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Confronting, collaborating, withdrawing? A psychiatric evaluation of three strategies to promote political climate action

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ABSTRACT

This qualitative study analyzes the lack of political action to address climate change using a psychiatric lens, and frames that ambivalence lies at the core of inaction. While most politicians understand that climate action is absolutely necessary, any significant action is stalled by a number of important barriers they have to overcome. Using clinical analogies from eating disorders and the scientific literature on motivational change, this paper analyzes three current strategies that push for political action. First, using force and emotions (like confronting activists) is equivalent to playing a power struggle, which risks increasing politicians’ resistance to change. Second, collaborative discussions in multilateral conferences and debates risk feeding verbal manifestos without enacting behavioural change. Withdrawal from the manifestos of politicians is a third strategy to push for change discussed in this paper. However, even after bypassing manifestos, this strategy is unlikely to succeed because the benefits of greenhouse gas emissions, linked to our current social norms, seriously outweigh the benefits of climate action. Overall, all three methods present severe flaws and are not viable solutions to help politicians implement climate action. Other enhanced options are likely to be necessary.

1. Introduction

Solving the climate crisis is one of the most important challenges that humanity has had to face. One option to solve this crisis is to promote individual actions, i.e. to encourage people to change their lifestyle and reduce their carbon footprint [1,2]. Examples include buying goods locally, decreasing the use of high-carbon emission transport means, investing in a green economy, or eating less meat. Focusing on individual actions may be a bit too simplistic however. Social psychology and behaviour economics studies indicate that citizens may lack finances, knowledge and motivation to effectively participate in a low carbon economy [3,4]. In other words, while the ecological clock is ticking, only little will be done to alleviate climate change and prevent disastrous ecological consequences without top-down grand scheme political action [5].

Unfortunately, and despite a wide range of options for accelerating energy transition [6], politicians are still very timid when implementing climate action [7]. This leaves the impression that climate action is stalled, or, at best, that only little is happening [8]. Because greenhouse gas emissions will invariably continue to rise unless drastic political measures are in place, it is our social and political, rather than individual position that matters the most in understanding and facing the situation.

Medical doctors are in a privileged position in that regard, for at least two reasons. Recently, renowned clinicians have signed a letter entitled “Doctors and the cancer of climate change. An endorsement of protest.” [9]. The signing doctors “believe that a statement of concern from a large group of medical professionals will carry weight and has the potential to influence both policy and practice.” As a group “united by […] distress at the minimal response to looming environmental disaster”, the signatories have decided to put pressure on politicians to finally implement change methods.

While this is a very valuable and respectable option to help solve the climate crisis, it denies the specific raison d’être of doctors, that is, their critical ability to diagnose and propose treatments when facing problems. In other words, rather than letting out their “frustration and fear” to push for political action, another, maybe more natural option to medical doctors should be to understand the “paralysis in the face of climate collapse” shown by politicians [9], and give a critical account of the current strategies aiming at pushing for political action. This is the purpose of this qualitative study.

Doctors in general, and psychiatrists in particular, could have a lot to say about the difficulties politicians encounter in implementing sustainable climate policies. My point of view comes from my clinical experience in addiction and eating disorders, two issues in which reluctance to change (e.g. stop using drugs, putting on weight) is one of the core symptoms. One of the arts of being a psychiatrist is precisely to
understand and deal with difficulties to change, be able to say or do things that can get a patient to take the plunge, and avoid saying things that could increase resistance to change. This situation requires the selection of specific strategies to be used in the doctor-patient relationship. Historically, two key options have been trialled to promote behaviour change, confronting and collaborating. A vast amount of evidence from the scientific literature pleads for the latter as being a more effective change method than the former [10]. However, recent accounts from the field of eating disorders suggest that collaborating could elicit verbal rather than behavioural motivation, which in turn can obstruct recovery [11]. A third, more recently proposed option is to withdraw from purely verbal accounts of motivation to facilitate behavioural change, for instance by preparing for future consequences of inaction or even disinvesting from treatment [11].

