



Into the Wild

Steps to an Ecology of Health

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Preface

Coming to be Here

As an introductory note to this dissertation, I want to highlight that whilst the focus of this inquiry is about change – changing the way we understand the self to encompass the ecological world, changing the way we understand health in relationship to the wider world, changing our destructive behaviours that are destroying the planet and ourselves, changing our notion of consciousness and its relation to our known reality; change in all the broadest ways conceivable in our modern world. It is also, in living paradox, about not holding any desire for anything to be any different than it is. In my journeying through this path of research and action, I completely commit to a practice of just being where I am. By practicing the art of mindfulness I intend to stop striving to be in a “better” place, but instead hold a deep presence with things just how they are. As Buddhist teacher Pema Chödrön articulates better than me, I will use her words:

“When we stop there and don’t act out, don’t repress, don’t blame anyone else, and also don’t blame ourselves, then we meet with an open-ended question with no conceptual answer. We also encounter ourselves. The trick is to keep exploring and not bail out, even when we find that something is not as we thought. That’s what we’re going to discover again and again and again. Nothing is what we thought. I can say that with great confidence. Emptiness is not what we thought. Neither is mindfulness or fear. Compassion – not what we thought. Love, Buddha nature, courage – these are code words for things we don’t know in our minds, but any of us could experience them. These are words that point to what life really is when we let things fall apart and let ourselves be nailed to the present moment. The path of the bodhisattva is not about going to heaven or a place that’s really comfortable. Wanting to find a place where everything’s okay is just what keeps us miserable. Always looking for a way to have pleasure and avoid pain is how we keep ourselves in samsara. As long as we believe there is something that will permanently satisfy our hunger for security, suffering is inevitable. The truth is that things are always in transition. “Nothing to hold on to” is the root of happiness. If we allow ourselves to rest here, we find that it is a tender, nonaggressive, open-ended state of affairs. This is where the path of fearlessness lies.” (2002, p.183-184)

These are the guiding words I want to bring myself back to each and every time that I experience being overwhelmed by fear, being in pain or feeling a sense of desperate urgency

in the face of acting in service to our living world. These words do not stop me from taking action, but remind me not to be attached to a successful outcome. And so, I write with no expectation that this work will change anything. I write with a commitment only to stay open and authentic to the path as it unfolds before me.

Introduction

Where is this all going?

To borrow a beautiful concept from Margaret Wheatley's book *Perseverance* (2010), the message from the Elders of the Hopi Nation grounds the journey of this dissertation.

Oraibi, Arizona June 8, 2000

TO MY FELLOW SWIMMERS:

Here is a river flowing now very fast.

It is so great and swift that there are those
who will be afraid, who will try
to hold on to the shore.

They are being torn apart and will suffer greatly.

Know that the river has its destination.

The elders say we must let go of the shore.

Push off into the middle of the river,
and keep our heads above water.

And I say see who is there with you
and celebrate.

At this time in history, we are to take nothing personally,
least of all ourselves,
for the moment we do,
our spiritual growth and journey comes to a halt.

The time of the lone wolf is over.
Gather yourselves.

Banish the word struggle from your attitude
and vocabulary.

All that we do now must be done
in a sacred manner and in celebration.
For we are the ones we have been waiting for.

This message from the Elders of the Hopi Nation gives me the inspiration and impetus to create a proposal for a different way of relating to the Earth; to accept that the river is indeed now flowing fast. There is a climate of change emerging in the collective psyche, greater than that seen for many years. There will be, of course, parts of us which “hold onto the shore”, ignoring the wave of change and holding on to what we know and our existing way of life.

It is time to let go of the shore; to push out into the middle of the river, into the unknown and the uncertain. To the place where we do not gain our orientation from the clothes that we buy or the houses that we own, but instead dwelling in the presence of life, being with ourselves, just as we are. It is about understanding that we, like all beings, are part of a larger web of life and that we are innately dependent on it. The guidance from the Hopi Elders urges us that “we are not to take things personally, least of all ourselves...” I see these words as referring to the wisdom of *radical interconnectedness*; the awareness that we are inherently in relationship with all things. As we are only made of non-us elements to discriminate against the “non-us” is to discriminate against ourselves. (Nhat Hanh, 2008). We are deeply and fundamentally connected to everything. If we do not understand the wisdom of these words, not only will our spiritual growth come to a halt, but so too, in all likelihood, will our survival as a species. If we do not understand that the abuse that we inflict on our environment *is* an abuse to ourselves than we will slowly, but surely kill ourselves.

This deep understanding of interconnection and interdependence grounds the entire discipline of Holistic Science. Holistic Science, though difficult to define is, in part, about the living study of the universe as a complex system, in which all parts manifest the whole. Thus, from the “holistic” perspective the change emerging in many different guises; the environmental changes seen most clearly in the extreme weather conditions we’re experiencing, the de-stabilisation of the global economy, the developing awareness that growth and consumption cannot be indefinite, are not isolated incidents, but are different manifestations of the same condition. The nature of the whole is expressing itself through the part, and because it is a vast interconnected system, the disharmony is emerging in many aspects of the system.

It is not a coincidence that the de-stabilisation is showing itself in both the human, social realm and ecological, environmental realm, but a reflection of the complex relationship and interdependence of human / ecological world. And that is what underpins this dissertation; an ontological view that the working of the system as a whole determines (by the whole reflecting in the parts, rather than deterministically) the harmonious functioning (health) of the parts. And we, as humans, *are* a part. Our health depends on the health of the planet. Yet, health, as we know it in healthcare, is a discipline far removed from any notion of the “sacred whole”. Without a construct of health that is embedded in the whole we will be on a false path, characterised by isolation and struggle, constantly striving towards betterment, missing our place in the universe and our need for a universal health.

In this dissertation, I want to propose a different understanding of “health”, a health which is really about finding a place of harmony, where there is a natural, sustainable and reciprocal symbiotic relationship between us and our home; a health that we understand must be total, because if a part of our wider system is not in harmony, then we are not in harmony. We (as individuals, as a community, as a society and as a species, as a united whole) cannot be healthy if all around us is not healthy. I propose that we need a concept of health that is in keeping with our increasing understanding of this as a complex world.

In order to do this I will ask what Holistic Science can offer our construction of health and healthcare services. From my position as a Clinical Psychologist I will attempt to deconstruct the assumptions and ontology that our current understanding of mental health is built upon. I am concerned with what I see as two main assumptions that underlie our approach to health; firstly how health has, as a concept and as a discipline, become increasingly specialised and isolated, and limited to human health, which is both as a result of, and serves to reinforce, the dominant human /ego-centric worldview, and secondly, how the dominant narrative of health has become about pathology and the alleviation of symptoms, which serves as a glimpse at the relationship to our ideas of health. I will offer an alternative proposal for a holistic construct of health and a corresponding interconnected health model, based on a new, adapted theory of Radical Attachment. I will draw on work from mainstream Clinical Psychology, Ecopsychology, Buddhist texts and the vast literature surrounding the field of Holistic Science.

I will also pay close attention to the unfolding of the process of the writing of this piece. Unlike a typical academic paper with a prescribed methodology, I intend to practice the very epistemology that I will later go on to describe in more detail in this paper; the living interconnection, where we as researchers *are* the inquiry manifesting itself in us. As David Key and Margaret Kerr say, “we share our lives with what we study we are part of the same ever-changing gestalt; we cannot be separate...the process can be like solving a zen koan,

...Whether in actual zazen [sitting practice] or in working, walking, eating or sleeping, it becomes his [the practitioner's] ‘thing’; he becomes a mass of existential concern wrapped around the koan...oneself becomes the koan question to be answered (King, 1970:311)”(Key & Kerr, 2011, p. 63).

