

# Mental Health

---

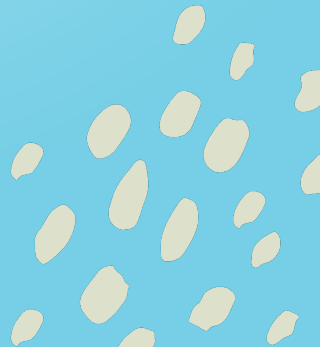
THE SOUL OF HUMANITY



BY MULTIPLE CONTRIBUTORS



ecocivilisation



# Mental Health

---

THE SOUL OF HUMANITY



BY MULTIPLE CONTRIBUTORS



ecocivilisation



**Title:** Mental Health – The Soul of Humanity

**Publisher:** VIOLETA BULC S.P. Konjski Vrh 35, 3334 Luče, Slovenija

-This is an electronic version first published 22 April, 2026 on web page

**[www.ecocivilisation.earth/](http://www.ecocivilisation.earth/)**

-All rights reserved for a global community of shapers and movers who share a dream of a new civilisational paradigm. - All parts of this book may be re-used and re-published, transmitted and stored in a retrieval system by all means, electronic, mechanical, photocopying, recording or otherwise. All beneficiaries and those that find the text helpful for further use are kindly asked to inform us about the use to **[info@ecocivilisation.earth](mailto:info@ecocivilisation.earth)**

- **Dr.hc.Violeta Bulc** and **Dr.Rajni Vohra** assert the moral right to be identified as the co-authors of this work along with all the authors of individual contributions.

- Copyediting by Dr.Rajni Vohra, Curator (Projects & Collaborations)  
Ecocivilisation

Katalogni zapis o publikaciji (CIP) pripravili v Narodni in univerzitetni  
knjižnici v Ljubljani  
COBISS.SI-ID 274554627  
ISBN 978-961-07-3265-5 (PDF)

Mental Health – The Soul of Humanity/ by multiple contributors. - Luče : V. Bulc,  
2026

ISBN 978-961-07-3265-5 (PDF)

First electronic edition



# ACKNOWLEDGMENT

---

We are deeply thankful to all those who contributed to the making of this book.

In particular, we extend our heartfelt appreciation to our valued co-creators of The Year of Mental Health:

- **Dr. h.c. Violeta Bulc** – Your visionary insights and unwavering dedication have been a guiding light throughout this project. Your ability to hold a long-term, holistic perspective while inspiring meaningful dialogue has shaped both the direction and the spirit of this work. Through your leadership and wisdom, the theme of mental health has been explored not only as a resource, but as a vital foundation for human wellbeing, collective resilience, and a more compassionate future.

- **Eleftheria Kakambouras** – Your thoughtful insights, depth of knowledge, and meaningful contributions, along with your dedicated role in organising the webinar series and connecting with contributors, have played a vital role in shaping the richness and coherence of this book.

- **Dr. Rajni Vohra** – Your expertise, reflective approach, and genuine passion for the subject, together with your efforts in organising the webinar series and fostering connections among contributors, have added profound value and depth to this work.

We are deeply grateful to all the contributors and authors who shared their work through thoughtful and meaningful articles. A special thanks to **Yuko Kudo** for contributing her exquisite and reflective painting. Your commitment, care, and insightful perspectives have been central to shaping this book into a comprehensive and illuminating resource. Each contribution reflects not only your expertise, but also your deep sensitivity to the complexities of mental health and human wellbeing.

With sincere gratitude,  
**Ecocivilisation team**  
[www.ecocivilisation.earth](http://www.ecocivilisation.earth)



This is a self-portrait created by Yuko Kudo for her exhibit celebrating the first anniversary of surviving a ruptured brain aneurysm.

Painting/Photography by Yuko Kudo

"Starting Over for the 100th times", 2025

Acrylic on Canvas (20x24)



# CONTENTS

---

1. Introduction..... 01

## **I. FOUNDATIONS: MENTAL HEALTH AS A LIVING SYSTEM (Setting the paradigm shift — from pathology to ecology, wholeness, and evolution)**

2. The Evolution of Mental Health Awareness  
– Dr. h.c. Violeta Bulc..... 04

3. Brain Health and Mental Health Literacy  
– Dr. Ruksheda Syeda..... 11

4. Mental Health and Illness Awareness  
– Dr. Swati Karve..... 16

5. Mental Health and Wellbeing – Towards Salutogenesis  
– Dr. Barbara Hrovati..... 19

## **II. INNER ECOLOGY & EMBODIED WHOLENESS (The body, nervous system, hormones, music, and somatic intelligence)**

6. Radical Remission – A Return to Wholeness  
– Celia de Mestral..... 32

7. Mental Health as an Inner Ecology: A Somatic Perspective  
– Lena Klopčič..... 39

8. Music – an Elixir of Mental Health and Well-being  
– Dr. Katarina Habe..... 45

9. Hormones and ADHD in Women: The Missing Link in  
Diagnosis and Support  
– Adele..... 52

## **III. RESILIENCE, CRISIS & TRANSFORMATION (Meeting suffering without fragmentation — stress, breakdown, healing, meaning)**

10. Human Resilience in the Face of 21st-Century Stressors  
Rajni Vohra..... 57

11. 'Insanity' to 'Sanity' – Personal Reflections	
– Prof. R. Srinivasa Murthy.....	62
12. The Crisis and the Cure: A Doctor's Personal Reflection	
– Dr. Om Bedekar.....	71
13. Engineering Resilience in the Under-construction Mind	
– Aparna Nayyar.....	75

#### **IV. RELATIONAL FIELDS & COLLECTIVE HEALING**

**(Connection as medicine — circles, belonging, leadership, social nervous systems)**

14. The Power of the Circle	
– Eleftheria Kakambouras.....	80
15. The Power of Human Connection	
– Alicia Avila.....	86
16. Embodied Networking: A New Way for Leaders to Relate	
– Valérie M. Saintot.....	93
17. Heal the Self, Heal the Whole	
– Deirdra McMenamin.....	105

#### **V. CULTURE, WORK & SOCIAL CONTEXTS**

**(Mental health shaped by culture, institutions, workplaces, and norms)**

18. Mental Health and Culture: Navigating Diversity, Reducing Stigma, Supporting Well-Being	
– Olga Mukhina.....	113
19. Culture at the Core: Six Reflections on Mental Health in the Workplace	
– Amira Mlik.....	121

#### **VI. INDIGENOUS WISDOM & DEEP TIME PERSPECTIVES**

**(Remembering what modern systems forgot)**

20. The Inner Blueprint: What Indigenous Traditions Reveal About Modern Mental Health	
– Dr. h.c. Saša Božič.....	131
21. Appendix.....	138
22. Glossary.....	140



# INTRODUCTION

---

As we come to the close of this book, we are not arriving at an end, but at a wider view.

Throughout these pages, mental health has revealed itself not as a problem to be fixed, but as a living process, shaped by experiences and reflections, by relationships and cultures, by systems we inherit and systems we create. Again and again, we are invited to move beyond the idea of repair and toward something deeper: regeneration and growth.

This shift matters.

Because when we ask only what is wrong with individuals, we miss what is happening in the environments we are co-creating. Symptoms then appear not as failures, but as signals, as messages pointing to imbalance, disconnection, or unmet needs in the wider ecology of life.

What emerges clearly is this: mental health behaves like an ecosystem; it is sensitive, responding, and reflecting.

Inner rhythms, when respected, bring coherence. However, when connection is broken, distress appears. When human beings are asked to endlessly adapt to systems that ignore their limits, aspirations, and true needs, illness becomes a form of communication.

Mental health does not live solely inside the individual. It is distributed across families, workplaces, institutions, cultures, and the invisible relational fields between us. In this sense, mental health is not private property, it is a shared responsibility and a mirror of a society.

Many voices in this book remind us of something modern society has largely forgotten: the body, soul, and mind are closely connected and intertwined. They are a collective, relational intelligence. As we hear in several sessions, through somatic awareness, music, hormonal cycles, nervous system regulation, and embodied leadership, we

rediscover that healing does not come from overriding the body, feelings, and deep insights, but from listening to them. Without body, mind, soul literacy, wholeness remains an idea rather than a lived reality.

We also meet crises in these pages, personal and collective, quiet and dramatic. Yet the crisis is repeatedly reframed not as a failure, but as a threshold. What breaks is often not the human being, but an unsustainable way of living. When met with care, honesty, and community, crisis becomes a doorway, a safe return to meaning, integrity, and belonging.

A subtle but powerful insight runs through this book: relationships heal what isolation wounds. Circles, communities, and relational ways of leading are not optional additions to mental health; they are foundational. Our nervous systems are social. Regulation, resilience, and creativity arise in relationships, not in separation. Mental health, therefore, is something we steward together.

Culture, too, plays a decisive role. Ideas about productivity, success, gender, power, and silence shape what is expressed and what is suppressed. When institutions ignore this, the cost is carried by individuals. When they acknowledge it, they begin to create conditions where well-being is not an exception, but a baseline.

Indigenous traditions and ancestral knowledge remind us that mental health was never meant to be fragmented. Long before modern categories, humans understood rhythm, ritual, alignment, and belonging. This remembering is not a step backward. It is part of our evolution, an integration of what was left behind so that we may move forward with greater maturity.

This book does not offer one model, one method, or one solution. Instead, it offers an orientation. An orientation toward wholeness rather than fragmentation. Toward listening rather than control. Toward relationship rather than isolation. Toward regeneration rather than repair.

In an ecocivilisation, mental health becomes a daily practice of stewardship, of self, of one another, of culture, and of life itself. The future of mental health will not be delivered by experts alone. It will be lived into being by individuals, communities, and systems willing to listen deeply and act responsibly.

The work has already begun.

And it continues with each of us.