In the following, I propose to use a clinical lens that understands political inaction in face of climate change as a core motivational issue. I use clinical analogies from eating and addiction disorders, as well as the scientific literature on motivational change, to discuss how the three different strategies mentioned above are used to push politicians for action. I show why attempts to alleviate climate change by confronting and collaborating are ineffective. I finally describe withdrawal as a potential solution, but also show its limits in the context of climate change.

2. Understanding the clinical and climate situations: a core motivational issue

In anorexia, one could be tempted to think that giving short and reasonable directives should be enough to encourage healthy choices. After all, low weight is associated with severe physical, psychological and social consequences that could reverse if the patient simply decides to put on weight: recovery is only one step away. These impairing consequences are typically the basis of the potential drive to change, along with future positive prospects such as discovering their own personality, getting their libido back and being able to have children. However, these drivers to change are also counterbalanced by a strong opposing force for the status-quo (i.e. to continue business-as-usual) (Table 1). First, patients often have to face other, more pressured, challenges that conflict with their core treatment: they have financial difficulties, a family to look after and day-to-day crises to solve. Second, although patients suffer from their disorder, they can also strongly value their disorder as it often helps them cope with life and increase their self-esteem. Third, potential solutions are inherently tough to implement. For instance, taking a pill everyday can give rise to side effects, and implementing CBT exercises regularly can be very time-consuming. Overall, despite their good intentions, our patients often lose track of expressed motivation to treat their disorders after having left the therapist office – a phenomenon called “the parking lot syndrome” [12], and a clear sign that their “business-as-usual” mindset is back into place.

Reasoning by analogy to the clinical situation, it is actually not difficult to understand why politicians are failing to act against climate change. Their motivation, like that of patients, is ambiguous and dependent on a decisional balance (Table 1). Most politicians say change needs to be implemented, following consistent scientific evidence, to avoid disastrous consequences. Positive consequences of change, such as energizing green growth, are also evoked. However, politicians also have good reasons to not change. First, there are always other, more pressuring, social, political, economical or cultural challenges that distract them from climate action. Often, the resolution of these other immediate challenges in fact requires anti-climate actions. Second, greenhouse gas emissions are somewhat strongly valued by politicians (and their potential electors) because energy consumption is directly related to affluence [13] in wealthy societies. Decreasing greenhouse gas emissions would significantly compromise our way of life. Third, from increased regulations or carbon taxes to stimulation of clean energy innovation or even degrowth, each potential solution to alleviate climate change has its pros and cons [14]. Choosing and implementing the best options is a long and delicate process that needs a lot of compromises and discussions amongst different stakeholders, including securing substantial financial inputs. Overall, it is only too easy for politicians to lose track of their good intentions to face climate change and to restore their usual mindset, where climate matters are ignored. Conversely, simply condemning their inaction is seriously underestimating these political challenges.

3. Change strategy 1: confronting using force and intense emotions

3.1. Clinical strategy

Persisting with the choice to remain disordered frequently leads to negative attitudes from caretakers and even clinicians, with typical reactions often including: expressing intense emotions, nagging, or using logic and force [15]. On the one hand, these attitudes can reflect specific reactions to eating disorder symptoms, especially when what is at stake is the well-being of a loved one. On the other hand, such conflictual responses could also aim at directly promoting change, on the premise that only aggressive confrontational strategies could break down “such flawed, vicious and immature characters with pernicious defense mechanisms” [10]. As such, confrontation was the dominant therapeutic style to treat addiction disorders in the mid-twentieth century, with methods that “varied from frank feedback to probity-laden indictments, screamed denunciations of character, challenges and ultimatums, intense argumentation, ridicule, and purposeful humiliation” [10].