Already at the beginning of this embodied inquiry, I have found that the literature that will most inform me at my point in the journey finds its way to me, through recommendation or left behind on the table in the library, or by calling to my intuition from up on the shelf. Whilst this is by no means systematic or even reputable (typing error here but interesting in itself and so I will keep it in)....{correction} repeatable, it is an appropriate and fitting methodology for this inquiry. I can, by way of validity, document the unconscious process I have followed, which has created for me the happening upon the literature, thereby following the “ethical imperative to make the complex process of research as conscious as

possible." (Romanyshyn, 2007, p.136). As Kerr and Key comment on in their paper, I "allow that the universe is mysterious" (2011, p.78) and thus will, in discussion with other people pay close attention to the indicators of transpersonal validity advocated by Braud and Anderson (1998) including bodily reactions, synchronicities, intuition and emotional reactions and other such happenings. A detailed study of the path of this inquiry can be found in the post-script.

The coming into being of this entire inquiry has, after all, always been about following a path, which first took me on the journey of training as a Clinical Psychologist and now to studying the beautiful tapestry of literature that brings together the ideas that form Holistic Science. The ideas in this dissertation are the unfolding of the ideas that have taken form and this piece is something of a manifesto for how I intend to "be the change I want to see in the world".

Chapter 1

Where are we?

In this chapter I want to explore further the study of wholeness that underpins Holistic Science and contrast this with the current ontological construction that we have of health. I will introduce Gregory Bateson's idea of metalogues from his book *Steps to an Ecology of Mind* and show how his concepts, and other concepts from Holistic Science have been used in modern mental health services, but in a way that does not fulfil the promise of *authentic wholeness*.



Experience and study of wholeness

Many writers, among them Thomas Berry, speaks of this time now, this age of industrial growth and consumer society, as "the supreme pathology of all history" (1988), where we are on the edge of what Joanna Macy (1998) refers to as the Great Turning, from egocentric "Industrial Growth Society" to soulcentric "Life Sustaining Society". Thomas Berry states that "at such a moment a new revelatory experience is needed, an experience wherein human consciousness awakens to the grandeur and sacred quality of the Earth process." The question for me is how do we initiate such a revelatory awakening of human consciousness?

My own experience of “awakening” to the grandeur and sacred quality of the Earth process was through the literature and practice that amounts to “Holistic Science”; best described as a path of learning to dwell in a state of interbeing, where one’s self is in an intimate relationship of reciprocity with all; there is no longer a conflict between self and other, but rather a living paradox of wholeness. As Martin Buber (1923) describes there is an “I-thou”. This place feels like the most natural place in the world; the ultimate place, “like a vibrant space of shimmering potential waiting to be discovered, claimed...occupied.” (Plotkin, 2008, p.32). It involves a shift of worldview that serves to influence all subsequent actions and ways of being. Whilst the most difficult “concept” (or lived experience) to describe, it is one that has been referred to for millennia. Roszak (1992) states in his book *The Voice of the Earth*, that the alchemists of the ancient world had a deep philosophy; “As above, so below.” These simple words contain an entire ontology; a way of relating to the entire cosmos; “above” the *macrocosm*, the celestial intelligence and “below” the *microcosm*, the human soul. Neither could live in isolation as they simply reflected each other in a constant universal dialogue of mutual determination. Everything acts as interdependent part of a sacred whole.

How then does “as above, so below” apply to health? Many of us are now deeply concerned with the health of the planet; we know that the last two hundred years of industrial growth has exploited the Earth’s natural resources and depleted its capacity for resilience. The health of the planet is increasingly on the agenda. But how is the entire notion of “health” currently understood? If, as interdependent parts of a sacred whole, our health is so inherently intertwined with the health of the planet, how has our concept of our own health become so disconnected to the fractal health of the whole? What can we learn from deconstructing our current notion of health, so that we can move towards a wholeness-centred, or “holistic” health? And how can a holistic health contribute to this awakening of the sacred nature and connected capacity of human consciousness?

Holistic Worldview Contrasted with Modern Health

If “holistic” science requires a shift to an interconnected worldview, I am, by deduction, stating that the “non-holistic” science is based on an epistemological position characterised by something other than interconnection. Indeed, I am contrasting an interconnected worldview with a worldview built not on interdependence, but independence; a separatist, quantitative worldview that ascribes to the idea that things can be distinguished and separated from one another. The etymology of the word science comes from *scire* "to know; to separate one thing from another, to distinguish" (Online, Etymology Dictionary). Modern science is built on this premise; that things can be studied in isolation, out of context, which gives us, as scientists, the capacity to manipulate and observe the conditions in which the object of study behaves. It is this ontology that also underpins many of our established institutions, including medicine and healthcare.

As a Clinical Psychologist I am familiar with the structure and construction of modern healthcare services, and in the majority, the domain of health is based on a reductionist and separatist worldview. For all its benefits and advantages, our understanding of health has been broken down into more and more narrow, differentiated fields of study. With each discrete specialisation that takes place, what is gained is specificity of knowledge, but what is lost is context. The whole has been broken down into component parts, so that the health of each aspect of oneself is now the domain of a different specialism; a different doctor, who then tries to fix that specific aspect; reassembling the part back into the whole. In my experience, the different disciplines of health are now so rigidly departed from one another that much of the life of a health professional is spent debating which discipline i.e. neurology, behavioural psychology, psychodynamic therapy etc. can provide the best theory to explain someone's experience of ill-health. Here we are concerned with the detail; the argument between which discipline is best suited to explain a person's symptomology. I am proposing that this is part of the limitation of our current notion of health; that we have distracted ourselves with the symptoms alone; we are not looking at our entire concept of health and our relationship to it, and what this could reveal to us.

An alternative, holistic perspective would be to, as Henri Bortoft (2010) would say, go "upstream" to the pre-differentiation between "this" and "that", to a place where we understand the living nature of the authentic whole. To glimpse this living wholeness is to experience an understanding that the harmony, or disharmony, of the whole is manifesting itself in the functioning of the part. Thus, to build an entire healthcare service on the betterment of the parts, which focusses its attention on how best to deal with the part, is to miss the opportunity to look to the whole.

Going upstream in health

Gregory Bateson, anthropologist, social scientist and cyberneticist was a great influence in the development of a Holistic Science. A key concept that he introduces in his book *Steps to an Ecology of Mind* is that of metalogues. He defined a metologue as "a conversation about some problematic subject. This conversation should be such that not only do the participants discuss the problem but the structure of the conversation as a whole is also relevant to the same subject." (1999, p.1). I want to introduce this tool as a way to go "upstream"; to think not just about the differentiated parts, but to glimpse at the authentic whole. To not just have a conversation about the problematic subject of, for example, someone's symptoms, but to be aware of the entire way we structure the conversation, and corresponding construct, of health. Specifically, how the conversations we're having about health *limit the possibilities of our understanding* by constructing it in only one way. I introduce the concept of metalogues to orientate the process of critiquing the conversations about health; enabling the analysis of the terms we use and how we structure our dialogue and conversations to expose some of the ontological assumptions that underpin our ideas about health.

Holistic Science as applied to health

One limitation I see about our current dialogues about health is how they are taking place within this independent, rather than interdependent, worldview. This worldview limits, inherently, any dialogue about health to the human realm, rather than as related to the health of any other aspect of the world. In fact, here I will provide a live example of what I am describing, which emerged in the act of writing this paper.

Whilst my intention was to introduce the concept of metalogues as a tool to facilitate the deconstruction of our concepts of health, when I read more about metalogues it also struck a chord with me; as a Clinical Psychologist trained in systemic family work, I have studied Narrative Family Therapy, a key application of systemic work developed by White and Epston (1990). This approach holds, as a central premise, that the way in which we talk about a problem co-constructs its reality, so for example, how negative narratives told about a person restrict the behaviour of that individual, shaping them to conform to the negatively skewed story told about them. This approach has, very successfully, been integrated into mainstream psychology, and is used frequently in child and family services.

