite what we do on it."

Science and some world events, such as genocides, can threaten beliefs about a deity's protective quality. People will have to mature and accept that certain things that they thought would be forever are not. There is an often understandable and expected immediate painful response to realizing the level of human endeavors to reduce our contributions to, and so to minimize, the dangers from climate change.

My disquiet is also that not all therapists are capable of managing the inherent and mostly unsolvable existential crisis that comes from looking at mounting climate changes. We can reduce some of the short term and immediate issues, but we cannot yet do the same for the longer-term issues. And keep in mind that a therapist treats others for the same problems they are sure to also experience. It's not impossible, but these progressions take some extra thought and insight. They cannot point to 'ecoanxiety' as the patient's problem. It is our long-continuing and unavoidable problem as well.

We are indeed expediting climate changes on top of the planet's normal cycles. It's scary to be told we are destroying our own home. Earth seems too big to destroy.

Too many see our life experiences as independent of astrophysics and earth science histories. I told a woman that all the water in her came from exploding stars, and that ultimately that cosmic forces have changed our climate many times before. It scared her and she did not want to contemplate further. And so, the 'patients qua we,' the therapists living on the same planet, must force us all to sensitively include such topics as vital components to our ministering to people.

It's not enough to label or quantify a condition. We have to help people modify their behaviors and the behaviors of their communities to essentially wait out, acclimate to, and survive this climate change cycle. The MADRAs, PHQ-9, and even specific scales help quantify, but do not treat or soothe.

The only certainty is that the waiting period to get through this climate change cycle will be longer than any of our lives. That's a very different endpoint.

In science, the only authority is science. We too often act as if our perceived options hold the same authoritative weight. We elevate people based on how much science a person appears to know. People misrepresent it for selfish reasons. That can confuse and delay progress. And science can be confusing! Einstein mused at how often people prefer to proffer about complex items, since their retorts are harder to refute. Karl Popper spoke of the need to try to falsify one's own conclusions before publishing them. The therapeutic process therefore requires the development of syllogistic skills as well as the more traditional psychosocial skills. Not everyone is capable of developing equal proficiencies of these skills, so modifications need to exist in the treatment algorithms. A patient walked out after displeasure that I did not uncritically believe him Trump lost the election. He wanted me to treat his bipolar disorder and accept his political science. I doubted this was the time to discuss or even ask about climate change.

What if climate change deniers and believers violently conflict? What is the real and larger political climate regarding the climate? "Nearly one in four Americans believe that political violence may be justified to "save" the country, a national opinion poll has found." (<https://www.theguardian.com/us-news/2023/oct/25/us-political-violence-justified-survey>) Such community conflicts are not new. How do we therapeutically handle it since climate change is a real public health urgency? Do we focus on symptoms or its origins?

We cannot assume any support from our allies. This level of science is confusing to most people. We are not helped with events like this: "Despite guidance from the CDC, Florida Surgeon General Joseph Ladapo recommended to state health officials to advise against anyone younger than 65 getting the new vaccine boosters recently approved by the Food and Drug Administration." ([Florida surgeon general advises against COVID vaccine. His role, pay \(tallahassee.com\)](https://www.tallahassee.com/news/2023/oct/25/florida-surgeon-general-advises-against-covid-vaccine-his-role-pay)) How do we therefore prevent, treat, educate, advocate and offer models?

The psychiatric diagnosis must be correct and psychosocially comprehensive. It has to allow for concurrent or other premorbid emotional conditions that are now about to be combined with climate change concerns. Consideration and intention to the larger issues are mandatory and have to be adjudicated into the larger positions. For example, someone nervous about losing the job and hence anxious may now have to prepare to lose the job because the job no longer exists as coastal areas are submerged. The therapist must choreograph.

It is worth repeating that therapy may have to concurrently address the epiphany of anger at others for not being more aggressive over the past decades to reduce the climate change problem. It may leave in their psyche an ongoing anger at the inconvenience of having to change one's environment because of an insufficient reduction of the community's carbon dioxide footprints. "Help me, I'm not really sure how to live differently and still survive. How much do I have to give up?"