However, clinical experience, as well as the scientific literature on behavioural change, demonstrates that such reactions reinforce the disorder’s strength, as if “playing a power struggle” only resulted in more opposing force for no-change [16]. Since the 60s, research has demonstrated the inefficacy of confrontational strategies as well as their harmful effects [10]. Conversely, there is vast amount of evidence to support the use of an empathetic, supportive, collaborative style in the therapy process [10]. Such an observation is also applicable to carers. In the field of eating disorders, they are specifically advised to “challenge [themselves] and experiment with trying out new responses which do not feel natural or spontaneous” [15]. Examples include: gently nudging their loved ones with calmness, warmth and compassion, instilling hope that they can change, that there is a future full of possibility beyond the eating disorder – options that are radically not confronting.

| Table 1 | Brief decisional balance for anorexics and politicians. |
|---|---|
| **Reasons to change** | **Politicians** | **Reasons to not change** | **Politicians** |
| **Anorexics** | **Politicians** | **Anorexics** | **Politicians** |
| Physical consequences of anorexia | Ecological disasters and loss of biodiversity | Other pressured challenges in day-to-day life | Other pressured challenges in day-to-day life |
| Mental and functional consequences of anorexia | Negative consequences on health | Value of anorexia (self-esteem and coping) | Value of greenhouse gas emissions (affluence) |
| Positive prospects (discovering personality, libido, potential for pregnancy ...) | Positive consequences on green growth, connectedness with nature ... | Change difficult to implement | Change is a long and delicate process |
3.2. Climate action analogy

Perhaps as a most famous and ostentatious example of a confronting strategy to promote climate action, activist group Extinction Rebellion aims at forcing government action to avoid social and ecological collapses. Specifically, these activists are calling for a strategy of public disruption, with actions such as occupying parlaments and council chambers, blocking access to famous events, or other extreme demonstrations. Other confronting activists may rely on calmer actions, yet they share with Extinction Rebellion a tendency to antagonize those who are in power. For instance, young Greta Thunberg and the Flight-Shaming movement add to their demonstrations emotional components that often reject those in power to make changes. Here, the activists' method is to clearly set up a moral opposition between those who want change (the good) and those who are reluctant to change (the bad) [17]. Drawing from this opposition, their strategy often aims to bend the force of politicians in order to mitigate the fossil-fueled economy and promote sustainable development.

Seeing the reluctance of politicians to change from a clinical perspective, one could predict that emotional and power-oriented movements that push for climate action will be ineffective. As a result of confronting strategies, politicians are far from bending, they are opposing even more! Greta Thunberg is admittedly very popular, but also intensely rejected, especially following her emotional talk at the UN General Assembly in September 2019. Criticisms were at best patronizing (“she is only a child”, “she is manipulated”), and at worst aggressive and despising, for instance mocking her attitude and mental health [18]. The same applies to movements such as Extinction Rebellion [19] or Flight-shaming [20]: their call for action may help recruit more people on their side but they also oppose many others, and especially those who have the power to make changes. Overall, the danger with such environmental pressure groups or activists is to displace the focus from facts and actions (climate change puts us under the very likelihood of disastrous consequences so we need to act) to characters, clashes and negative storytelling – the worst that could happen for those who want change.

Far from pushing politicians to implement climate action, confronting methods such as using force and intense emotions may actually increase their resistance to change (Table 2). Perhaps using a more collaborative approach could help them put climate action in place? This strategy will be discussed in the following section.

4. Change strategy 2: collaborative discussions

4.1. Clinical strategy

Clinically, discussions aiming at increasing the readiness and willingness of patients to change (with the aim to subsequently promote behavioural change), are referred to under the umbrella of motivational interviewing (MI) techniques. MI was initially prescribed for patients with problematic alcohol use [21], yet has also been tested and validated in an increasing number of studies for a range of target problems [22]. Using empathetic listening and reflections, the idea is to create and magnify discrepancy between current behaviours (e.g. under-eating that results in low weight) and reasons to recover in order to help patients raise feelings of ambivalence, elicit change talk, and eventually make a decision to change [23]. Here, clinicians implement techniques to help their patients get interested in positive consequences of change – for instance in anorexia, discovering their own personality, getting their libido back, and being able to have children, as well as avoiding osteoporosis and heart disease (Table 1).