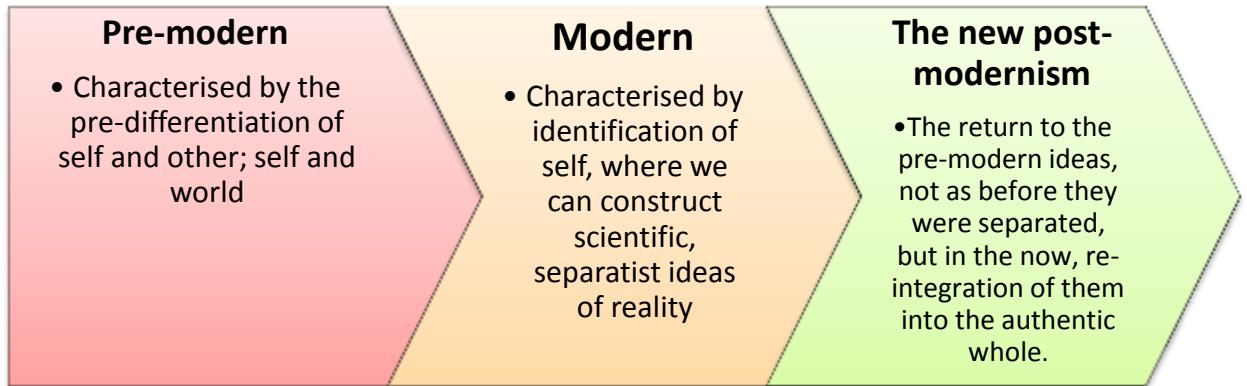
I understood in this moment of reading about Bateson's metalogues that I was seeing the "coming into being" of the concepts that grounded Narrative approaches in family therapy. Family therapy approaches, however, come from the *social constructionist* movement. This decrees that "the terms in which the world is understood are social artefacts...the result of active, cooperative enterprise of persons in relationship" (Gergen, 1985). As this quote demonstrates, what is key in this sociological theory of knowledge is the relationship between *persons*; the *social* artefacts determining the construction of our reality. As such, the epistemological stance underpinning family therapy is one where social interactions and language determine the mechanism of change. Bateson's work on metalogues has been applied in systemic family therapy, specifically to the relationship between humans, whereas in my reading of Bateson, I came away with a more holistic, *ecological* understanding of our place in relationship.

In fact, Bateson's epistemology was entirely different to that of social constructionism; rather he created his own "ecological epistemology" (Harries-Jones, 1995) founded in his own insight; Bateson writes, "I was transcending that line which is sometimes supposed to enclose the human being...Mind became, for me, a reflection of large parts and many parts of the natural world outside the thinker." (2000, p.490). As Noel Charlton (2008) interprets his work, "mind is everywhere in the living world, not resident only in humans and not only in other sentient animals. Mind is evident at every scale from the microscopic to the vast system of the living Earth. It is to be seen as focussed within individual beings, groups, ecosystems, and the Gaian whole itself...Bateson's minds are entirely process. They are not things. They are "empty."...His monism, his denial of dualities...the possible gift of the "grace" to recognize again our planetary integration, his understanding of the sacred nature of the whole; all these depend on his core theory of minds" (p.67-68).

Narrative approaches in psychotherapy have understood the value and notion of Bateson's metalogues, and have used these ideas to usefully work with families on their problem-saturated narratives of a child, but the position of perspective is limited to the family, to the *people* systems around the problem. Placing the idea of metalogues within Bateson's epistemology, and his emphasis on the sacred whole, requires the analysis of the structure of our conversations about a problematic subject to come from a broader, *ecological* perspective.

This application of Bateson's idea of metalogues to the family system is an exact representation of this unfulfilled promise of the authentic whole; that when a concept such as that of metalogues is applied to a discipline, which has its basis in the current dominant worldview, it loses the essence of the very thing it is trying to achieve. The use of metalogue within narrative psychotherapy does indeed look at the construction of the conversations about a problem to feel into changing the reality of that problem, but the entirety of Bateson's ideas have not been honoured in this application of his work to the domain of psychotherapy, because it focuses solely on the human relationship realm. There is no embeddedness in a sacred whole. The tool of metalogue is still being used to look at the *symptoms*, not to our entire construct of health. A concept designed to point at the authentic whole has been applied in a limited fashion, creating an illusion of wholeness; a "counterfeit whole"(Bortoft, 2010).

Indeed, Bateson argues an entirely different notion of relationship with the world; he posits that we, as humans, are in unity with nature because "nature (including humans) *is* one vast interconnected mind." (Charlton, 2008, p.42). I propose that this is a move to a different post- (rather than pre-) modern state. Instead of, as postulated by the social constructionist, classical postmodernist approach, the rejection of an assumed certainty of scientific efforts to explain reality (where there is no absolute truth and there can only ever be subjective, socially constructed perceptions), I am suggesting a movement *towards* the pre-modern state; the pre-differentiation between "this" and "that"; between "inner" and "outer" worlds. Of course, having differentiated our "selves" we cannot travel back in time to the pre-differentiation, but we can travel *forwards* to a place of *authentic re-integration*, where we can contrast the insight of "self and other" to "self as other". The diagram below is a pictorial explanation of what I am describing; a proposed movement from the pre-modern, to the modern, and then instead of the classical post-modernism, rather to the re-integration of the now differentiated states of self and other, which could not have occurred had they not been differentiated in the modern era.



When coming from this perspective, as I see Bateson would have intended (a perspective that embraces a more ancient wisdom of monism) the application of metalogues to a subject has a different starting point of analysis. As mentioned earlier, there becomes a more holistic, ecological context from which to analyse the entire construction of our conversation. This is how I would like to approach the “problematic subject” of health and mental health; from a position of deep questioning and deconstruction of the underlying assumptions upon which we have built an entire discipline. No longer looking really just at the problem of our “health”, but also really deeply at the entire way we have constructed our relationship to the notion of health.

This chapter has introduced the interconnected worldview that underpins Holistic Science, contrasting this with the modern, reductionist science that modern healthcare is based on. Using Bateson’s metalogues as an example, this chapter has focussed on demonstrating how the ecological authenticity of holism has been applied to mental health, but in its application to the existing dominant position of health being solely about the human systems, it has lost the promise of authentic holism. Introducing Bateson’s theory of minds leads us to think about a different potential application of the literature to a more interconnected, “new post-modernist” approach, where there is re-integration of self/other.

Chapter 2

We are here together

In this chapter I will introduce the bringing together of ideas of an interconnected worldview and health. I will discuss the inspired work of Ecopsychology, which serves to integrate Deep Ecology and the field of Psychology, offering an alternative to the dominant human based discourse of

health; moving from egocentric to ecocentric relationship. I also, however, question why the field of Ecopsychology has not had the impact on mainstream health one would have hoped.



Given the previous introduction to the field of Narrative therapy, I will borrow a useful construct from this work. Narrative therapy holds the idea that exposing dominant discourses and deconstructing the way in which a subject is talked about, opens up the possibilities of finding exceptions. The dominant discourse of a subject is seen as only one of many possible stories told. Subjugated discourses are searched for to provide examples of alternatives, and these lesser told stories are then built upon within therapy to create more coherent, broader narratives. I do think this is a useful mechanism to change our established ways, and build upon ideas and alternative ways already surfacing.

To contextualise, I am proposing that the dominant notion of health is very embedded in the worldview that we are independent, autonomous beings, separated from our environment; the health of us as “individuals” has no, or very little, relationship to the world around us. There are now many alternative discourses, contrary to this dominant view, which are emerging in the collective psyche.