**Ecocivilisation Team**

[www.ecocivilisation.earth](http://www.ecocivilisation.earth)



# **I. FOUNDATIONS: MENTAL HEALTH AS A LIVING SYSTEM**

(Setting the paradigm shift —  
from pathology to ecology,  
wholeness, and evolution)



# The Evolution of Mental Health Awareness

by Dr. hc. Violeta Bulc

We live in a period of great instability, where attempting to predict the future is, at best, an exercise in speculation. Certainty in predictions has become elusive, not only due to unpredictable human behavior, perhaps influenced by the subtle yet powerful forces of nature, our planet, and cosmic constellations, but also because we are transitioning from 12,000 years of relative stability, known as the Holocene.

The Holocene provided ideal conditions for the flourishing of biodiversity, humanity, and civilizations. It offered predictable weather, stable temperatures, consistent water cycles, and reliable seasons. Such conditions allowed the planet to evolve in a sustainable manner.

But now, we have entered the Anthropocene, an era where unpredictability seems to be a new normal. We find ourselves uncertain, questioning how much of this change stems from reckless, short-term human behavior and how much is a result of larger planetary cycles, solar eruptions, or even cosmic influences.

In times like these, human responses vary widely, reflecting our diverse levels of awareness and consciousness. We must acknowledge that the technological and industrial civilization, what I often refer to as Western civilization, has shaped life on this planet for centuries, including enormous amounts of wars, atrocities, obuses and changed societal conditions, which resulted in deep traumas, hidden wounds and collective fear. It was not all just bad. This period of seven hundred years also delivered amazing innovation, social transformation and individual awareness. Yet, we now find ourselves at a crossroads, doubting humanity's own potential while fixating on technological imitation.

It is no surprise, then, that one of the dominant visions for the future proposed by technological giants, is transhumanism, the idea that humans have fulfilled their role on this planet and that the next evolutionary step is beings which are a fusion of organic and artificial, positronic intelligence.



(Picture 1: Possible future options for humanity, 2022)

History teaches us that every civilization has had its rise, only to struggle when it failed to reinvent itself. Today, Western civilization, trapped in a decadent and increasingly discriminating world, appears to be reaching a similar turning point.

But there has been an idea brewing in the realm of consciousness, giving humanity another chance. I feel that for the first time humanity has the capacity to consciously reinvent itself, seeking a more balanced civilization in harmony with nature, our planet, and the universe, while using technology as a tool.

The Ecocivilisation Movement is built upon this possibility. We embrace the emergence of new ideas, drawing from the collective consciousness without rigid preconceptions. We see ourselves as a global, disruptive cluster of people who care. A cluster of people committed to fostering an ecological civilization that aligns with planetary and cosmic rhythms and boundaries.

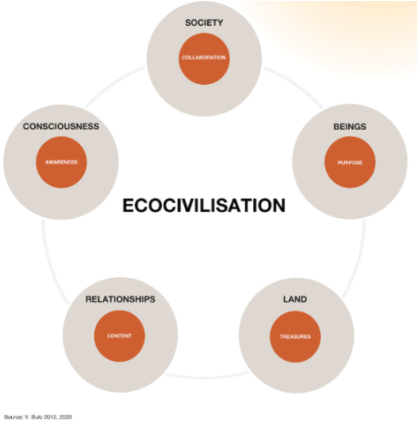
In this spirit, I invite all of you reading this book to join us in reimagining a vibrant, interconnected relationship with our planet. The planet is rooted in understanding, collaboration, and co-creation. Our values focus on sustaining life in all its forms, learning from each other and from non-human communities alike.

We follow the core principles such as social technology—where technology serves as a tool, not a goal. We embrace systems thinking to grasp both opportunities and consequences. We advocate for accountability and responsibility alongside spiritual transformation, engaging not just our intellects and physical bodies, but also our emotions and the quantum vibrations that connect us all.

A new civilizational paradigm cannot emerge without rethinking the very structures within which we operate. Instead of rigid, function-based organizations that fight for

their own survival, I invite you to imagine self-organizing, network-based structures that revolve around fundamental life-supporting elements:

- 1. **Land:** encompassing both physical and virtual spaces
- 2. **Communities:** bringing together species in self-organizing ecosystems
- 3. **Collective awareness and consciousness:** drawing from accumulated wisdom across generations and civilisations
- 4. **Dynamic relationships:** the ever-evolving connections that sustain life and ensure sustainable coexistence.



(Picture 2: Ecocivilisation Model, 2020)

These elements should not be static; rather, they continuously adapt to genuine needs of beings and the planet, e.g., in education, industry, infrastructure, science, culture, economy or any other aspect of engagements. And the pressing question for recognition of their real needs could as well be: Are our actions strengthening the resilience and sustainability of life, land, communities, and consciousness? Are we contributing to the process of reinvention/ syntropy or to destruction/entropy?

I do not claim this to be the ultimate solution, but it is a different enough approach that I hope it sparks new insights in your creative sphere.

With this introduction, I hope to establish the context for why we have chosen to dedicate the year 2025/26 to “Mental Health”-The Year of Mental Health”.

### The Year of Mental Health

Our growing interest in the intangible layers of existence, e.g., thoughts, emotions, energy, and the deeper forces shaping our actions, seems to signal an evolutionary shift.

Mental health is no longer seen as an isolated issue but as a fundamental part of human well-being. The timing of this shift is not random; it reflects a broader transformation in our collective consciousness.

As we evolve, we are becoming more introspective, questioning not just how we live but why we live, who we are, what our purpose in life is. More people are recognizing that well-being extends beyond the physical and is deeply tied to our emotional and mental states. The rise of mindfulness, meditation, and even quantum perspectives on consciousness suggests a collective expansion of awareness, pushing us to reconsider long-standing assumptions about reality. At the same time, traditional structures, i.e., governments, religions, economic systems are being challenged, making space for new ways of thinking.

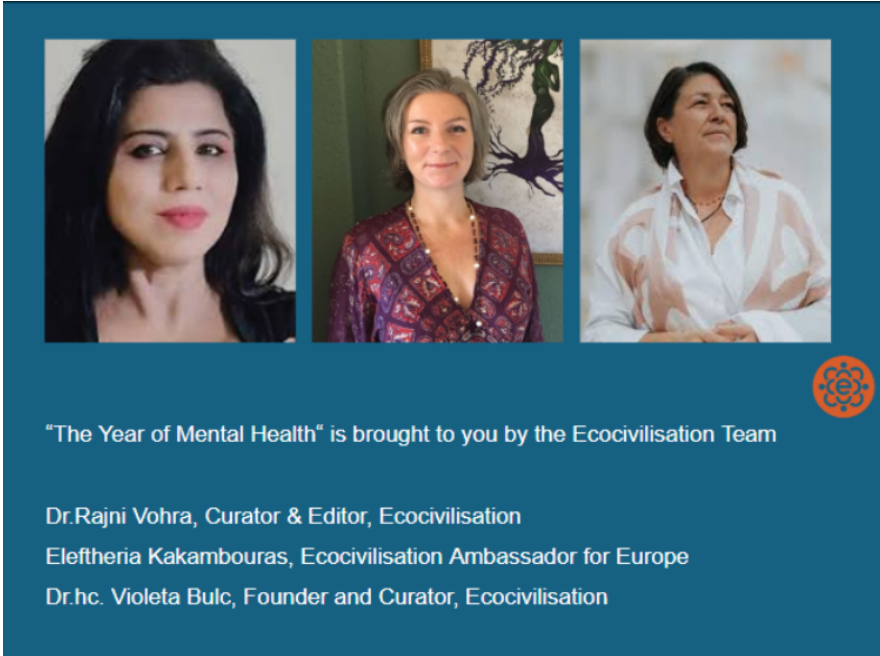
Technology has also accelerated this shift, propelling us into unfamiliar mental and emotional territory. With rapid change comes uncertainty, and without the right mental tools, we risk societal entropy manifesting itself in a form of burnout, disconnection, and dysfunction. Mental health has emerged as a necessary adaptation, a way to navigate this new landscape with resilience. The more we focus on it, the more it becomes embedded in our collective consciousness, reinforcing the idea that awareness itself creates change.

But mental health is not just an individual pursuit. It shapes our relationships, our workplaces, our communities, and our societies. We are beginning to see that our struggles are interconnected. We know and feel that when one person suffers, the effects ripple outward, influencing the entire system. This realization is pushing mental health to the forefront, not just as a personal concern but as a crucial factor in shaping the future of our societies, communities, and humanity.

In many ways, we are at a crossroads. Either we adapt and learn to integrate emotional intelligence, resilience, and deeper awareness into our lives, or we risk being overwhelmed by the pressures of modern existence that could lead to the fall of our civilization. The fact that mental health is now becoming a mainstream topic suggests that, collectively, we are choosing evolution over collapse.

All these topics and more have co-shaped “The Year of Mental Health” put forward by the Ecocivilisation Movement. However, the topic is too big to be addressed only by one emerging network. That is why we have invited two more colleagues and networks to join. It was a great pleasure to co-shape the content of the year with Dr. Rajni Vohra, Curator & Editor, Ecocivilisation, founder and leader of WahWoman platform, and Eleftheria Kakambouras, Ecocivilisation Ambassador for Europe, entrepreneur and

founder of Terra Živa.



(Picture 3: Co-Creators of “The Year of Mental Health” )

So, the book following “The Year of Mental Health” is not just a collection of inspiring contributions, it is a journey toward a more conscious and connected way of being. A journey that never stops.