Unfortunately, the literature testing MI efficiency in anorexia is somewhat disappointing. Motivational enhancement therapy has been found to not add much to other treatments that aim at helping anorexics recover [24,25] – treatments whose overall efficacy is already relatively low [26]. Why is that? In a remarkable conference that then became a journal article, Professor Glenn Waller, a consultant clinical psychologist specialized in eating disorders, theorized the difficulties and myths related to motivational change in patients suffering from eating disorders [11]. Crucially, according to Waller, anorexic patients' statements of motivation (hereby called manifestos) can relatively easily be obtained, yet they are not necessarily meant to achieve recovery. Rather, the typical function of such manifestos is to receive treatment in order to get “care”, get “people off my back”, “make others feel happier”, “get out of demands”, or the opposite “be allowed to carry on with my life’s many demands”. This leaves a situation where patients engage in treatment but without changing. In other words, the assessment of motivation using MI can easily be flawed: while the motivational process is blocked at its verbal stage rather than progressing to the behavioural phase, the assessment gives the impression of a strong motivational case.

A strong verbal rather than behavioural motivation gives at least three benefits to patients. First, a (verbal) manifesto gives the illusion of a momentum in the patient's treatment: it gives the impression that something is happening, that change should come any minute, in other words that the patient is on the right track. Second, not implementing (behavioural) change methods allows patients to avoid facing the difficult consequences of not coping with life using eating disordered behaviours and cognitions. Third, coming to therapy sessions and showing verbal motivation to change without trying to recover fulfills the reasons of being in treatment that were mentioned above (i.e. it provides care, reduces worries in loved ones, and gives a certain status to either get out of or be allowed to carry on with demands). Overall, when motivational work is blocked at its verbal stage with strong manifestos, the function of therapy is limited to reassurance without helping to change, and in turn, can give more power to the status-quo.

4.2. Climate action analogy

Eliciting change talk via collaborative discussions with politicians relies on the same principles as in eating or addiction disorders. The idea is to increase readiness and willingness to change by magnifying

Table 2
Description of the 3 strategies to promote political climate action.

| Strategy | Confronting | Collaborating | Withdrawing |
|----------|-------------|--------------|-------------|
| Method   | Using force and emotions; Blocking, Shaming | Collaborative discussions; Multilateral meetings | Disability training; Disinvestment |
| Example  | Extension Rebellion | Paris Agreement | Scientific warnings; Boycotts (School Strike for Climate) |
| Rationale| Mental opposition | Discuss readiness, willingness and plan for change | Bypass manifestos |
| Limitations | Antagonising | Reassuring benefits of manifestos | High value of greenhouse gas emissions |
| Outcomes on politicians | Opposition; No change | Change talks but no behaviour change | Discount of warnings and boycotts; No change |
the discrepancy between current behaviours and reasons to recover. Here, one could raise positive consequences of climate actions, beyond the obvious alleviation of the negatives (avoiding disastrous ecological, health and political consequences in so many years), to increase the chances to change. Ecological austerity is not an obligation to save the planet: according to some, investing in clean energy can create richness and growth [20]. On the other end of potential climate actions, degrowth has also been imagined to create radical abundance [27], or at least, could connect us more to nature.

The Paris Agreement is a paradigmatic example of such collaborative, multilateral discussions between major country leaders aiming at developing a plan to exit the climate crisis. Intended to deal with greenhouse gas mitigation, adaptation and financing, the Paris Agreement raised hope that it would create the momentum to eventually alleviate climate change. Unfortunately, the formalisation of concerns and realistic objectives in well-built statements of intent have not been accompanied with sustained and effective actions [28,29]. The problem is that there are many examples of such unkept promises: no matter how many conferences, debates, political bans to climatosceptics or awards to activists, greenhouse gas emissions continue to rise beyond controllable levels.