Many fields of enquiry are beginning to bring their attention to this different way of knowing; which is in some way akin to the new post-modernist view that I have outlined; the authentic re-integration of self/other. One of the first and most influential writers in the Western world to write prolifically of this broadening of the self was Arne Naess, who coined the term the “ecological self” in the context of the field of Deep Ecology (Naess, 1973). He posited that this broadened identification is the capacity to build relationships, not only with family and community, but with all beings, and even with the biosphere as a whole. He spoke of how this ecological self provides a direct experience of interconnectedness, from where the Earth flows through us and we act naturally to care for it. This interconnectedness is exactly the lived experience of “I-thou” that I refer to in Chapter One.

This emerging re-connection to our place within the wider whole, once articulated, catalysed the birth of an entire new discipline – Ecopsychology. Roszak (1992) specifically, a prominent figure in the Ecopsychology movement, began to write about the relationship between nature and health, specifically applied to psychology. He writes,

“Once upon a time, all psychologies were “ecopsychologies.” Those who sought to heal the soul took it for granted that human nature is densely embedded in the world we share with animal, vegetable, mineral, and all the unseen powers of the cosmos. Just as all medicine was in times past understood to be “holistic”

– a healing of the body, mind and soul – and did not need to be identified as such, so all psychotherapy was once spontaneously understood to be cosmically connected. It is peculiarly the psychiatry of modern Western society that has split the “inner” life from the “outer” world – as if what was inside of us was not also inside the universe, something real, consequential, inseparable from our study of the natural world. (2001, p14)

Roszak heavily critiques the modern field of mental health study, stating that “we look to the psychiatrists to teach us the meaning of madness, but our dominant schools of psychotherapy are themselves creations of the same scientific and industrial culture that now weighs so brutally on the planet...They ignore the greater ecological realities that surround the psyche – as if the soul might be saved while the biosphere crumbles.” (p19).

Ecopsychology has brought forth an application of this ecological self; a proposal for a different way of understanding, and relating to, the Earth. It has tackled the concepts of how and why we have not been able to engage with the information given to us daily about the disastrous consequences that our industrial world is having on the planet. It has provided hypotheses on the path that has created the lifestyle that dominates our culture, and has crafted analyses of our relationship to the other-than-human realm. It creates the platform for a new, alternative discourse to challenge that, which current health models are built upon.

From this basis, Deep Ecology and the writings of Ecopsychology connect to a “gestalt ontology”, where experiences are “nondual”, “taking us beyond language – deep into the realm of Being”. (Kerr & Key, 2011,p.65). Applying this ontological position to the notion of health, it creates a radically different health to the one based in an individualistic worldview, and there are now applications and examples of practice, which use this ontology as a foundation. David Key and Margaret Kerr (2012), for example, as part of their work for the Natural Change Project, describe how they “lead people on a healing “descent” into the wild territory where personal health and planetary health become synonymous” (p.64). This is the perspective that I describe as my intended proposal in the beginning paragraphs of the dissertation; the assertion that our health is totally intertwined with the health of the planet; where we are no longer separated individuals, but are in fact acting as fractal parts of the sacred whole.

It is then interesting to ask why the field of Ecopsychology has not infiltrated the mainstream as one would hope it to. Of course, it is worth saying that Ecopsychology is gathering a wider audience, and there are some indications that it is beginning to have a small voice into the mainstream, for example, in the training of Clinical Psychologists (although still rare). There are many reasons, beyond the scope of this dissertation as to why one could argue that people are not willing or able to integrate ideas of Deep Ecology. Joseph Dodds, for example, has produced a comprehensive discussion on defence mechanisms in the face of eco-anxiety in his new book *Psychoanalysis and Ecology at the*

Edge of Chaos. Dodds follows up on Joanna Macy's work to argue that realising the reality of the despair that we face in regards to climate change causes an anxiety-defence reaction, resulting in an incapacity to connect to the ecological self (Dodds, 2011). Indeed, many aspects of psychological theory have been applied as possible explanations as to why, in the majority, we are not responding to the ecological crisis, and these are of course important. But here, I am specifically interested in why Ecopsychology has not been profoundly influential on mainstream health. I see that this might be partly to do with the Jungian and psychoanalysis influence - psychotherapists are not as commonly employed within the National Health Service, but tend to work in private practice, which gives them more autonomy and freedom (specifically from the bureaucracy and targets dictated by the health service, which limit the capacity for creative and innovative ways of working) but means they have, as a discipline, less influence over mainstream services. Ecopsychology has, therefore, not engaged so much with mental health services as applied to mainstream healthcare, but has, instead emerged as an alternative, separate paradigm. As a practicing Clinical Psychologist I was certainly not familiar at all with the concepts or ideas, and I would make an educated guess that very few people working in applied settings are. This does mean there is a blossoming community of ecopsychologists working independently and forming their own unifying ideas (see www.ecopsychologyuk.ning.com) but very few are able to use their ideas in statutory services, which have the infrastructures to facilitate substantial change.

Ecopsychology has a great deal to offer in regards to challenging the anthropocentric discourse of health; integrating ideas of Deep Ecology and Psychology, and there is more research and literature emerging all the time. I would perhaps say that there needs to be more done to look at our current ideas of health, as conducted in the mainstream, from the perspective of Ecopsychology in order to dismantle the momentum that drives the current paradigm of health, which I will explore in the next chapter.

Chapter 3

Not going anywhere

In this chapter I will, taking an interconnected worldview, return to the Holistic Science literature and see how the concepts – in their authentic wholeness – can be applied to our understanding of health. I will address the second concern I outlined in the introduction, regarding how the dominant narrative of health has become about pathology and the alleviation of symptoms, which serves to structure our relationship to our ideas of health. I will offer an alternative

dialogue about listening to, and understanding, ill-health as an indicator for wider disharmony.



Having established, using the tool of metalogues and the example of Narrative Therapy, that our current conversations about health are limited to an individualistic, human based worldview, how does this understanding open up the possibility for new conversations to be had? Accepting the assertion that our health is totally intertwined with the health of the planet; where we are no longer separated individuals, but are actually acting as fractal parts of the sacred whole, I want to address the second limitation that I am proposing characterises our current conversations about health.

Our healthcare services are set up to focus on the alleviation of symptoms – the conversations are focussed again on the content and detail of the ill-health. I want to propose an alternative conversation; one which is not characterised by always trying to be somewhere else other than here.

Everyday use of the term “health” has become synonymous with meaning “in good health”. Use of the word in this way discloses something of how we have come to know health and our relationship to it. Rather than health simply being a reflection of the state or condition that the whole system is in, it has come to describe a *desirable* state of being, in other words a value judgment of healthy = good, unhealthy = bad. But health *is* the whole; one can’t be more “healthy”. Perhaps, if I substitute the word “health” in order to demonstrate what I mean; if, for example, I use the word “condition” i.e. the condition of a painting. A painting cannot have *more* condition; it just is in the condition it is in. Only when we ascribe a value judgment to it can it have more. We can say that we want a painting to be in good condition, because it will sell for more, but it still, cannot be more “conditiony”. Whilst this might seem to simply be about semantics, this use of language is extremely important. We must come to know our habitual ways of speaking to establish exactly what it is that we have come to mean with these words, and how this directly influences our relationship to the concept.

When we see a doctor we are usually going because we have become aware something is wrong and we go to see someone in order to restore our “health”. But, is this the only way to understand health, what would an alternative understanding add? Perhaps, if health was not a thing unto itself, and it was instead embedded in the context of the system that it is describing, then it would take on a different meaning. Thus, for example, *the* health of a system has a different nuance to it, implying that there is a whole system and there is a condition in which it is currently manifesting. In this use of the word, health becomes, rather than a thing, a reflection of the way in which a system is working, i.e. whether there is an internal harmony to the system or whether the whole is manifesting an ill in the form of a part. Using this way completely changes our standing in relationship to health. Rather than

using it as a way to describe a *desirable* state of being, we are open to an exploration of the health of the system overall. Because what do we mean when we speak of being “healthy”? Do we mean the absence of symptoms? Indeed, our current healthcare systems are set up almost exclusively as a paradigm of “getting better”. But what if, rather than prescribing to this idea of health, meaning healthy, we begin to see it as a manifestation of the workings of a system, would we draw our attention away from trying to get “better” and actually focus on what our ill-health is saying? What might we learn?

