Clinical Vignettes

A 46-year-old male presents to your clinic with c/o insomnia. Further history reveals that the patient recently went through a large wildfire in his town, which destroyed his home and neighborhood. He reports fluctuating between feeling that rebuilding his life on his land is hopeless yet feels incredibly anxious about moving elsewhere, thinking the entire world is ultimately “on fire.” You live in the same town as this patient, and witnessed the destruction to your community.

1. What might be a positive therapeutic response to hearing this patient tell his story?
2. What might be your current psychological and emotional state after having witnessed this disaster? How might that impact the care you provide?
3. Identify sources of anxiety that may exist for this patient.
4. How can you as a provider approach suggesting modalities of “containment?”
5. How might you help this patient re-frame his mental framework?

A 56-year-old woman presents with generalized anxiety. She reports her son is living in Florida and recently purchased a home near “hurricane alley.” She expresses distress at her son’s denial of the current climate reality in the area. Furthermore, the patient expresses distress and anxiety about die-offs of species and concern of what kind of future her grandchildren (and children) will be facing.

1. What might be sources of climate-related distress for this patient?
2. How might you suggest possible sources of containment to help this patient cope?
3. How can you facilitate re-framing of her anxiety in a positive way?

A 22-year-old man presents with passive suicidal ideation with no plan to harm himself. He has been attending recent climate protests in his city yet feels that efforts are futile given the current trajectory of politics in the United States. He recently dropped out of college as he felt his energies would be best spent organizing social environmental action, but now believes his ability to make a difference as an individual is futile. He expresses hopelessness about a future for himself in a damaged world.

1. Do you relate or have you ever related to this patient’s experience?
2. How can you validate his feelings of desperation but not his conclusions?
3. How might you suggest possible sources of containment?
4. Are there examples that might be useful in helping this patient re-frame his experience?
Working with Climate Material

1. **Witness and Validate**
   feelings and rational recognition of current and potential tragedies and threats

2. **Access forms of containment**

3. **Facilitate Reframes**
   consistent with reality,
   For the activation of positive emotions,
   and sober individual and collective agency

(Janet Lewis, 2022)
Understanding Sources of Containment

*(What helps us to bear what is difficult to bear)*

- Relational – supportive relationships
- Agentic – active engagement
- Spiritual – use of spiritual practices and frameworks
- Narrative - identification with story
- Cognitive - e.g. in understanding complex systems, deep history, understanding disavowal, and engaging in reframes

*(Janet Lewis, 2022)*
“Reasonable Hope”  (Weingarten 2010)

• Hope as a process, a verb involving “working not waiting”.
• Hope involves agency and pathway thinking; hope seeks goals and pathways to them.
• Reasonable hope maintains that the future is “Open, Uncertain, and Influenceable.”
• Others can help one do reasonable hope
Useful Positive Reappraisals
as part of meaning-focused coping

• The situation being so serious also means that what we do now is really important.

• The situation being so complex also means that the butterfly effect is at play—who knows what the impact of one’s own actions might be? It may be huge.

• That no one person can figure things out means we are being thrown into ways of thinking and behaving that are actually more mature—we have to work with others to figure things out and create change, we have to accept uncertainty. Our being forced to grow up in this way is a positive thing.

(Janet Lewis, 2021)