Like in anorexia, it is not because politicians have stated that they are concerned about climate change, or have elaborated an action plan to decrease greenhouse gas emissions, that effective climate measures are actually put in place. In fact, politicians’ manifests can have the same reassuring function as anorexic patients. Indeed, strong manifests give the impression that change is imminent, that things are taken seriously and are under control. They reassure those who are anxious of the negative consequences of climate change that something is happening. Doing so, they paradoxically give authorisation for the status-quo, that is, for leaving behind the difficult but necessary changes to alleviate the climate breakdown. This in turn guarantees the maintenance of a nation’s social, political and cultural norms that depend on greenhouse gas emissions (growth, affluence, liberal values etc. …). If collaborative discussions only reinforce verbal manifestos (change talks) rather than behavioural motivation (real change) (Table 2), then it seems crucial to understand how to make those manifestos unproductive and increase the chances for change. The following describes a possible strategy.

5. Change strategy 3: withdrawing from manifestos

5.1. Clinical strategy

To shake the paralysing effect of a patient’s manifesto, Waller proposes “strategic withdrawal” from current, bona fide, therapy in order to stop its reassuring function, and promote change in patients [11]. There are two steps in strategic withdrawal: “disability training” and “disinvestment”. First, disability training is “taking an active stance in helping the patient to accept the consequences of this choice to remain eating-disordered, through preparing for them.” Therapy sessions are not used to help patients recover from their eating disorders anymore, but rather to prepare for a disabled life. Examples given in Waller’s paper include: trying to work part-time in a less demanding job, drop one friend a year, change home facilities, or focus on being a good aunt rather than a good mother [11]. Here, clinicians aim at instilling fear that the patients’ lives will soon be very miserable so that the reassuring effect of their manifestos fades away and in turn, hope to increase motivation for behavioural change.

If disability training is ineffective, the second step of strategic withdrawal, disinvestment, should be implemented. Here, rather than preparing for the negative consequences of the disorder like in disability training, the therapist detaches from the sessions themselves. Such a disinvestment is crucial to ensure that the reassuring goal of the manifesto cannot be achieved through simply attending sessions.

Though both withdrawal strategies seem interesting (although provocative) methods to bypass a patient’s manifesto, they are far from being a 100% guarantee. While there are case reports mentioning their benefits, both disability training and disinvestment have not, to my knowledge, been tested scientifically. Moreover, if a patient’s identity is too fused with the disorder, there are no theoretical reasons that losing the manifesto’s benefits (whether by preparing for a disabled life or disinvesting from sessions) will necessarily trigger change. This is because in such a case, the benefits of the disorder (e.g. on coping with life) would seriously outweigh the benefits of recovering, even after bypassing the manifesto.

5.2. Climate action analogy

A distant equivalent to disability training as a method to withdraw from the benefits of a politician’s manifesto could consist in the numerous warnings from scientists (and activists passing their message) to world leaders since the end of 1970s [30,31]. Here, politicians are asked to get prepared for disastrous consequences if no action is taken against climate change, in hope that it would push for climate action. However, since 1979 and the first scientific call for governmental actions, things have not changed. This is because an important drawback of this method is that these negative consequences, though predicted in the relatively short-term at the scale of humanity, are scheduled way after a politician’s mandate. It then becomes too easy for politicians to discount those warnings (for instance by stating with force that they “subject our children to needless anxiety” [32]), especially in the face of the compelling benefits of our current greenhouse gas emissions.