**Dr. Violeta Bulc**  
**Founder and curator, Ecocivilisation Movement**



# ABOUT THE AUTHOR

---



**Dr. h.c. Violeta Bulc**  
Founder and curator, Ecocivilisation Movement

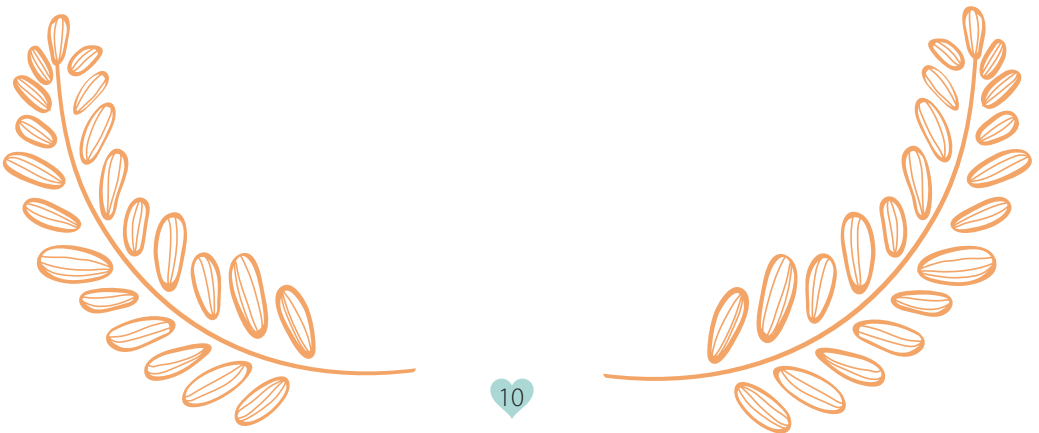
Dr. h.c. Violeta Bulc is a visionary thinker and systems observer who deeply contemplates the interconnectedness of all things and maintains a profound awareness of humanity's evolutionary shifts. She approaches the world with curiosity and sensitivity, balancing scientific reasoning with intuitive insight.

She is the founder and curator of the global Ecocivilisation movement, currently active in 52 countries, connecting people who care and are committed to harmonizing humanity's relationship with Nature, communities, each other, and oneself.

Dr. Bulc is a former European Commissioner for Transport and Deputy Prime Minister of Slovenia, an entrepreneur, leader, and innovator, an engineer, lecturer, established international speaker, and a philanthropist. She is also a former professional basketball player, Slovenian champion in javelin, and holds black belts in Tae Kwon Do and Hap Ki Do. She has also successfully completed a Shamanic Academy.

She is the author and co-author of several professional books and book chapters, publications, and articles, she is a member of professional and business boards and is a respected international speaker. She holds several domestic and international awards for innovation, leadership, professional partnerships, among others International Women Leadership Award (2025), European Railway Award (2023), Honorary FIA award (2020), 2 FENIKS awards for best national consulting projects and many national rewards for business and social innovation.

She approaches life with curiosity and sensitivity, balancing scientific reasoning with intuitive insights. Quantum physics and nature inspire her perspective, reinforcing her belief in the power of thought, collective consciousness, and the observer's effect in shaping reality. She is committed to learning, cross-pollination of ideas, and fostering meaningful dialogue to co-create new understandings.



# Brain Health and Mental Health Literacy

Dr. Ruksheda Syeda

## Abstract

Mental health is the foundation of our emotional, psychological, and social well-being. Drawing on the frameworks of the World Health Organization (WHO) and the World Psychiatric Association (WPA), this piece explores mental health as a continuum and the brain as a dynamic, adaptive organ that interacts continuously with its environment. It highlights the importance of mental health literacy — understanding how to recognize distress, maintain well-being, and seek timely help without stigma. The discussion also addresses the growing influence of social media on children and adolescents and offers guidance for parents and caregivers. Promoting mental health literacy is vital for creating compassionate, resilient, and emotionally healthy communities.

**Keywords:** Mental Health Literacy, Brain Health, Stigma, Adolescents, Social Media

*“There is no health without mental health.”*

—World Health Organization

When we talk about mental health, we are really talking about the foundation of our emotional, psychological, and social well-being. The World Health Organization reminds us that mental health is more than the absence of illness — it is a state of well-being where each person realizes their abilities, can handle life’s normal stresses, work productively, and contribute to their community.

We use our mental health every single day — in how we think, feel, and behave, in how we learn and make decisions, in how we respond to stress, and in how we bond with others and nurture relationships. It influences how we live, love, learn, and lead.

## Mental Health: A Continuum, Not a Category

*“Mental health exists on a spectrum, constantly shifting in response to life.”*

—World Psychiatric Association

The WPA emphasizes that mental health is best understood as a **continuum**. It isn’t a

fixed state where one is either “well” or “ill.” Instead, each of us moves along a range — from well-being to distress to illness — depending on our life situations and environments.

Some days, we thrive; on others, we struggle. Recognizing this fluidity helps us see mental health as a **dynamic process**, something that requires attention, rest, and care — much like physical health.

This understanding also reduces stigma and invites empathy: everyone has mental health, and everyone can work toward improving it.

### **The Brain: Dynamic, Economical, and Alive**

*“The brain is not a static organ — it changes every day with what we think, feel, and do.”*

At the centre of mental health lies the **brain**, a living system constantly interpreting signals from within and around us.

It monitors **internal cues** like hormones, hunger, and mood, while evaluating external **factors** such as relationships, workload, and social safety.

The WHO defines brain health as a state where an individual can realize their abilities and optimize their cognitive, emotional, psychological, and behavioural functioning.

The brain is both **dynamic** — capable of change through neuroplasticity — and economical, conserving energy for survival and adaptation.

This means our habits and environments matter. **Sleep, nutrition, physical activity, creativity, and social connection** all enhance brain efficiency and emotional resilience. Caring for our brain is, quite literally, caring for our mind.

### **The Power of Mental Health Literacy**

*“Understanding is the first step toward compassion — and recovery.”*

**Mental health literacy** — a concept supported by both WHO and WPA — refers to our knowledge and understanding of how to maintain mental health, recognize distress, and seek appropriate help.

A mentally literate person understands that **mental health is part of overall health**. They can identify early signs of difficulty, understand possible causes, and approach professionals for support without shame or fear.

Mental health literacy also means knowing how to **keep the brain healthy** — through balance, connection, curiosity, and constructive stress management. It helps individuals and families handle life’s ups and downs with awareness and empathy.

At a societal level, promoting literacy helps reduce stigma, close treatment gaps, and empower communities to build emotional resilience.

### **Social Media and the Adolescent Brain**

*“The digital world shapes young minds — and needs mindful guidance.”*

Among today’s youth, one of the strongest influences on brain health is **social media**. The adolescent brain is still developing — especially areas related to impulse control, emotion regulation, and social reward.

Constant digital stimulation, comparison, and validation-seeking can overstimulate these pathways, increasing **anxiety, irritability, sleep problems, and low self-esteem**.

Signs of **problematic or addictive** use include restlessness when offline, neglecting school or hobbies, and compulsive checking of notifications.

Parents and caregivers can help by encouraging open dialogue rather than confrontation, setting healthy screen limits, promoting offline activities, and modelling balanced media habits themselves.

Empathy, structure, and conversation are more effective than punishment. What children need most is connection, not control — a sense that their digital life can be discussed without judgment.

### **The Interconnection of Brain, Mind, and Environment**

*“Healthy minds grow in healthy environments.”*

Our mental state is constantly shaped by the world we live in. Supportive families, safe communities, inclusive workplaces, and equitable societies promote emotional balance.

Chronic stress, discrimination, or violence, on the other hand, alter neural pathways related to mood and stress regulation.

The WPA highlights the importance of creating psychosocial environments that foster

well-being — in schools, workplaces, and community spaces. Mental health is thus both personal and collective, emerging from the continuous interaction between the individual brain and the social world.

### **Towards a Mentally Literate Society**

*“Every conversation about mental health builds a kinder world.”*

Promoting mental health literacy and brain health together strengthens the very fabric of society.

They remind us that mental health is not a luxury or an isolated specialty — it is a shared human resource essential to creativity, productivity, and compassion.

By learning about how our brains function, nurturing emotional balance, and supporting one another without stigma, we create communities that are not only mentally healthy but also humane, connected, and resilient.

### **Author’s Note**

Adapted from Dr. Ruksheda Syeda’s presentation on “Brain Health and Mental Health Literacy” delivered as part of a public mental health awareness series. This version is included in the book to document the evolving conversation around mental health education and advocacy in India.



# ABOUT THE AUTHOR

---



## Dr. Ruksheda Syeda

Born, raised, and trained in Mumbai, Dr. Ruksheda Syeda is a distinguished psychiatrist with over 24 years of experience. She runs a private practice in Lokhandwala, where she specializes in working with teenagers, young adults, women, and families.

Currently serving as the President of the Bombay Psychiatric Society, Dr. Syeda is also a TEDx speaker and a recognized media expert on mental health.

# Mental Health and Illness Awareness

Dr. Swati Karve

**Mental health** is an essential aspect of overall well-being, influencing how we think, feel, and act in our daily lives. It determines how we handle stress, relate to others, and make choices. Good mental health is not merely the absence of illness but the presence of balance, satisfaction, and resilience across all areas of life—personal, professional, and social.

The concept of the **mind** forms the foundation of mental health. The mind represents the working of the brain, integrating thoughts, emotions, and behaviors. While some cultures view the mind as something beyond the physical brain, it remains inseparably connected to it. This connection between mind and body means that our physical and mental states constantly influence each other.

**Mental wellness** is a state of emotional, psychological, and social well-being. It is characterized by a sense of purpose, motivation, positive emotions, and healthy relationships. When we experience harmony in various domains of life, we feel calm and balanced. However, when disruptions occur—whether due to work stress, personal conflict, or societal pressure—stress arises.

**Stress** is the body’s natural reaction to challenges or demands. According to Dr. Richard Lazarus, stress is experienced when an individual perceives that the demands placed upon them exceed their personal and social resources. Stress manifests in different ways—pressure when time is short, frustration when obstacles block our goals, or conflict when we are uncertain about what to choose. Occasional stress can be motivating, but chronic stress can be damaging. It triggers the “fight or flight” response, releasing stress hormones that, over time, can lead to health issues such as hypertension, insomnia, digestive problems, heart disease, and weakened immunity. Left unmanaged, stress can contribute to the onset or worsening of mental illnesses.

**Mental illness** refers to a wide range of health conditions that affect mood, thinking, and behavior. Common examples include depression, anxiety disorders, bipolar disorder, schizophrenia, and post-traumatic stress disorder (PTSD). It is important to

understand that mental illness is not the same as intellectual or developmental disability. People with mental illnesses may face significant distress and difficulty in functioning but can recover and lead fulfilling lives with the right support and treatment. The causes of mental illness are complex and multifactorial.