This is a demonstration of the use of metalogues; where the conversation is not just about the “problematic subject” of health but the analysis of the structure of the conversation as a whole is also relevant to the same subject. Drawing attention away from “fixing symptoms” opens up the opportunity to consider *the* health of a system, just as it is. Changing the way we speak of health stops us striving for betterment but enables a place of pause; stillness, from where health can be seen as a reflection, and from this changed metalogue we can ask what ill-health can tell us about the relative stability of the whole.

Health as Indicator

Working in the field of Clinical Psychology for nine years I was increasingly struck by the overwhelming number of people suffering distress to the degree that they required the input of mental health services; one service I worked for had a waiting time of more than two years to see a Psychologist. There are so many people struggling to cope with distress, presenting to services with an array of difficulties diagnosable into different psychiatric disorders; anxiety, depression, attachment disorder, obsessive-compulsive tendencies and eating disorders, post-traumatic stress disorder and many, many more. From my experience of working with people in different clinical settings, with different clinical presentations, I found that underlying most distress was an experience of trauma. Some had acute, specific traumas that they could point to, whereas others were suffering with more chronic experiences of trauma; the trauma of difficult early attachment experiences, the trauma of not feeling seen or understood, the trauma of rejection or low level abuse, the trauma of having to cope with the overwhelming, unfulfilling and unrelenting demands of modern life; managing different roles of fatherhood / motherhood, work, romantic relationships, financial instability...and the list goes on!

Distress viewed in this way; as an expression of trauma, opens an interesting discussion. Working with people in psychotherapy, the most helpful basic premise to hold is that trauma is an understandable reaction to unnatural events. This helps to frame people’s reactions as not pathological or abnormal, but as completely understandable, adaptive coping strategies for something anomalous that happened to them. But, given what I have said about our departure from a connected, reciprocal relationship with the world to an industrialised, mechanistic society – what even denotes “unnatural” now? One could argue that our entire way of life lends itself towards an “unnatural” state of being. Of course, I am hesitant using the term “unnatural” because a plausible argument could state that if it’s happening isn’t

everything “natural”? Thus I am left searching for a word/concept that denotes what it is that I am trying to point towards. Perhaps if I offer a personal example of what I am describing:

Having previously lived and worked in a busy city for many years I came to Schumacher College, which is situated in the most beautiful of surroundings, with easy access to woods and gardens, rivers and open space. After a number of months of living here I attended the centennial Schumacher talks, held in Bristol. It was my first “outing” to a city since I had arrived in Devon, but I wasn’t thinking about it at all. I had no indication that it might be a significant event. But when I arrived in Bristol I felt overwhelmed; I became acutely aware of the vast quantity of sensory stimuli that I was having to process just attempting to cross the street, I was aware of the advertising everywhere, the traffic noise and the many, many competing demands on my attention. Sitting in the large auditorium, with hundreds of people, I started to feel ill, as if coming down with the flu, and after some time of discomfort I left early to go to my friend’s house who I had arranged to stay with. Within an hour of being with her my flu symptoms decreased and I felt calmer and in good health, and I wondered what was going on. Reflecting on it, I felt that the environment of the city had been unexpectedly overwhelming. I had not anticipated it to have an impact on me; having lived in a city for a number of years I would never have thought that I would have reacted in this way.

Having had this experience, when I returned to Devon I was able to contrast my lived experience of being in the peaceful surroundings of Schumacher to that of the city, and I became aware of a heightened sensitivity, or openness, that I afforded myself amongst the surroundings of the countryside. I became aware how I “let” myself connect in a way that I had not realised that I didn’t connect when I was living in the city. In experiencing this contrast I became aware of the protective layer of defence and armour that I had built around myself to deal with the onslaught of stimulus. Of course, it is not as simple as drawing a comparison to the physical environments of countryside vs. city – there were a number of other factors at Schumacher that enabled me this new, consistently held openness. My point is that, generally speaking, I hadn’t previously been aware of this sensory overload or my body’s attempts to enable me to cope with this.

This extract highlights my concern that it is what we are *not* aware of that causes us the most problems. A friend of mine read this dissertation and told me of an analogy; if you put a frog in water and heat it up slowly to boiling point, it will die, but if you put a frog straight into boiling water it will know to jump out. It is the insipid change in the heat, which means the frog does not notice how hot it is getting until it is too late. This is what I am trying to describe. Low-level, chronic stress is known to cause serious consequences (Sapolsky, 1998).

Our bodies have evolved to help us deal brilliantly with immediate dangers and threats through our extremely efficient sympathetic nervous system, which activates our body's fight or flight response. However, long term activation of this causes chronic stress and makes it difficult to determine what constitutes a threat and what does not.

Could it be that this industrialised society has created an environment that has used and manipulated our highly evolved perception and sensitivity? That we have created a society that with its incredibly diverse stimuli, its increasingly fast pace of life, relentless expectations, limitless growth, focus on technology, lack of community and lack of time spent in "natural" surroundings that is not conducive to what we need. What if the incredibly high incidence of mental health distress is not a sign that we, as a society of people, are lacking in something or have evolved widespread dysfunction, but rather, that we have created a world, which makes it nearly impossible to cope with? As Chellis Glendinning (1994) says; "society has endured a collective trauma...the systemic and systematic removal of our lives from the natural world." (p.51).

This proposition completely turns on its head our current approach to mental health care; it points the finger of change, not at the people presenting to services, but the institutions holding up and perpetuating the idea that there isn't something wrong with you if you *can* cope in a world that is so inherently stressful.

"That millions of people share in the same forms of mental pathology does not make those people sane."

This metologue, so different to the individual, pathology orientated one, enables us to live the teachings from Deep Ecology and Ecopsychology; that we are interdependent part in this sacred whole, and that our human health is a reflection of the harmonious workings of the system as a whole. Listening deeply, therefore, to disharmony presenting itself in the form of endemic mental health distress, tells us something about the discord occurring. Rather than pathologising those people who are struggling to cope, we know them to be something of an indicator to what is manifesting in all of us. As writer of *Soulcraft*, Bill Plotkin (2008) states;

"when symptoms are observed, the holistic approach views them as indicators of the qualities of wholeness that the psyche is attempting to activate as opposed to something dysfunctional that needs to be removed....dysfunctions and their symptoms are resolved in the course of restoring or engendering wholeness, which is far more than a cure." (p.21)

There is emerging in the literature the idea that there are people whose sensitivity, or personal history, makes it more difficult for them to adapt to the unnatural environment, which we have created. They are the frogs in the water shouting about it being too hot. Lane Conn speaks of the "canary in the mineshaft of psychotherapy"; that the "Earth hurts, it

needs healing; and it speaks the loudest through the most sensitive of us." (Conn, 1995, p.171).