The climate equivalent of disinvestment – the next step if disability training is ineffective in overcoming a politician’s manifesto – could consist in stepping away from any form of interaction with the political world. Here, the word “political” would have to be taken in its wide sense: any practices, facts, institutions, or decisions related to public affairs. As Waller mentions, disinvestment is a radical solution that needs discussions in supervision and complex-case reviews. In the field of climate change, disinvestment would also require lots of strategic discussions in order to choose what form of political interactions to withdraw from and how to do so. Disinvestment should not be confused with more forceful, and presumably less effective, confronting strategies. It has to be borne in mind that its strength is to pull out rather than push for: withdrawing to create uncertainty and fear in a “business as usual” world, but without being actively unlawful, blocking or antagonising.

Disinvestment from public affairs can be interpreted in a very wide sense. It could consist in boycotting some of the main institutions of our liberal democracies, such as labour, health, justice, elections, economy, education, or the media. In fact, an embargo of disinvestment adjusted for climate change, may have already seen the light of day. The “School strike for climate” is firm, unobstructive, peaceful, and at the same time disinvesting one of society’s most crucial values. In breaking the rule that “every child should go to school”, this movement hopes to raise uncertainty in our social norms, shake the reassuring effects of a politician’s manifesto, and in turn create more certainty for climate action.

Of course, such disinvestment from our core values could be highly dystopic. At the moment, believing that it could create change is more surely not realistic at all. For disinvestment to be effective, it would require substantial participation, and good coordination amongst boycotters, especially from people or structures with the most power to cause disruption. The problem is that powerful people or structures would have too much to lose in participating in the boycott [33,34]. In fact, our way of life, and progress in general, have been obtained as a direct consequence of energy consumption and greenhouse gas emissions. This is precisely because it deeply contradicts the lifestyles of wealthy societies that such a withdrawal strategy seems counter-intuitive and therefore has little chances to reunite enough participants to be effective (Table 2).
6. Conclusion

6.1. Summary of findings

“You say you hear us and that you understand the urgency. But no matter how sad and angry I am, I do not want to believe that. Because if you really understood the situation and still kept on failing to act, then you would be evil. And that I refuse to believe.” [35]. For Greta Thunberg, as for so many others, only two options can explain that political leaders are currently failing to act against climate change: their evilness or their actual lack of understanding of the problem. Here, I have plead for a more realistic option, that is, lack of political action is a direct consequence of their ambivalence – which is also that of our society. Climate action can save the world, but it can also seriously perturb the lifestyle we are so attached to. The originality of this qualitative study comes from its psychiatric lens: interpreting politicians’ inaction against climate change as a core motivational issue, politicians may resemble patients that are stuck with inaction.

I have used scientific evidence from the literature on motivational change and clinical analogies from the eating disorders field to critically analyse current attitudes aiming at promoting action. On the one hand, discounting the challenges that politicians have to face on a day-to-day basis, and reacting emotionally or forcefully as if they were “evil”, is equivalent to playing a power struggle, which risks increasing their resistance to change. On the other hand, adding more arguments, discussions and statements of intents to the table, as if politicians had not understood the climate problem, risks feeding their manifestos without promoting active change. Going a step further, I have discussed withdrawal from politicians’ manifestos as a third strategy that could create change. Yet, both disability training (based on scientific warnings) and disinvestment (from public institutions) have only little chances to succeed. This is because the benefits of climate action are seriously outweighed by the benefits that are dependent on our current greenhouse gas emissions, even after bypassing the manifestos.

Some have termed the discrepancy between climate facts and climate inaction a “climate paradox” and have discussed better communication methods as a way to promote climate action [36]. One of the perspectives brought by the current paper is to reframe the “climate paradox” under a motivational, rather than a communicational or informational framework. This may better reflect the root cause, as well as the deadlocks, of the climate paradox. Under the motivational framework emphasis is put on the very strong value of greenhouse gas emissions (as a force for no-change), which systematically outweighs potential reasons for change. Communication strategies to reverse politicians’ decisional balance have all great potential, however, countering strategies from those who do not want to lose the values attached to greenhouse gas emissions are arguably at least as powerful. Political manifestos are used in this line, to continue with business-as-usual, greenhouse gas-related, social norms whilst also promising change.