The **bio-psycho-social** model explains mental health as an interaction between biological, psychological, and social factors. Biological aspects include genetics, physical health, and sleep; psychological aspects involve personality traits, stress, and trauma; while social factors encompass relationships, work, and community influences. These dimensions interact uniquely in each individual, which is why mental illness can vary widely in its form and severity.

• **Treatment and recovery** have the following stages:

-**Diagnosis** by qualified mental health professionals such as psychiatrists or psychologists is the first step. A detailed case history is extremely essential for proper diagnosis.

-**Psychological assessments** are tools used to aid diagnosis and the extent of illness. These are used as required. These are to be administered only by qualified psychologists.

-**Psychotherapy** (or talk therapy) helps individuals understand their thoughts and emotions, manage stress, and develop healthier coping mechanisms. Different therapeutic approaches—such as cognitive-behavioural therapy, psychodynamic therapy, or family therapy—are used based on individual needs. There are many other alternative therapies.

• **Psychoeducation** plays a vital role in awareness and recovery. Educating individuals and families about mental illness helps reduce stigma, fosters empathy, and promotes early intervention. Loved ones can learn how to respond effectively and support recovery while also caring for their own well-being.

• **Self-care** maintaining mental wellness requires self-care—intentional actions to nurture one’s body, mind, and spirit. This includes physical activity, relaxation, meditation, good sleep, balanced nutrition, and meaningful relationships. Developing emotional intelligence, gratitude, and kindness strengthens resilience and positive emotions. Practices like journaling, spending time in nature, and setting healthy boundaries further enhance mental balance.

**In conclusion**, mental health awareness is about understanding that seeking help is not a weakness—it is an act of strength. By recognizing signs of stress and mental illness early, supporting one another, and practicing self-care, we can foster healthier minds and communities. Achieving mental wellness is not about avoiding stress or struggle but about finding balance, building resilience, and nurturing a compassionate connection with ourselves and others.



# ABOUT THE AUTHOR

---



Dr. Swati Karve

Dr. Swati Karve has 30 years of experience in the field of mental health, education, organizational training and development in India and USA. CEO and founder of SwastiVishwa Behavioral and Social Sciences Institute Foundation, a Section 8 Non Profit Company that aims at creating impact through affordable education, services and research for individuals, organizations and communities.

# Mental Health and Wellbeing

## – Towards Salutogenesis

by Dr. Barbara Hrovati

### Abstract

The growing burden of mental health challenges has reinforced the need for a more holistic, bio-psycho-social-environmental approach to health and wellbeing, taking in account the vast impacts of social determinants of health. From Social prescribing to compassionate communities, new projects are emerging interlinking healthcare and communities with promising results. Relationships of caring, love, laughter and friendship are paving the path of salutogenesis – co-creating health and wellbeing of whole persons and communities.

**Key words:** mental health, wellbeing, causes of causes, social prescribing, community

Working in the fields of integrative and lifestyle medicine I've been merging the worlds of biomedicine with a broader framework of healing practices based on the growing scientific understandings of relationality of human beings and the fundamental importance of a person's lived experience and her life world in shaping human health and possibilities of healing<sup>1(1)\*</sup>.

So, what is mental<sup>2)</sup> health in this more holistic understanding, surpassing the divisions between mental, spiritual, bodily, societal and environmental health, and what can such a broader understanding contribute to addressing the growing burden of suffering and costs connected with psychological distress and mental diseases?

### Mental Wellbeing

According to the World Health Organization (WHO), mental wellbeing enables people to cope with stresses of life and also to realize their potential, their abilities to

---

1)\*Etymologically in many languages the words healthy, whole and holy derive from the same root word

2)\* An interesting particularity regarding the common use of the terminology »mental« health in english language is that Renee Descartes, usually seen as the father of the body-mind division, wrote in French about the soul (not the mind) and the body as ame et corps, as we can still find in some languages describing mental health as the »health of the soul« (for example, in Slovene duševno zdravje).

learn well and work well and to contribute to their communities<sup>2</sup>. WHO defines mental health as an integral component of health and wellbeing that underpins our individual and collective abilities to make decisions, to build relationships, to shape the worlds we live in. And even more – WHO declares mental health as a basic human right, and a crucial factor for personal, community and socio-economic developments. Mental wellbeing is therefore a very broad part of health, deeply affecting our life, and cannot be seen merely as an absence of biomedically definable category of mental diseases. The double continuum model of mental health proposes that mental wellbeing and mental illness exist on two related but independent continua, rather than as opposite ends of a single spectrum<sup>3</sup>. One continuum reflects levels of wellbeing, ranging from positive functioning—such as purpose, resilience, emotional balance, and social connectedness—to low wellbeing. The other continuum represents the presence of mental illness, extending from the absence of diagnosed conditions to severe mental health disorders. This means that the presence or absence of mental illness does not directly determine a person’s level of wellbeing. We all are finding ourselves on different intersections of both continua throughout life, where individuals may experience positive mental wellbeing while living with a mental health condition, or conversely may report low wellbeing without diagnosed mental disease. The double continuum model highlights the importance of actively strengthening wellbeing, purpose and social connectedness alongside preventing and treating mental illness<sup>4</sup>.

## **Growing Mental Health Challenges**

Amidst the polycrisis of our time<sup>5</sup>, mental health challenges are a growing concern, with more than one billion people worldwide living with a mental health condition (such as depression and anxiety) and mental illnesses represent one of the leading causes of long-term disabilities, posing a great burden of suffering of individuals and their families, strain of healthcare and socio-economic systems globally<sup>6</sup>.

Across Europe, it is estimated that between 4% and 9% of the population experience chronic depression, with higher prevalence among women across all age groups. Depression accounts for up to half of all long-term sickness absence within the European Union, and approximately 4% of GDP is spent on mental health on average across EU member states. These figures have continued to rise since the COVID-19 pandemic<sup>7</sup>. One of the recent Eurobarometer surveys, which interviewed more than 26,000 individuals across 27 European countries in 2023, found that every second European citizen experienced an emotional or psychological problem—such as feelings of depression or anxiety—within the previous year, with higher prevalence reported among younger age groups<sup>8</sup>. The majority of respondents indicated that recent global events had influenced their mental health to some or a great extent. Access to mental health

services, as well as uncertainty about where to seek help when experiencing psychological difficulties, represents an important risk factor for poor mental health. However, when participants were asked what they considered important for achieving good mental health, most highlighted living conditions (60%) and financial security (53%). Approximately one third of respondents also identified contact with nature and green spaces, sleep habits, physical activity, and social connections as key contributors to mental wellbeing.

### **Social determinants and embodiment of lived experiences**

These data are in agreement with evidence from population health research, indicating that social determinants of health have a substantially greater impact on health outcomes than healthcare services alone. Healthcare systems play a vital role in prevention and treatment and addressing issues regarding equal and accessible, timely and person-centered mental healthcare services is important, analyses show that social and economic conditions are much more important for health outcomes than access to or quality of clinical care<sup>9</sup>. Beyond income, education, employment, and housing the social determinants of health extend to include early life conditions, environmental exposures, access to green space and transport, social cohesion, discrimination, food security, and the broader political and policy context shaping daily life. These determinants align with what Sir Michael Marmot poignantly termed the “causes of the causes”, emphasizing that health inequalities arise from the broader social, economic, and political conditions shaping people’s lives<sup>10,11</sup>. Addressing these upstream determinants - the conditions in which people are born, grow, live, work, and age - is therefore essential to improving population health and reducing health inequalities across Europe<sup>12</sup>.

Only more recently we are starting to comprehend how lived experience gets “under the skin” – how a (subjective) experience of everyday living conditions becomes biologically embedded in (objective) biology of bodily structures and processes, shaping long-term health outcomes<sup>13</sup>. One of the most renowned studies in this regard are the Adverse Childhood Experiences Studies (or ACEs for short) showing significant increases of chronic health problems, mental illness, and substance misuse in adulthood. ACEs can also negatively impact education and job opportunities<sup>14-18</sup>. The negative impacts of living conditions can be depicted as biology of disadvantage with chronic over-taxation of adaptive responses not only to physical trauma but also to psychological-existential threats – where isolation, neglect, integrity violation, guilt and shame are igniting the pathophysiology of chronic inflammation and dysregulation of vital systems such as immune, hormonal and neurological, extending the impact all the way to our genome. The new fields of epigenetics and social genomics demonstrate how social experiences—such as stress, adversity, and social support — regulate gene expression. Social genomic research shows that lived experience influenc-

es biological pathways (e.g., inflammation and immune function), providing a molecular mechanism through which biography becomes biologically embedded<sup>19,20</sup>.

It is now well established that social support is among the most important modifiable determinants of morbidity and longevity, while loneliness and social isolation are associated with increased risk of many chronic diseases and premature mortality<sup>21</sup>. Evidence further shows that the quality of therapeutic relationships and emphatic listening—how clinicians engage with patients during care encounters—can measurably influence clinical outcomes, highlighting the relational nature of healing<sup>22</sup>. Mounting evidence from diverse scientific fields is now illuminating the inseparability of lived experience and human biology in understanding health, illness and potentials of healing. But how to address the dynamic interplay of “causes of causes” in an integrated, systemic way?

### **Social Prescribing – An Integrative Approach**

One of the most notable innovative movements is so-called **social prescribing**. Social prescribing is a creative approach to health and wellbeing that enables healthcare professionals to refer individuals to non-clinical, community-based activities. Rather than focusing exclusively on medical diagnosis and treatment, social prescribing recognizes that many health concerns—particularly long-term conditions, mental distress, and social isolation—are shaped by social determinants such as loneliness, poverty, inequality, and lack of purpose. In practice, social prescribing is commonly delivered through link workers or community connectors - navigators, who work closely with referred individuals to identify personal goals, co-create solutions and connect them with appropriate local resources, such as arts, crafts and cultural activities, nature-based programs, volunteering, exercise groups, or peer support networks. Evidence suggests that social prescribing can lead to improvements in mental wellbeing, quality of life, and social connectedness, while also reducing pressure on primary healthcare services by decreasing GP visits and reliance on medication. From a public health perspective, social prescribing represents an important relational intervention, complementing biomedical care by embedding health within everyday social life and community infrastructures.