Jerome Bernstein (2005) has also written about this in his book *Living in the Borderland*. He states that there are "indications of a "reconnection with nature" that is taking place in western culture....a profound, psychic process in which the very psychological nature and structure of the western ego is evolving, through dramatic changes." (p.9). Bernstein describes from his wealth of experience as a psychotherapist that he has encountered an "increasing number of people who have transrational *experiences* that are *real* – not real seeming, not "as if" experiences, but real" (p.xvi). He states that these people are "deep feeling, sometimes to such a degree that they find themselves in profound feeling states that seem irrational to them. Virtually all of them are highly sensitive on a bodily level. They experience the rape of the land in their bodies; they psychically, and sometimes physically, gasp at the poisoning of the atmosphere" (p.9). Bernstein draws a comparison between what he is observing in the western culture of the US to what anthropologist Lucien Levy-Bruhl (1966) recognized amongst native cultures as *participation mystique*. Bernstein suggests that the Borderland is a phenomenon of the collective unconscious; an evolutionary movement of the western psyche, reconnecting our overspecialized ego to its natural psychic roots.

Perhaps it is no coincidence that it was Jung who coined the term the "collective unconscious". Moving beyond the personal unconscious, Jung proposed the idea that there are universal psychological forms, or "archetypes", which emerge repeatedly in different forms across the history of the human species. Indeed, Jung himself had a deep connection to nature and the other-than-human world, and has paved the way for Depth Psychologists, such as James Hillman, to look at the central archetype of "self" as being embedded in a deeper, universal, "world unconscious" (Aizenstat, 1995). These authors argue that, despite the dominant culture being one of increasingly technological advances and what one could therefore argue as an increasing "disconnection", what is actually emerging is an awakening to the personal embeddedness in the larger web of life; a collective re-sensitising to the pain of the world.

Perhaps it is this "crisis" point; the de-stabilisation of the status quo, which initiates a shift to a new equilibrium. Complexity theory states, after all, that creativity emerges on the edge of chaos. As Bill Plotkin writes "Thomas Berry referred to the great transformations in the evolution of the universe as "moments of grace"...in them, the unutterably creative and mysterious imagination of the cosmos manifests itself most profoundly. Each of these extraordinary turning points is one of both crisis and opportunity." (2008, p.27).

This chapter has challenged the second root at the base of our current conversations about health, offering an alternative metologue to arise, where, instead of focussing our attention on alleviating illness, we pause, contemplating things just as they are. With this contemplative practice embedded in the

interconnected worldview outlined in previous chapters, ill-health appears as the manifestation of disharmony of the whole. Holding this view allows us to move away from a pathology model; away from an emphasis on the dysfunction of the individual, towards looking at, instead, the condition of the context within which the person is living (which as I have proposed is not isolated to a social, human world, but is embedded in the whole, ecological world). This subtle, but radical move is crucial, and changes the entire conversation about health and would, if adopted, change the entire emphasis of mental health care.

Chapter 4

Somewhere to go

This chapter picks up where the last chapter left off; from a place of understanding mental health as an indicator, thus changing the emphasis in mental health care away from a pathology model, towards an emphasis on facilitating people to re-position themselves within the sacred whole. I offer a new theory; Radical Attachment as a framework to understand our basic needs as interdependent parts of a whole, and I propose a model of a new mental health care service, which holds these ideas as its fundamental ethos.



“Innumerable new, generative images must be retrieved from the depths of the individual psyche and of Earth’s own dream, images that are seeds of cultural renaissance. And then, as a grand network of cooperating communities, we must come together to build a new world from those images.” (Plotkin, 2008, p27).

It is not possible to “return” to an indigenous way of knowing; the pre-differentiation between inner and outer - we do have the society we have. Our societal structures are the way they are and have a strong influence on the way we relate to everything. So, we must too understand these systems, and use the strengths of the infrastructure to wield the influence they have. Current health systems are based on theory, particularly in the domain of Clinical Psychology there is an extremely strong emphasis on evidence-based practice. So, perhaps we need frameworks from which to base new practice, but frameworks that are embedded in an interconnected worldview. I want to take the principles of Holistic Science

and apply them directly to health; to see what was lost along the way, and how these concepts can shape a new construct of, and application to, health.

Applied Psychology is based upon theories that propose what they consider to be the ultimate conditions for people's development to flourish. If we accept the ideas set forth in this dissertation that we need a notion of health based in an interconnected world, then it is worth considering what it is that we believe to be a natural state of being for us, as human beings. What constitutes the "natural" conditions that optimise our capacity to fulfil our potential; living in a state of wholeness.

I want to propose a Radical Attachment theory, which expands on the work of Bowlby's Attachment Theory (1969, 1973, 1980, 1988). John Bowlby was a psychiatrist and psychoanalyst who noticed patterns of behaviour in babies separated from their mother. He called this the attachment system:

"Attachment is the stable tendency of an individual to seek and maintain proximity to and contact with one or a few specific individuals who provide the subjective potential for physiological and/ or psychological safety and security."
(Berman & Sperling, 1994, p.8).

The theory identifies key behaviours that need to occur between (typically) the mother and the child for the infant to create a secure base from which to explore the world. These optimum attachment interactions are characterised by the mother attending to both the practical and emotional needs of the child; providing a safe physical environment and the emotional nurturance for the child to feel loved and cared for. Bowlby went on to hypothesise that the way in which a parent responds to a child creates cognitive-affective-motivational schemata, which then determine "internal working models", i.e. representations in the child's mind of the self, of others and of the world. These internal working models remain stable and determine the future quality of relationships, and have also been shown to have a considerable influence over the long term psychological health of individuals.

This theory revolutionised childcare and our understanding of the importance of a safe and nurturing early attachment relationship for later development. But what if, again, like the application of Bateson's work to systemic family therapy, this theory has unwittingly limited our conversations about our needs for relationships and attachment, solely to the human realm. Thus, I propose a *Radical* Attachment Theory, which offers a reformulation of what are our basic needs as human beings. I propose that we do not only need to have a deep relationship with our parents, but also with a larger community of people, to the land and with the entire cosmos. This provides a different framework, which acknowledges the influence of the more-than-human world on the development of our capacity to attach deeply to ourselves, to others and to the world as a whole. As Bowlby (1979) states "Attachment behaviour [characterizes] human beings from the cradle to the grave" (p.129),

but I see that we are inherently attached to more than just the “primary caregiver”, in our parents, but to the “animate Earth” (Harding, 2006) that sustains life itself.

Other authors have drawn on the Attachment model in reference to the relationship between humans and the ecological world; Jordan (2009) wrote a paper titled “Nature and Self-An Ambivalent Attachment?” This paper was however, like many others, concerned with “understanding how complicated patterns of dependency and intimacy are constructed by humans in relation to one another and how, subsequently, these become manifest in our relationship to nature.” (p.26). Whilst I agree with this assertion, and I think his paper makes a very valuable contribution to the literature, it is principally anthropocentric; a point that he actually address himself, he states that “there is a danger linking psychodynamic thought with Ecopsychology; all relationships, including those with nature, can be reduced to parental imagos.” (p.26). He defends his argument with the assertion that there needs to be an “intrapsychic understanding of the development of the self and how this self then goes about forming object relationships, particularly with the environment” (p.26). This is the exact point that I am deliberating; that there is an *intrapsychic* development of the self that is *separate* from the environment.

It is a key premise of Attachment theory that the role of the mother is central to the infant’s developing sense of self and emotional stability (Bowlby, 1969) and that this early attachment subsequently determines our ability to regulate our emotional world and experience union with another. Many authors have then looked at the environment as “another” with which we have union (Fisher, 2002). Indeed, Jordan (2009) states explicitly “we have to understand the human complexities of dependency and intimacy to understand our relationship to the environment” (p.27). I am proposing, in contrast to this, that our development of self *is* dependent on our relationship to the environment, just as our development of self is dependent on relationship to our mothers. That we have as a basic need, not just this human connection, but also a connection with the ecological world; a need to be in reciprocity with the land.

Like the impact that Attachment theory had on the practice of child-rearing, Radical Attachment theory could have a vast impact on our awareness of the importance to help children (and adults) engage with the natural world, encouraging a relationship with the land, with the non-human world. If we take the premise that a reciprocal relationship with the land has a fundamental influence on the development of the self, then there would be an imperative in ensuring those basic needs were met, by engaging in an active process of creating an attachment between infant and world, as well as mother. Indeed, other authors have pointed to the nonhuman world as being important in an infant’s healthy emotional development (Searles, 1960).