A careful study of ego strengths must be done since the initiating problem will not disappear; the generalized anxiety disorder may remain or even be worsened when climate change issues are considered. So, the resiliency enhancement needed applies to not becoming more psychologically decimated because of the climate changes. It has to be earnestly discussed and pointed to how someone might need to change where they live and how they survive – new jobs, new communities, etc.; this is a perfect candidate for strong and strategized psychotherapy.

The therapist must also be aware of their own inner reactions, fears, and need for resiliency for the same concerns. Climate change issues do not occur only to other people.

Medication use must be extremely judicious. Prescribing sleep medicines because people take these worries to bed with them might be prudent but only if the patient is engaged in well focused psychotherapy regarding climate change induced impacts. "Wow, I started with having to deal only with me, now the me has some troubling siblings that will change my life. I did not come here for that, even if it is correct." It may require a different strategy for those with OCD, phobias, thought disorders, etc.

The therapist must first assess from where the presenting anxiety or depression, etc., emerges. What do they think will happen to them as these climate changes more and more materialize? One rather strong patient put this in balance when after asked about climate change: "so, do you want me to worry about something else as well?" I said yes, but in a timely manner, but in part only after and when we can get the other things a bit more grounded.

Climate change deniers may be those who regress to parental like relationships so that they will be taken care of. Others, such as perhaps those with strong religious beliefs, because they are protected by their God, can possess elements that could defeat all the other aspects of the therapeutic process. Perhaps the topic could be broached with a comment "and what about issues, such as climate change? Where does it rest in your life?" The initial steps would appropriately be to delve into other psychodynamic and treatment needs, and it may later require gentle but real education about the science. It might be helpful to couch it that the earth is going through another one of its "natural cycles that has been sped up and modified" by human activity. The focus is that we are merely understanding a natural cycle and of the importance of us preparing for the ramifications of that cycle.

As mentioned before, using psychometric scales can be misleading if done improperly. Initial use may establish a baseline, but follow-up use might reflect efforts to please the therapist by showing lower pathologic scales or, to the contrary, keeping a pathologic scale higher in order to continue in therapy. The endpoint of therapy has to be an eventual graduation into independence and emotional resiliency. With climate change, the antagonist never changes, but we want the patient to develop the stronger ego structures, cognitive skills, emotional acceptance, and resiliency to say, "I don't like what's happening, but I'm going to find a way to survive."

Many anxious people are also very passive. Passiveness is either by nature, trauma, laziness, or perhaps depression and/or thought disorder. We are asking people to become much more aggressive and less passive about climate change events. It may be, for them, an entirely new language and lifestyle.

People with obsessive-compulsive thinking may painfully suffer from lack of control over the situation and its effects on our life.

Narcissistic and type A personality people may suffer tremendous frustration at not being able to find a safe haven. A NASA engineer told me that "I've always been able to figure things out, and now I can't. My problem is in no or nominal control."

This is especially so, for example, if people cannot afford, so to speak, to move from a coastal community to a mountain community. But even living in Colorado cannot immunize them from the way that they would perhaps like life to be. Living in the mountains does not guarantee a working supply chain of resources from lower elevations of farms, mines, water supplies, etc. They can not escape climate change realities.

Educational, religious, governmental, general community attitudes, media, etc., all have to constructively dovetail with these concerns. The goal is to create behavioral resiliency, acceptance, real science, but not panic.

Every psychotherapist must weave into their treatment strategies the impact of nefarious biological changes coming to all of us secondary to climate change. The list is long, it is constantly growing, and many of the conclusions are attractive but need repeat substantiation. The therapist must be schooled enough to separate opinion from facts, or how to drive down the middle of those two outside boundaries. The science aspect of this process is that some of biological changes may be positive because they enhance survival mechanisms. This progression must not be a miscreant to anything except our current live styles.