In **The Connection Cure: The Prescriptive Power of Movement, Nature, Art, Service, and Belonging**, journalist Julia Hotz explores how linking patients to non-medical, community-based activities can transform their health and wellbeing by addressing loneliness, chronic conditions, and psychological distress<sup>23</sup>. Drawing on her global reporting from different countries, Hotz weaves together scientific research, clinician insights, and dozens of patient stories to show how activities such as movement, spending time in nature, engaging in art, volunteering, and building social connections can complement traditional medical care, reduce medication use and

improve overall self-confidence and wellbeing. One of the patients, described in the book is Amanda, who developed major depression after a chain of negative life events. By joining the sea swimming club Amanda gradually succeeded in substantially reducing her medications and feelings of loneliness, and regained her joy of life, embeddedness in local community and agency. Rather than focusing solely on standardized diagnosis and treatment, the book argues that treating people as whole beings with attentive listening and understanding “what matters to you”, helps reduce symptoms of depression, anxiety, loneliness, and other chronic ailments, while also reducing costs.

Social prescribing projects and policies are now active in over 30 countries. Research into the economic impact suggests that social prescribing can offer favorable returns on investment by improved wellbeing, reduced service use, and social outcomes. For example, some national and regional reports estimate that for each £1 spent on social prescribing link workers, the health system may save around £4 through reductions in hospital admissions, outpatient care, emergency visits and GP consultations<sup>24</sup>.

A notable initiative in Wales, UK, is **Making well** – an 8-week green prescribing program for individuals experiencing mild to moderate, often long-term mental health difficulties. It is a part of the Fathom Trust, a UK-based charitable organization that develops community-led, nature- and craft-based wellbeing program aimed at supporting mental health and holistic healing outside conventional clinical settings<sup>25</sup>. Its work is grounded in the idea that engagement with traditional crafts, the natural environment, and shared reflective practice can foster psychological resilience, social connection, and a renewed sense of meaning. Evaluations of the program indicate improvements in participants’ mental wellbeing, self-confidence, and social connectedness, alongside reduced reliance on primary healthcare services. The Trust’s reported findings also suggest a positive return on investment, highlighting the potential of non-medical, community-based interventions to complement biomedical approaches to mental health care by addressing relational, environmental, and existential dimensions of healing, delivering substantial social and economic value<sup>26</sup>.

Another successful project is Compassionate Frome (Frome compassionate community project). This project integrated primary care with community-based support to address social determinants of health, particularly loneliness and social isolation. Using community connectors and a comprehensive directory of local resources, patients were linked to social, practical, and peer-support activities as part of routine care<sup>27,28</sup>. Evaluation showed a sustained reduction in unplanned emergency hospital admissions compared with surrounding areas, alongside reported improvements in wellbeing, social connection, and more person-centred care<sup>29</sup>. Dr Julian Abel, one of the directors of the project, speaks about the transformative power of compassionate communities

as the most effective intervention that we have in improving health and well-being across populations<sup>30</sup>.

Emerging evidence indicates that social prescribing can play a meaningful role in improving psychosocial outcomes by enhancing self-esteem and confidence, supporting mental wellbeing, and reducing symptoms of anxiety, depression, and loneliness<sup>31-33</sup>. By connecting individuals to community-based, non-clinical supports, social prescribing may also strengthen social connectedness, fostering a greater sense of agency, belonging, purpose —factors that are increasingly recognized as central to health and wellbeing.

### **What Matters To You?**

The foundational change, the fil rouge we can observe in the growing movement of social prescription is a shift from clinical deficiency (“What’s the matter with you?”) to inner strengths and personal meaning (“What matters to you?”), enabling individuals to articulate outcomes that really matter in their everyday lives and actively co-create their path towards healing beyond clinical settings. It is a move towards Whole person and relational care, acknowledging the emergent properties of complex living systems and the self-aware, meaning-seeking, purposeful and relational nature of human beings, validating their lived experiences; a shift where pathogenesis (focus on diseases and its management) is balanced with yet untapped potentials of salutogenesis- attentive creation of health that emphasises human qualities of meaning, resilience, agency and supportive relationships as central drivers of healing and wellbeing<sup>34,35</sup>, for the benefit not only of patients and their families, but also physicians, clinicians, social workers, policy makers, community members – all of us.

### **References**

1. Hrovatin, B. (2023). Understandings of healing in biomedicine: Reflections of physician-teachers (Doctoral dissertation, ZRC SAZU). Ljubljana, Slovenia.
2. World Health Organization. (2022). Mental health: Strengthening our response. <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>
3. Westerhof, G. J., & Keyes, C. L. M. (2010). Mental illness and mental health: The two continua model across the lifespan. *Journal of Adult Development*, 17(2), 110–119. <https://doi.org/10.1007/s10804-009-9088-y>
4. Keyes, C. L. M. (2002). The mental health continuum: From languishing to flourishing in life. *Journal of Health and Social Behavior*, 43(2), 207–222. <https://doi.org/10.2307/3090197>
5. McNamara, C., & Bamba, C. (2025). The global polycrisis and health inequalities. *International Journal of Social Determinants of Health and Health Services*, 55(3),

238–248.

6. World Health Organization. (2025, September 2). Over a billion people living with mental health conditions – services require urgent scale-up. <https://www.who.int/news/item/02-09-2025-over-a-billion-people-living-with-mental-health-conditions-services-require-urgent-scale-up>

7. The Economist Group. (2022). Depression in Europe: Building resilience through awareness, improved access, integrated care, and parity of esteem. <https://impact.economist.com/projects/depression-in-europe/>

8. European Commission. (2023). Special Eurobarometer 529: Mental health. <https://europa.eu/eurobarometer/surveys/detail/3032>

9. Hood, C. M., Gennuso, K. P., Swain, G. R., & Catlin, B. B. (2016). County health rankings: Relationships between determinant factors and health outcomes. *American Journal of Preventive Medicine*, 50(2), 129–135. <https://doi.org/10.1016/j.amepre.2015.08.024>

10. Marmot, M., Allen, J., Goldblatt, P., Boyce, T., McNeish, D., Grady, M., & Geddes, I. (2010). Fair society, healthy lives: The Marmot Review. The Marmot Review.

11. Marmot, M. (2015). *The health gap: The challenge of an unequal world*. Bloomsbury.

12. World Health Organization Regional Office for Europe. (2013). *Health 2020: A European policy framework and strategy for the 21st century*. WHO Regional Office for Europe.

13. Getz, L., Kirkengen, A. L., & Ulvestad, E. (2011). The human biology—Saturated with experience. *Tidsskrift for Den norske legeförening*, 131(7), 683–687. <https://doi.org/10.4045/tidsskr.10.0874>

14. Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine*, 14(4), 245–258. [https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8)

15. Anda, R. F., Butchart, A., Felitti, V. J., & Brown, D. W. (2010). Building a framework for global surveillance of the public health implications of adverse childhood experiences. *American Journal of Preventive Medicine*, 39(1), 93–98. <https://doi.org/10.1016/j.amepre.2010.03.015>

16. Shonkoff, J. P., Boyce, W. T., & McEwen, B. S. (2009). Neuroscience, molecular biology, and the childhood roots of health disparities. *JAMA*, 301(21), 2252–2259. <https://doi.org/10.1001/jama.2009.754>

17. Shonkoff, J. P., Garner, A. S., Siegel, B. S., Dobbins, M. I., Earls, M. F., McGuinn, L., Pascoe, J., & Wood, D. L. (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*, 129(1), e232–e246. <https://doi.org/10.1542/peds.2011-2663>

18. Hughes, K., Bellis, M. A., Hardcastle, K. A., Sethi, D., Butchart, A., Mikton, C., Jones, L., & Dunne, M. P. (2017). The effect of multiple adverse childhood experiences on health: A systematic review and meta-analysis. *The Lancet Public Health*, 2(8), e356–e366. [https://doi.org/10.1016/S2468-2667\(17\)30118-4](https://doi.org/10.1016/S2468-2667(17)30118-4)
19. Cole, S. W. (2014). Human social genomics. *PLoS Genetics*, 10(8), e1004601. <https://doi.org/10.1371/journal.pgen.1004601>
20. Slavich, G. M., Mengelkoch, S., & Cole, S. W. (2023). Human social genomics: Concepts, mechanisms, and implications for health. *Lifestyle Medicine*, 4(2), e75. <https://doi.org/10.1002/lim2.75>
21. Holt-Lunstad, J., Smith, T. B., Baker, M., Harris, T., & Stephenson, D. (2015). Loneliness and social isolation as risk factors for mortality: A meta-analytic review. *Perspectives on Psychological Science*, 10(2), 227–237. <https://doi.org/10.1177/1745691614568352>
22. Rakel, D. (2018). *The compassionate connection: The healing power of empathy and mindful listening*. W. W. Norton & Company.
23. Hotz, J. (2024). *The connection cure: The prescriptive power of movement, nature, art, service, and belonging*. Simon & Schuster.
24. National Academy for Social Prescribing. (2024). Exploring the financial return on investment of social prescribing in the NHS. <https://socialprescribingacademy.org.uk/resources/exploring-the-financial-return-on-investment-of-social-prescribing-in-the-nhs/>
25. The Fathom Trust. (2022). *Making well: Programme impact and social value*. <https://fathomtrust.com>
26. Whiteley, H., Lynch, M., Hartfiel, N., Cuthbert, A., Beharrell, W., & Edwards, R. T. (2025). Health economics–informed social return on investment (SROI) analysis of a nature-based social prescribing craft and horticulture programme for mental health and well-being. *International Journal of Environmental Research and Public Health*, 22(8), 1184. <https://doi.org/10.3390/ijerph22081184>
27. Abel, J., Kingston, H., Scally, A., Hartnoll, J., Hannam, G., Thomson-Moore, A., & Kellehear, A. (2018). Reducing emergency admissions through community engagement: A whole-system approach. *BMJ*, 363, k4023. <https://doi.org/10.1136/bmj.k4023>
28. Bickerdike, L., Booth, A., Wilson, P. M., Farley, K., & Wright, K. (2017). Social prescribing: Less rhetoric and more reality. *BMJ*, 357, j2168. <https://doi.org/10.1136/bmj.j2168>
29. Dayson, C., & Bashir, N. (2014). *The social and economic impact of the Frome model*. Sheffield Hallam University.
30. Abel, J. (2025, March). *Survival of the kindest* [Video]. TEDxRoyalTunbridgeWells. YouTube. <https://www.youtube.com/watch?v=NTYWXupUjD0>
31. Chatterjee, H. J., Camic, P. M., Lockyer, B., & Thomson, L. J. M. (2018). *Non-clinical community interventions: A systematised review of social prescribing*

schemes. *Arts & Health*, 10(2), 97–123. <https://doi.org/10.1080/17533015.2017.1334002>