This is (as far as I am aware) a new idea; expanding the notion of the actual development of the self to require a deep connection with the sacred whole. And yet, when articulating this idea to practicing mental health professionals they say it intuitively makes sense. As part of

the process of developing these ideas I recently went to teach some doctoral Clinical Psychology students on this topic and asked them, for the first time in their careers, what they thought the epidemic of mental health was really about. I asked them to answer, not from a place of evidence-base or published literature but from their experience of being with people, from their intuition. The list they gave me was astonishing, they said things such as “lack of connection”, “lack of community”, “coping with everyday pressures”, “the idea that we have to compete with one another”, and they talked about the speed and demands of modern life and the inherent stress that people have to contend with all the time. I then asked them to tell me what they thought were the basic needs of human beings; things that we cannot live fully without. They said love, connection, belonging, food and clean air and water.

The planet, as a whole, provides these basic needs, and whilst we have focussed on our primary caregiver as the source of these, it is actually the world that provides, through its complex, self-regulating systems the food we eat, the water we drink, the air we breathe and gives us a sense of belonging in a wider sacred and, in my opinion, beautiful, whole. As the literature on the Deep Ecology discusses our sense of connection is deeply embedded in a world beyond the human realm, and this is the central ethos of Radical Attachment.

Into the Wild

Working within the framework of Radical Attachment has major implications for the structure and practice of a mental health service, and this is what I want to propose; a new organisation based on the ideas of health presented in this dissertation, called Into the Wild.

There are a number of key guiding principles for the organisation. Firstly, and most crucially the Buddhist philosophy of non-action would underpin the practice. The counter-intuitive notion of action through non-action; staying in the present as it is, without desire for change, and with a total abandonment of hoping for it to be anything different to how it is, is not one on which Western activism has built its philosophies. When faced with such overwhelming and pervasive crises, many feelings of urgency, responsibility, burden and fear can be triggered. With this urgency and responsibility comes action and energy, but it can also create division; “captured by this sense of urgency we create categories – those for and against us, those who get it, those who don’t. Enemies proliferate.” (Wheatley, 2010, p.37). The organisation would not buy into this separatist ideology. Instead, I intend this work to be the cultivation of deep understanding of where we all are, as individuals, manifesting the outer realm and how we all are, together, acting to maintain or change this dynamic. Thus a basic supposition of the organisation is that there is no-where else to be except where we are. There is no mental health problem to be solved. There is only the task of coming into awareness of where we are, just as this dissertation has been about coming to know where we are with our conversations about health.

Secondly, the organisation holds no judgment of “mental health problems” as abnormal, rather there is a journey towards wholeness, which we are all on. We are each a manifestation of the whole, reflecting in us as parts. The diversity of life is the living unity (Bortoft, 2010). If someone is manifesting serious distress in the form of psychological difficulties then psychological therapies would be used to facilitate them to awareness, and just as systemic therapy works to contextualise problems, this individual work could be done, within the a frame of understanding the fractal nature of the whole. There would, in order to practice in this way, need to be careful re-negotiation of the typical boundaries dictated by the typical therapist-client relationship. This needs further thought and discussion with practicing clinicians.

Thirdly, a fundamental part of the work would be to, just as regular attachment theory does, work towards re-creating the attachment relationship within therapy, but with the added awareness that this must include the ecological attachment. Mainstream therapy is predominantly built upon the assertion that the therapeutic relationship is the key mechanism of change, and places the utmost importance on the development of a safe and nurturing therapist-client relationship. In attachment therapy the aim is to establish a secure base, from which clients can explore painful aspects of their life, explore past and current attachment relationships and revise internal working models; enabling them to relate to themselves, to others and to the world in new ways (Davila & Levy, 2006). I am proposing that the structure of therapy would engage in these established ways, but with the added influence of the ecological environment; that people need to establish a secure base that is beyond the human realm. They can explore their relationship to the other-than-human world and reflect on how this relationship mimics other relationships in their life. This may most easily be facilitated in the backdrop of a serene and calm natural environment, close to the source of our basic needs.

There are already counsellors and psychotherapists doing this work; Patricia Hasbach conducts sessions outdoors saying she finds that “nature provides a live and dynamic environment not under control of the therapist or client...which often leads to revelatory sensory experiences.” (In Smith, 2010). Of course it is worth warning against creating a false dichotomy between the wilderness and the city (Doherty, in Smith, 2010) but incorporating the ecological world, both metaphorically, and actually into therapy would be important.

Finally, and perhaps what this organisation would provide as different to the existing Ecopsychology services, is its work with mainstream mental health services. Taking the concept of challenging the metalogues of health that are currently held as the dominant discourse to practicing professionals with the aim of opening new possibilities for dialogues about health to happen in the mainstream services. This work would involve training practicing clinicians and those soon to be qualified, introducing these ideas to make them reconsider their assumptions about health. This work aims to begin conversations with the “on the ground” workers – the people actually engaged in therapy. But, from my experience in

previous organisations it is also important to engage with policy makers and healthcare commissioners to support organisational change necessary to implement innovative working (Toombes, *in press*). Thus, the organisation would work to involve healthcare commissioners, which may become easier now that the National Health Service is expanding its repertoire of healthcare providers through offering tenure to external agencies.

The organisation would be influenced by the authentically whole ideas that grounds Holistic Science and be a manifestation of the ideas, as applied to health, and specifically, mental health.

Conclusion

The indications are that we are facing a great time of transition. Stephen Hawking declared “I believe the next era is the age of complexity.” This age will reflect, as is a key principle of complexity theory, self-regulating systems, and only when we know ourselves to be part of a system will we be able to take part in a shift to a new state of harmonious, managed equilibrium, characterised by resilience, and fluidity. We need a construct of mental health that “does not reside in one particular part of a system, but depends upon the multidimensional interaction of its parts within an embedded context.” (Marks Tarlow, 2008, p.62).

This dissertation has shown how concepts and ideas from Holistic Science and the science of wholeness have been, in some ways, incorporated into our ideas of health, but they have not lived up to their “potential”; applying them to a health that is embedded in an individualistic worldview serves to dissipate the very essence that holistic scientists are pointing to. Understanding this, and acting to deconstruct these assumptions, helps us to see how the concepts can be re-applied in the context of existing paradigms of health to offer a new, alternative direction.

Where ideas from concepts and ideas from the Holistic Science literature have been applied to the “mainstream” they have lost their authentic holism, and where ideas and concepts are embedded in the authentic holism, they have not managed to make in-roads into health or society (or at least not in a way that is making a significant impact). This dissertation is about pointing to this “missing link” – pointing to the need for these two schools to be in dialogue; to make use of the different strengths and to create an alive, dynamic and whole conversation by bringing them together. The new Radical Attachment theory provides a base from which to do this; beginning in a concept familiar to therapists, but with an ecological, holistic worldview, which speaks to the ideas of Deep Ecology and Ecopsychology. Finally, Into the Wild, a new model for healthcare services would act as a living embodiment of these ideas as applied to health; providing an example of a different way of relating to

health, but in a way that is still recognisable and accessible to those outside of the Holistic Science / Deep Ecology movement.

This journey will of course require a substantial shift in worldview, which is daunting and a struggle, causing anxiety, a sense of urgency and a feeling of burden. However, as the Hopi message urges us we must:

Banish the word struggle from your attitude and vocabulary.

All that we do now must be done in a sacred manner and in celebration.

For we are the ones we have been waiting for.