It is not enough to tell a patient, for example, that “you feel this way because your DNA has been altered by the elevated heat.” That would be misleading. It avoids the real battle. What needs to be said is “you feel this way because your DNA has been altered by the elevated heat, but also because the earth is warming and we are unable right now to stop it, so we have to find a way to change your and all of our lives accordingly.” Once again, this is a necessary notion to put into someone’s thinking, especially when they are unable to properly conceptualize and understand the ramifications of a future that appear as a universal and irreversible horror. One patient said to me “why are you telling me this, you’re making me more nervous. I want to talk about other things. It scares me when you talk like this.” The response is to say that yes, it is scary, but it’s necessary in order to help you, but I need, as your therapist, to talk about this at the right time. We do need to ultimately talk about what will happen if you lose your house because storms are more severe, or the water supply is limited because of back flows of saltwater into the freshwater aquifers, or shortages of food supplies because the bees are unable to pollinate, etc. Where will you live? Can you plan for it? Do you have job skills that you can take to the middle of the United States rather than along the coastline? And the like.

I propose we, as therapists, quickly and intellectually and emotionally educate ourselves, with personal and group experiences, to first survey the where and how these issues function within ourselves. Then we can better and more genuinely help others with better tested tools. Let’s start with personal and group self-introspections so we can be better therapists. Let this process become a guidebook to treat others. “How exactly should we, as therapists and teachers, not frighten but rather fortify?”

“Through others, we become ourselves.” *Lev Vygotsky, psychologist (1896-1934)*. It is a richer interaction when, through improving ourselves, we then better help others become themselves.

Let’s start with zoom meetings, perhaps each for 1-2 hours, with no more than 6 people per meeting, to discuss the above. Maybe each group should meet at least twice. I would like this to be a very rapid process. Then within the next few months we should develop an executable algorithm on how to deftly bring this topic to our the world and to our patients. There is a palpable difference between cognitively educating both ourselves and patients about the topic versus the hopefully more cohesive epiphany level affective and psychological echelons of perception, better skills, acumen, and understanding, as we incorporate these realities into our own psyches. These are not psychotherapy or debate like competitive settings but rather a time to personally explore, and too, to also let others constructively refine each other’s emotional, existential, and cognitive syllogisms. Then this set of insights and actions becomes the tools we use *as we become both therapists and citizens facing the identical climate change tests*.

The meeting maintain our remain individualities, but we become cohesive. We are more than advocates, writers, or politicians; we are therapists who face the same future as our patients. Let's first rise ourselves up to how we face these same urgent problems.

Many may disagree with the urgency of our concerns. Climate change is not a fad concern. This is not a civil rights freedom march. It is worldwide mitigation and survival march. It's better to be over balanced and cautious than naively under responsive and mediocre.

The pool of our combined insights is strong; with them we can truly help. We are an amazing front line group. Let's enrich our strengths<sup>9</sup>.

Let's conference and use these questions to explore ourselves. Propose all other questions as uncovered.

1. At any single time, are we treating an acute or a long-term climate concern, and so might we seem currently strong and helpful but in fact misrepresent the real etiology and forecast?
2. Are we obligated to ask, and at some time to screen, for climate change concerns even if that is not the presenting problem?
3. Do we need different treatment approaches for such problems in the future?
4. Have we, as people qua therapists, reached our own inner scientific, religious, spiritual, political, psychological, or other adopted unions with the unavoidable existential actuality before us?
5. How do you personally change your consumption patterns to reduce climate change?
6. How do you personally adapt and react to, and modify, your own psychosocial lives given our probable future?
7. How do you teach or interact with your family and others regarding climate change possibilities?
8. How do you square your own circle?

And then we go public, to teach and help and heal! And to make all our lives strong and properly focused, to survive, rebuild from our mistakes, and relish the good core that we all carry within us. Nothing less will do.

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<sup>9</sup> Watch the movie *The Great Debaters*, 2007. Denzel Washington.