32. Cooper, M., Avery, L., Scott, J., Ashley, K., Jordan, C., Errington, L., & Flynn, D. (2022). Effectiveness and active ingredients of social prescribing interventions targeting mental health: A systematic review. *BMJ Open*, 12(7), e060214. <https://doi.org/10.1136/bmjopen-2021-060214>

33. Zbranca, R., Dâmaso, M., Blaga, O., Kiss, K., Dascâl, M. D., Yakobson, D., & Pop, O. (2022). CultureForHealth report: Culture's contribution to health and well-being. Culture Action Europe. [https://www.cultureforhealth.eu/app/uploads/2023/02/Final\\_C4H\\_FullReport\\_small.pdf](https://www.cultureforhealth.eu/app/uploads/2023/02/Final_C4H_FullReport_small.pdf)

34. Quinlan EB, Baumgartner J, Chen WG, Weber W, Horgusluoglu E and Edwards E (2024) Promoting salutogenic pathways to health through complementary and integrative health approaches. *Front. Psychol.* 15:1473735. doi: 10.3389/fpsyg.2024.1473735

35. Bulc, V., Hart, B., Hannah, M., & Hrovatin, B. (2021). Society 5.0 and a human-centred health care. In F. Simini & P. Bertemes-Filho (Eds.), *Medicine-based informatics and engineering* (pp. 147–177). Springer. [https://doi.org/10.1007/978-3-030-70297-5\\_8](https://doi.org/10.1007/978-3-030-70297-5_8)

## References Without URL

1. Hrovatin, B. (2023). *Understandings of healing in biomedicine: Reflections of physician-teachers* (Doctoral dissertation, ZRC SAZU). Ljubljana, Slovenia.

2. World Health Organization. (2022). *Mental health: Strengthening our response*.

3. Westerhof, G. J., & Keyes, C. L. M. (2010). Mental illness and mental health: The two continua model across the lifespan. *Journal of Adult Development*, 17(2), 110–119. doi:10.1007/s10804-009-9088-y

4. Keyes, C. L. M. (2002). The mental health continuum: From languishing to flourishing in life. *Journal of Health and Social Behavior*, 43(2), 207–222. doi:10.2307/3090197

5. McNamara, C., & Bambra, C. (2025). The global polycrisis and health inequalities. *International Journal of Social Determinants of Health and Health Services*, 55(3), 238–248.

6. World Health Organization. (2025, September 2). *Over a billion people living with mental health conditions – services require urgent scale-up*.

7. The Economist Group. (2022). *Depression in Europe: Building resilience through awareness, improved access, integrated care, and parity of esteem*.

8. European Commission. (2023). *Special Eurobarometer 529: Mental health*.

9. Hood, C. M., Gennuso, K. P., Swain, G. R., & Catlin, B. B. (2016). County health rankings: Relationships between determinant factors and health outcomes. *American Journal of Preventive Medicine*, 50(2), 129–135. doi:10.1016/j.amepre.2015.08.024

10. Marmot, M., Allen, J., Goldblatt, P., Boyce, T., McNeish, D., Grady, M., &

- Geddes, I. (2010). Fair society, healthy lives: The Marmot Review. The Marmot Review.
11. Marmot, M. (2015). *The health gap: The challenge of an unequal world*. Bloomsbury.
  12. World Health Organization Regional Office for Europe. (2013). *Health 2020: A European policy framework and strategy for the 21st century*.
  13. Getz, L., Kirkengen, A. L., & Ulvestad, E. (2011). The human biology—Saturated with experience. *Tidsskrift for Den norske legeförening*, 131(7), 683–687. doi:10.4045/tidsskr.10.0874
  14. Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine*, 14(4), 245–258. doi:10.1016/S0749-3797(98)00017-8
  15. Anda, R. F., Butchart, A., Felitti, V. J., & Brown, D. W. (2010). Building a framework for global surveillance of the public health implications of adverse childhood experiences. *American Journal of Preventive Medicine*, 39(1), 93–98. doi:10.1016/j.amepre.2010.03.015
  16. Shonkoff, J. P., Boyce, W. T., & McEwen, B. S. (2009). Neuroscience, molecular biology, and the childhood roots of health disparities. *JAMA*, 301(21), 2252–2259. doi:10.1001/jama.2009.754
  17. Shonkoff, J. P., Garner, A. S., Siegel, B. S., Dobbins, M. I., Earls, M. F., McGuinn, L., Pascoe, J., & Wood, D. L. (2012). The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*, 129(1), e232–e246. doi:10.1542/peds.2011-2663
  18. Hughes, K., Bellis, M. A., Hardcastle, K. A., Sethi, D., Butchart, A., Mikton, C., Jones, L., & Dunne, M. P. (2017). The effect of multiple adverse childhood experiences on health: A systematic review and meta-analysis. *The Lancet Public Health*, 2(8), e356–e366. doi:10.1016/S2468-2667(17)30118-4
  19. Cole, S. W. (2014). Human social genomics. *PLoS Genetics*, 10(8), e1004601. doi:10.1371/journal.pgen.1004601
  20. Slavich, G. M., Mengelkoch, S., & Cole, S. W. (2023). Human social genomics: Concepts, mechanisms, and implications for health. *Lifestyle Medicine*, 4(2), e75. doi:10.1002/lim2.75
  21. Holt-Lunstad, J., Smith, T. B., Baker, M., Harris, T., & Stephenson, D. (2015). Loneliness and social isolation as risk factors for mortality: A meta-analytic review. *Perspectives on Psychological Science*, 10(2), 227–237. doi:10.1177/1745691614568352
  22. Rakel, D. (2018). *The compassionate connection: The healing power of empathy and mindful listening*. W. W. Norton & Company.
  23. Hotz, J. (2024). *The connection cure: The prescriptive power of movement*,

- nature, art, service, and belonging. Simon & Schuster.
24. National Academy for Social Prescribing. (2024). Exploring the financial return on investment of social prescribing in the NHS.
  25. The Fathom Trust. (2022). Making well: Programme impact and social value.
  26. Whiteley, H., Lynch, M., Hartfiel, N., Cuthbert, A., Beharrell, W., & Edwards, R. T. (2025). Health economics–informed social return on investment (SROI) analysis of a nature-based social prescribing craft and horticulture programme for mental health and well-being. *International Journal of Environmental Research and Public Health*, 22(8), 1184. doi:10.3390/ijerph22081184
  27. Abel, J., Kingston, H., Scally, A., Hartnoll, J., Hannam, G., Thomson-Moore, A., & Kellehear, A. (2018). Reducing emergency admissions through community engagement: A whole-system approach. *BMJ*, 363, k4023. doi:10.1136/bmj.k4023
  28. Bickerdike, L., Booth, A., Wilson, P. M., Farley, K., & Wright, K. (2017). Social prescribing: Less rhetoric and more reality. *BMJ*, 357, j2168. doi:10.1136/bmj.j2168
  29. Dayson, C., & Bashir, N. (2014). The social and economic impact of the Frome model. Sheffield Hallam University.
  30. Abel, J. (2025, March). Survival of the kindest [Video]. TEDxRoyalTunbridgeWells.
  31. Chatterjee, H. J., Camic, P. M., Lockyer, B., & Thomson, L. J. M. (2018). Non-clinical community interventions: A systematised review of social prescribing schemes. *Arts & Health*, 10(2), 97–123. doi:10.1080/17533015.2017.1334002
  32. Cooper, M., Avery, L., Scott, J., Ashley, K., Jordan, C., Errington, L., & Flynn, D. (2022). Effectiveness and active ingredients of social prescribing interventions targeting mental health: A systematic review. *BMJ Open*, 12(7), e060214. doi:10.1136/bmjopen-2021-060214
  33. Zbranca, R., Dămaso, M., Blaga, O., Kiss, K., Dască, M. D., Yakobson, D., & Pop, O. (2022). CultureForHealth report: Culture’s contribution to health and well-being. Culture Action Europe.
  34. Quinlan EB, Baumgartner J, Chen WG, Weber W, Horgusluoglu E and Edwards E (2024) Promoting salutogenic pathways to health through complementary and integrative health approaches. *Front. Psychol.* 15:1473735. doi: 10.3389/fpsyg.2024.1473735
  35. Bulc, V., Hart, B., Hannah, M., & Hrovatin, B. (2021). Society 5.0 and a human-centred health care. In F. Simini & P. Bertemes-Filho (Eds.), *Medicine-based informatics and engineering* (pp. 147–177). Springer. doi:10.1007/978-3-030-70297-5\_8



# ABOUT THE AUTHOR

---



Dr. Barbara Hrovatin

Dr. Barbara Hrovatin is dedicated to integrative and lifestyle medicine, empowering individuals and local communities in prevention and healing through accessible, evidence-based practices. She believes that education and communities are the foundations of transformational change. Her collaborations extend from individual consultations to group learning programmes for NGOs and the Slovenian Third Age University.

Her PhD research explored understandings of healing in biomedicine, merging the intersections of medicine, phenomenology, and anthropology, and illuminating the interpersonal clinical encounter as the ethical foundation of biomedicine, taking into account the embodied and enworlded human beings on both sides of the stethoscope.