Post-script

Interdependent parts of the sacred whole

The experiences I have had during the writing of the dissertation have so often reflected the concepts that I am trying to write about; the inner and outer reflecting one another. My task has been to pay enough attention to notice; to engage with mindfulness, rather than engaging in the minutiae of trying to articulate something in a particular way (which is usually fuelled by my desire to be recognised and understood by others). This entire inquiry has been about following intuitive feelings, about dwelling in the presence of my lived experience and about paying close attention to subtle moments, which have held within them important moments that have moved the inquiry on. This method of inquiry is not, perhaps, one that would be recognised within more rigid arenas of academia, but does respect the fundamental principles of Holistic Science of participatory learning, arising in the form of intuitive insights and phenomenological experience. I will endeavour to provide some transparency as to the coming into being of these ideas; demonstrating how this has been an embodied experience that reaches further back than even I first realised.

I recently lost my footing in this piece of work (one of the many times) I doubted its validity. Stepping out of my sense of interconnection and mindful presence, I became overwhelmed with anxiety and fear. I became acutely aware of my attachment to security and began to frantically apply for jobs. In the arduous task of preparing applications I looked for an old case study I had prepared, and in searching came across an essay I had written for my undergraduate degree in 2000. I had no conscious recollection of this essay or of the content, and yet I found there the beginnings of this very inquiry. I had written a piece

about Fritjof Capra's web of life; even making reference to this idea in the context of health. This was a complete surprise to me; I remember nothing of this work, and would have sworn that I had not come across these ideas before. And yet, here they were from 12 years ago. Following my undergraduate degree I became swept along with the process that is training as a Clinical Psychologist; I repressed any deeper sense of self I experienced and got on with the training. Yet it re-emerged (almost forcibly) in me, in a sense of not being fulfilled, in the form of a vague knowing there was more to life than this. I think, as Jung posits, these archetypes re-emerge in the psyche, despite our best efforts to ignore them. I believe we have a pre-disposition to connecting deeply with the outer realm, and perhaps as Bernstein argues this reconnection with nature is a phenomenon of the collective unconscious; an evolutionary movement of the western psyche, reconnecting our overspecialized ego to its natural psychic roots. I certainly have had moments of this inquiry guided by experiences that *feel* like they are guided by a deep connection to a sacred realm.

I have had to, in the process of writing, engage in the experience of being an "interdependent part of a sacred whole". This has been, for me, a cultivation, which has required me to "undo" many of the stories told to me and listen deeply to a buried, and yet present, intuitive voice, which knows us each to be part of something bigger. I know myself to have a very clear sense of "self", which has a "not-very-permeable" outline around my body. I know what I consider to be "me"; what I consider to be "inner" and "outer". This line of differentiation has, however, become somewhat blurred over the course of this inquiry. It is in this blurring that I experience my "self" as an interdependent part of a sacred whole. I am able to move in and out of this as a lived experience, and with this dance, there is an entire shift in perspective, ethic, worldview, appropriate set of behaviours and frame of conceptual thinking. It is an interesting dance, one which seems to get easier with more practice, and that is seemingly becoming more available to people.

It is this dance and the corresponding shift in frame of conceptual thinking that has enabled me to live in the tension of a construct of health based in one versus the other. I can only describe it as plunging into a pool and being able to look around and see that everything is constructed in one way and then getting out and jumping into a different pool, where everything looks different. And it is the movement from one to another that allows one to differentiate between the two and begin to understand how and why they are different. Again, as I write this I am reminded of my proposal for a new post-modernist approach; where we are able to move between the pre-modern and modern states, identifying the differentiation of the self/other but being able to engage in a re-integration of the two.

Part of this dance has been about learning to pay attention to moments of synchronicity. As I was thinking about deconstructing the concept of health to really get to a deeper sense of how our current understanding of health has come to be, and what this can tell us about how to move to a different relationship to the world, I had an interesting conversation with a transitory member of the Schumacher College community. He was a family therapist

working in the NHS and he simply mentioned Gregory Bateson. Of course, I was aware of Bateson's work in the field of Holistic Science, and his book Steps to an Ecology of Mind. I was also aware of the Gregory Bateson, considered to be the founding father of systemic family therapy work, but not until that moment, where, in the context of Schumacher College an NHS family therapist mentioning him, had I made the conscious connection that they were the same person! Thus, began a journey of following an intuitive sense that there was an important thread emerging in the unfolding of this inquiry, which led to my reading about metalogues and the realisation that here I was seeing the coming into being of Narrative Family Therapy. And I realised the concept that I was trying to express; the anthropocentric notion of health was playing itself out in the actual usage of metalogues! In fact, I realised that this was in itself a demonstration of Gregory Bateson's idea of the "pattern that connects"; where a theme emerges in nested formation, repeating at each level of the system; an idea resonates through each concept as if in concentric circles.

Again, another moment of crystallization came for me when I was struggling with the process of writing and I was relaying my struggles, which resulted in my writing the following extract, taken from my notes from the time:

I am engaged in a conversation now about the content of this "dissertation" explaining how I do not want to do this to get a degree, but because it is a representation of my lived experience; my living inquiry. And yet, around me the conversations are about the "deadline" – the stress and struggle that is trying to get a piece of work handed in on time. And I notice how easily I get swept along with this narrative – drawn into complaining, drawn into a struggle with myself. It is almost like a little game. My experience of it is both "real" and also self-indulgent nonsense about how and whether the piece of work will be completed. Here, I must remind myself again – there is no completion; there is only living. This inquiry is an alive, embodied representation of where I am now in experiencing, in my thinking and in my commitment to how I choose to relate to the world. This makes me think of the inquiry itself – the constant pull towards wanting everything to be different to how it is. We want to be "healthy" – but there is no "healthy" – there is only how we are. Only when we are able to disengage from that struggle do we touch the insight of peace, which is after all what I suppose we are looking for in being "healthy". That is why my concept of an interconnected health model is not about pathologising some people as having mental health problems; we are all on a journey towards wholeness – there is no normal / abnormal. There just is how we are. This is the ethos that will underpin Into the Wild; a true, deep and real acceptance of things just as they are, and this of course is a lifetime's journey, which can be facilitated by establishing where it is that we are in the first place, and this requires insight and stillness and time.

These extracts and stories do not even tell of the magical moments of happening upon the very literature that I needed to clarify a point or name an idea. All of these moments, all of

these experiences are meaningful in the experiencing of them, not in the “objective”, distanced, quantifiably measurement of them. As I wrote in a previous essay, in a world where phenomena are analysed in isolation, giving rise to quantitative measurement and “impressive predictive power” (Peat, 1987), synchronicities are viewed as mere coincidences. And yet, in the experiencing of these events they *feel* significant; the lived experience *appears*, calling into question our objective reality. As David Peat puts, “synchronicities give us a glimpse beyond our conventional notions of time and causality into the immense patterns of nature, the underlying dance which connects all things and the mirror which is suspended between inner and outer universes” (p.2). And it is in open communion with this underlying dance which connects all things that one experiences the world in a different way; it co-creates both reality and the experience of that reality. Thus, I am left questioning, if we really truly enter into a dance with the outer universe what reality is really possible, that we cannot even imagine?

This post-script demonstrates something of the participatory methodology that underpins Holistic Science; I have not been just writing about the inquiry, but engaged in an embodied lived experience of it. It has not been a purely intellectual, academic journey, but one where the ideas come alive in the personal experience and encounters along the way. This is a crucial part of the move made from reductionist to holistic inquiry; one where there is no separation between observer and observed; between the studied and the studier. There is no arbitrary line drawn around an object of research, but we know ourselves to be co-creating the reality in which the research takes meaning. Thus, this way of relating would also underpin the structure, running and creation of Into the Wild; it would act as a model of an embodied, interconnected worldview, in both its ideas but also in its entire way of being. This dissertation both introduces new ideas but also ways of relating to this interconnected reality.

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