6.2. Study limitations

First, despite striking similarities between the clinical and climate situations, an important difference is that the latter involves many more actors than the former. This is of particular significance for the withdrawal strategy. Strategic withdrawal from the therapist removes the benefits of the patients’ manifesto because the clinical situation involves a “simple” patient-therapist interaction. Conversely, in the climate situation, the multiplicity of interactions between different social groups complicates the power and pressure plays. In that sense, it is possible that withdrawal (e.g. with scientists’ warnings or school boycotts) will have no effect on a politician’s interaction with social groups that are not participating in the strategy. In turn, a politician’s manifesto could still have a role to play when interacting with these social groups. This potential limitation is however orthogonal to the other, core drawback of the withdrawal strategy discussed in this paper, that is, the compelling benefits of the disorder (in the clinical situation) and of greenhouse gas emissions (in the climate situation).

Second, it could be argued that politicians are simply waiting for greater demands from citizens to implement climate action and that one should focus on finding strategies to influence citizens, rather than politicians per se. If a politician’s decisions follow the demands of citizens, however, it is likely that the decisional balance of citizens is similar to that of politicians. In that sense, citizens facing climate change would also be subject to a core motivational dilemma and the three investigated strategies would lead to similar roadblocks than for politicians. Confirming these predictions, for instance by comparing politicians vs. citizens motivation using semi-structured interviews could be an interesting prospect for future research.

A third important issue is that of temporality. One might be tempted to think that political climate action is only a matter of time, especially if climate-related demonstrations, conferences, warnings or boycotts, as well as ecological or economic disasters, increase in number (and the COVID-19 crisis could potentially be an important trigger for climate action [37]). Yet, while there is potential for a politician’s manifesto to turn into action at some point, parts of the planet might already be inhospitable by then. To avoid this situation, this study pleads for a discontinuation of current strategies aiming at promoting climate action. Instead, the next section briefly describes other options that could change the climate perspective.

6.3. Raising hope

Unfortunately, our analysis revealed that none of the strategies currently used to prompt climate action is likely to be effective. Greenhouse gas emissions being at the core of our normative way of life, enhanced methods may be necessary to change our mindset about climate change. Enforcing strict constraints to impose climate action, for instance through authoritarian governance or dictatorship, is a potential solution that we obviously would like to avoid, just as we all tend to avoid sectioning patients to impose weight gain in anorexia. A more interesting and viable option may reside in increasing the level of support to those who need to change. In anorexia, adolescents have good evidence of recovery with family-based therapy [38,39], and increasing the level of care into a day programme or full-time hospitalisation has shown good (and persistent) rates of remission [40]. In the world of climate change, the solution might also come from solid, powerful and effective institutions that could support politicians to create change, for instance justice, education, businesses and cultural industries. Here, contrary to boycotting those institutions as in the disinvestment strategy, the idea would be to strongly rely on them in order to assist politicians to implement change methods.

Recent examples show that the solution for climate action could come from the support provided by those institutions. For instance, countries like the Netherlands have been condemned to put climate plans into reality [41], and governments in other countries will soon have to face tribunals because of their inaction [42]. Moreover, some educational systems [43], but also music bands [44], sport stars [45] and even airline companies [46,47] have acknowledged the climate problem or even started to decrease their greenhouse gas-related activities. Here, rather than simply confronting, discussing, or withdrawing from reassuring speeches, these institutions and industries may have implemented the very first steps towards the adoption of more sustainable practices, and as such could be setting examples for policymakers. This in turn could promote the long term goals of changing social norms and mindsets in order to achieve drastic cultural changes that should expedite climate action [48].
Declaration of Competing Interest

None

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