## **II. INNER ECOLOGY & EMBODIED WHOLENESS**

(The body, nervous system,  
hormones, music, and somatic  
intelligence)



# Radical Remission – A Return to Wholeness

Celia de Mestral

## **I Remember The Moment Clearly**

I was at home when the doctor called and asked me to come in to see her. I sat across from her as she told me the biopsy had come back positive, that it was cancer. Surprisingly, I felt almost nothing. I simply asked her to tell me what the next steps would be: surgery, chemotherapy, radiation, and hormonal therapy for five to ten years. Like a good student, I agreed to everything. I didn't ask questions. I handed my life over without hesitation. I had no sense of agency, only compliance.

## **She asked if i had anyone I could call**

I told her I had my family and my partner, but that I didn't need to tell anyone. I didn't want to worry them. She gave me a long lecture about why I shouldn't go through this alone. I remember feeling almost offended. I had always done everything alone; this would be no different. I told her I didn't need anybody and asked her to keep it to herself.

At the end of the appointment, my partner called and asked how it went. I answered casually, "I have cancer." He immediately left work and came to pick me up. Instead of feeling comforted, I felt irritated, almost angry that he cared. How dare he make me feel like I needed help, or compassion, or support of any kind? This was my problem. I would deal with it alone. I didn't want or need anyone's pity.

It took me much longer to understand that I had confused pity with love and care. In my world, when people helped me, it meant they felt sorry for me. And because whenever I helped it was out of love, I couldn't imagine that anyone would want to help me for the same reason. The truth was simpler and harder: I didn't love myself enough to believe that anybody would love me enough to want to help me.

I didn't know it then, but this fierce independence was a coping mechanism, one born from unhealed trauma.

For years before my diagnosis, my body had been sending signals: digestive issues, acne,

chronic fatigue, anxiety, relentless stress, alcoholism. I dismissed them all. I told myself this was just life, just adulthood, just the cost of keeping up. I didn't question the symptoms, or perhaps I didn't know how to. I kept going, doing whatever I thought was necessary to survive.

I was living on autopilot, excelling at it even, and my body was quietly keeping score.

That autopilot had once kept me safe. Independence had been my armor - strong, polished, convincing. I had learned early on that needing less was a form of survival, that relying on no one meant I could never be disappointed, abandoned, or hurt. So I became self-sufficient to a fault. Capable.

### **Resilient. Untouchable or so I thought**

At first, I agreed to all the recommended treatments. I wanted certainty, safety, reassurance. I wanted to do everything "right." But after my very first dose of chemotherapy, my body made itself unmistakably clear. The pain, nausea, and discomfort were so intense that a thought cut through everything:

*If I continue this for six months, I will want to end it myself.*

This wasn't fear speaking.

It was instinct.

Intelligence.

Self-preservation.

### **I asked my oncologist for time to pause and think**

In that pause, I found the work of Chris Wark. His story didn't feel rebellious or reckless, it felt responsible in a different way. It invited me to consider healing not as a battle, but as a relationship with my body. He inspired me to seek a holistic and naturopathic perspective, to ask different questions rather than accepting only one narrative.

### **That search led me to a Holistic Clinic in Switzerland**

Before going to the clinic, I made a decision that felt both terrifying and deeply calm: I chose not to continue with any of the conventional treatments. I didn't yet understand the mechanisms of disease or healing. I didn't have the science or the language. But I held a simple, intuitive belief that felt undeniable to me, if my body had created this, then my body also had the capacity to undo it. I didn't see my body as broken or defective. I saw it as overwhelming, asking for support rather than force. I knew I needed to find ways to remove what was burdening it and give it what it needed to heal. That belief became the foundation of everything that followed.

I stayed at the clinic for three weeks, completely disconnected from the outside world. No work. No obligations. No performance. For the first time in years, I stopped running.

There I learned that my immune system had been compromised for a long time. Long before cancer appeared, my body had been struggling. This wasn't a sudden betrayal; it was a long story reaching a breaking point.

I had already been vegan for years, but this time I learned how to do it properly. I shifted to a whole-food, plant-based diet, focusing on nourishment rather than restriction. More importantly, I learned how the nervous system works, how chronic stress, unresolved trauma, and constant self-reliance keep the body locked in survival mode.

This was the moment I truly understood that my mental health was not separate from my physical illness - it was foundational to it. Anxiety, emotional suppression, hyper-independence, and chronic stress were not just psychological experiences. They were physiological states shaping my immune system, my hormones, my digestion, and my capacity to heal.

By then, I had already been practicing yoga and attempting meditation, but they were just items on a checklist. I wasn't present. I wasn't listening. I was still trying to do healing rather than allowing myself to be with it.

### **That changed at the clinic**

I began to feel, really feel. I learned how to feel. I let my defenses soften and my barriers lower. The doctors and nurses were deeply attuned; they saw the pain I had been carrying long before I had words for it myself. My body told the story for me.

That's also when I learned that silence heals. Being disconnected from everyone, and from technology, forced me to confront what needed to be seen and heard. There was no distraction left. Only the truth.

Those three weeks became an initiation.

An initiation into rest.

Into presence.

Into receiving.

Learning to accept help was one of the hardest things I have ever done. Even though I was paying for the care, allowing myself to be seen, without control, without armor, it

all felt foreign and uncomfortable. And yet, it was precisely what my body had been asking for all along.

Letting others see me became one of the greatest steps toward healing I had ever taken. At first I would say, “All is good.” But the therapists there knew how to gently guide me into honesty. I wasn’t feeling good. I felt lost, abandoned, scared, sad, angry, frustrated - and many other emotions all at once.

It was during this time that someone introduced me to the book *Radical Remission*.

At that moment, I was still hesitant about my choices, even though they made sense and I was feeling better. I still somehow needed to know that what I was doing made sense, that I wasn’t just grasping at hope. Discovering *Radical Remission* felt like a gift from the universe, arriving precisely when I was ready to receive it.

What struck me most was not that the book offered something radically new, but that it offered language, a language for what my body had already been guiding me toward. The ten factors didn’t feel like instructions. They felt like reflections. Patterns of healing I had already begun, often intuitively, long before I had words for them.

The book confirmed that I was already walking in the right direction while gently illuminating the areas I hadn’t yet addressed. That validation was everything. I remember finishing the book in a matter of hours, absorbing its wisdom as if my life depended on it, because, in many ways, it did.

Over time, I began to see how those ten factors were not isolated actions, but interconnected shifts in how I lived. Taking control of my health meant reclaiming agency after a lifetime of self-abandonment. Following intuition required trusting my body after years of overriding it. Healing suppressed emotions meant honoring my mental health, not as an afterthought, but as a prerequisite for physical healing. Deep rest and social support rewired a nervous system that had lived in survival for decades. Meaning and spirituality gave my healing a direction beyond fear, toward life itself.

### **Healing was not linear**

There were moments when fear resurfaced, quietly, unexpectedly. Days when old patterns whispered that I should push harder, do more, control outcomes. There were times I questioned my choices, especially when uncertainty felt louder than faith. What changed was not the absence of fear, but my relationship to it. I learned to recognize fear as a nervous system response, not a truth. I learned to pause, listen, and respond rather than react.

As I continued healing emotionally, the work of Dr. Gabor Maté helped me understand the deeper roots of my patterns, how childhood trauma, emotional suppression, and conditions like ADHD shape the nervous system and keep the body locked in survival. I began to see my fierce independence not as strength, but as protection. Mental health, I came to understand, is not about managing symptoms, it is about creating safety. Safety in the body. Safety in relationships. Safety within oneself.

Throughout my healing journey, something else had been unfolding alongside my physical recovery. As my body healed, my spiritual life deepened. I began learning to trust the unknown, to loosen my grip on certainty, and to surrender to the quiet intelligence of the universe. Where I once demanded control, I slowly learned to meet life with faith. Where I once resisted uncertainty, I learned, again and again, to rest inside it.

In the spiritual realm, the work of Joe Dispenza inspired me to deepen my connection with spirituality and to experience healing not as something done to me, but as something that arises from within. I came to believe deeply that the power to heal lives inside each of us, and that anyone can access it when the right conditions are created.

Inspired by Radical Remission, I felt called to turn my experience into service. I was inspired to become a naturopath and a Radical Remission health coach, not because I believe I have answers, but because I know what it feels like to reclaim inner authority. Many of these ten factors were things I was intuitively doing already, or things my body had been guiding me toward long before I knew their names.

If there is anything my journey has taught me, it is that healing is not something we earn through perfection or discipline. It becomes possible when the body feels safe. And safety comes from being seen, from slowing down, from listening deeply, and from allowing life to support us.

Today, nearly six years after my diagnosis, I am free of disease. I hold this truth with gratitude and reverence, not as a guarantee, not as a conclusion, but as a reflection of what can happen when healing is approached with presence, responsibility, and deep listening.

A great deal has shifted recently, almost as if I have entered a new phase - less about survival and more about integration. It feels like the beginning of a graduation stage, not from healing, but into a deeper way of living. One that is rooted in trust rather than fear, in presence rather than urgency, in connection rather than self-reliance.

I no longer see healing as something I achieved. I see it as a relationship I continue to nurture, with my body, my emotions, my spirit, and the unknown. And in that relationship, I have found something far greater than certainty.

I have found peace.

### **References** (APA 7th Edition)

1. Dispenza, J. (2012). *Breaking the habit of being yourself: How to lose your mind and create a new one*. Hay House.
2. Maté, G. (2011). *When the body says no: The cost of hidden stress*. Vintage Canada.
3. Maté, G. (2019). *Scattered minds: The origins and healing of attention deficit disorder* (Rev. ed.). Avery.
4. Turner, K. (2014). *Radical remission: Surviving cancer against all odds*. HarperOne. (Optional alternative if you prefer the updated edition)
5. Wark, C. (2014). *Chris beat cancer: A mind-body plan for beating cancer*. Hay House.



# ABOUT THE AUTHOR

---



Celia de Mestral

Celia de Mestral is a holistic practitioner and breast cancer survivor who has personally experienced the transformative power of integrating emotional work, natural therapies, and conventional medicine. Her healing journey has deepened her passion for supporting others in discovering their own unique paths to wellness.

She believes that the connection between emotions and the body is central to true healing. Through working with emotional barriers and supporting the body with plant-based nutrition, herbal therapy, and manual relaxation techniques, Celia has witnessed profound healing and renewed vitality—both personally and in her practice.

Her approach integrates principles of radical remission, inspired by Kelly Turner, alongside the Compassionate Inquiry method developed by Gabor Maté. Currently in her final year of naturopathic studies in Switzerland, Celia is dedicated to guiding clients in releasing emotional blocks, restoring balance, and awakening their innate healing potential.

# Mental Health as an Inner Ecology: A Somatic Perspective

Lena Klopčič

Anxiety, depression, burnout, and trauma-related distress are not new phenomena, yet they are being named, measured, and discussed more openly than before, even as therapeutic tools, self-help strategies, and wellbeing technologies expand. This growing visibility invites a deeper question: what if the mental health crisis is not simply a crisis of the mind, but a crisis of relationship—between body and psyche, inner life and outer systems, personal experience and collective conditions?

From this perspective, mental health cannot be reduced to symptoms, diagnoses, or cognitive patterns alone. It is better understood as an inner ecology: a living, dynamic system shaped by bodily rhythms, nervous system regulation, emotional meaning-making, relational safety, and energetic capacity. Just as ecosystems thrive or collapse depending on how they are tended, inner worlds respond to the quality of attention, pacing, and care they receive.

What we tend to describe as ecological collapse in the outer world is not separate from what unfolds within us. The extractive, linear, and disconnected logic that shapes how modern societies relate to nature often mirrors how many of us have learned to relate to our own bodies and inner limits—through overuse, suppression, fragmentation, and disconnection. From this angle, planetary distress and psychological distress are not parallel crises unfolding side by side, but interconnected expressions of the same underlying imbalance. Healing one without attending to the other remains partial at best.

A somatic perspective invites us to rethink mental health not as something to be fixed, optimised, or overcome, but as something to be tended — with the same patience, humility, and ecological intelligence increasingly recognised as essential for planetary wellbeing.

## **Beyond the Mind: Mental Health as a Relational System**

Modern psychological culture has largely inherited a mind-centred model of human functioning. Distress is often located in thoughts, beliefs, narratives, or emotional

regulation strategies, while the body appears as a secondary container—useful for managing symptoms, but rarely treated as central to meaning or change.

Somatic psychology challenges this hierarchy. It begins from a simple yet radical premise: human experience is always embodied. Our sense of self, safety, agency, and meaning emerges through the body, not merely within it. The nervous system continuously interprets the environment, shaping perception, emotion, and behaviour long before conscious reflection becomes available.

From this view, mental health is less about maintaining constant calm or positivity and more about the system's capacity to adapt. A healthy inner ecology is not static; it is flexible, responsive, and resilient. It allows for activation and rest, engagement and withdrawal, expression and containment—without collapsing into overwhelm or rigidity.

When this adaptive capacity is compromised, symptoms arise not as failures, but as signals. Anxiety, dissociation, depression, and chronic tension can be understood as meaningful responses to prolonged strain, insufficient safety, or unmet relational needs. They are not signs of a broken system, but of a system doing its best under constrained conditions.

### **The Body Remembers: Trauma as Ecological Disruption**

Somatic trauma frameworks emphasise that trauma is not defined by events alone, but by what happens inside the body when experiences exceed our capacity to respond. From this perspective, trauma reflects a form of survival shaping—patterns of contraction, hypervigilance, collapse, or disconnection that persist beyond the original context in which they emerged.

Crucially, these patterns are not pathological mistakes. They are intelligent adaptations, organised around protection and continuity. Over time, however, strategies that once supported survival may begin to limit vitality, connection, and choice.

Working somatically means engaging these patterns at their roots: through sensation, movement, breath, posture, and relational presence. Change does not occur by forcing insight, but by gradually restoring the system's ability to sense, orient, and respond in the present moment. Regulation, rhythm, and titration become central principles—echoing ecological processes of regeneration rather than mechanical repair.

Healing, from this perspective, is less about erasing the past and more about expanding present capacity. The body does not forget; it reorganises. Mental health, then, is not the absence of distress, but the presence of enough internal safety to metabolise experi-

ence without fragmentation.

### **Safety First: Regulation as the Ground of Change**

From a nervous system perspective, insight follows regulation—not the other way around. When the body is organised around threat, the brain prioritises survival over reflection. Attention narrows, perception becomes biased, and relational capacity diminishes. No amount of cognitive understanding can sustainably override this physiology.

Somatic approaches therefore place safety at the centre of mental health. Safety is not an abstract belief, but a lived, embodied state—a felt sense of enough support, predictability, and choice. It emerges through co-regulation, consistent rhythms, sensory grounding, and attuned relationship.

Importantly, regulation does not mean remaining calm at all times. A resilient system is one that can move between states—activation and settling, engagement and rest—without becoming stuck. This capacity for transition is a defining feature of a healthy inner ecology.

When regulation is present, cognition naturally expands. Curiosity, creativity, and clear reflection become available again. In this sense, somatic work does not bypass the mind; it prepares the conditions in which the mind can function with clarity and depth.

### **Yoga, Energy, and Consciousness: Remembering Inner Sustainability**

Yoga, in its traditional forms, was never designed as a workout or a system of self-optimisation. It emerged as an ecological practice of inner listening, rhythm, and regulation. As one of my Indian teachers often says, “yoga is not a workout, it is a work in.” The emphasis on performance and discipline reflects a much later Western reinterpretation, shaped by cultural values of efficiency rather than embodiment.

Traditional yogic systems recognised that human energy is cyclical rather than linear. Vitality rises and falls, attention expands and contracts, and phases of outward action alternate with periods of withdrawal and integration. When contemporary culture demands constant output and availability, these rhythms are easily disrupted, often at the cost of long-term health.

A somatically informed yoga practice does not oppose form in favour of sensation, nor does it collapse inward. Rather, it allows internal sensing to inhabit form—to move through posture, breath, and movement as a living dialogue. Attention is not

withdrawn from the body's shape, but woven through it, so that structure and sensation, effort and listening, become mutually informing rather than separate.

Seen this way, yoga becomes a practice of inner sustainability not by fixing symptoms, but by restoring relationship—between sensation and structure, effort and rest, self and environment. The body is experienced not as an isolated unit to be managed, but as a living system nested within larger living systems: cultural, ecological, planetary. Practice unfolds as a form of remembering—one layer of awareness held within another, inseparable and mutually shaping.

This understanding of nested belonging does not end on the mat. It naturally extends into how bodies meet systems, histories, and collective realities beyond individual practice.

### **Collective Inner Ecologies, Society and Trauma**

Mental health does not exist in isolation. Bodies are shaped by social, cultural, economic, and political conditions. Chronic stress, systemic inequality, displacement, environmental degradation, and ongoing uncertainty leave tangible imprints on nervous systems—individually and collectively.

Somatic perspectives make visible how systems live in bodies. They show how cultural norms of productivity, urgency, and control become internalised as muscular tension, hypervigilance, or collapse. From this view, inner ecology is not merely a private concern; it is relational, social, and, inescapably, political.

How we treat ourselves—how we relate to limits, rest, vulnerability, and care—inevitably shapes how we participate in families, organisations, and institutions. Inner pressure reproduces outer pressure. Disconnection within tends to reproduce disconnection without.

Conversely, cultivating inner sustainability becomes a form of responsibility rather than retreat. Practices that support regulation, compassion, and embodied presence do not withdraw energy from the world; they refine the quality from which action arises.

### **Instead of a Conclusion...**

If Ecocivilisation is to be more than a structural or technological project, it must include the body. Without attention to inner ecologies, outer solutions risk reproducing the very dynamics they seek to transform: acceleration, extraction, and exhaustion disguised as progress.

The deeper question, then, is not whether we should do more or less, but from where

we act. Do our efforts emerge from contraction or from contact? From depletion or from regenerated capacity?

Inner ecology offers a different starting point. It invites us to relate to ourselves as we would to a fragile ecosystem: not taking more than can be renewed, listening to early signals of strain, honouring cycles of rest and activity, and recognising that (self-)care is not weakness, but a form of intelligence.

This kind of care often takes simple, embodied forms: time for yoga or meditation practice that reconnects us with rhythm and breath; food that genuinely nourishes rather than merely fuels; restorative practices such as warmth, touch, rest, or silence; and time devoted to what we love. When we engage in what matters with presence and passion, creativity naturally emerges—not as effort, but as expression.

From a somatic perspective, vitality is contagious. States of regulation, aliveness, and creative flow shape not only individual wellbeing but relational fields. When inner systems are nourished, they contribute to healthier collective atmospheres. However one chooses to name it—energy, vitality, or vibration—what is cultivated inwardly inevitably participates in the larger field we share.

A society capable of sustaining life must itself be sustained. A civilisation oriented toward regeneration cannot be built on exhausted nervous systems. Health, in this sense, is not merely personal; it is ecological—healthy for individuals, healthy for communities, healthy for the planet.

Rather than offering a conclusion, I leave this as an open invitation for reflection.

- What might become possible if inner ecology were treated as a collective resource rather than a private concern?
- How might our systems of work, care, leadership, and responsibility change if restoration were valued as much as output?
- And what kind of civilization could emerge if we remember that not even the sky is the limit, and that the vastness of the cosmos itself invites us into conscious participation within its boundlessness?



# ABOUT THE AUTHOR

---



Lena Klopčič

Lena Klopčič is a climate and energy consultant, a double PhD holder, and currently works at the intersection of climate psychology, inner resilience, and systemic transformation. She is a Jungian coach, yoga teacher, and Ayurvedic and shamanic practitioner, integrating her practices with shadow work and the facilitation of de-stress retreats for vulnerable groups, including people affected by war and displacement. She has completed Psychotherapeutic Propaedeutics at Sigmund Freud University – Ljubljana and the Certificate Program in Integrative Somatic Trauma Therapy at The Embody Lab. She is currently pursuing an MA in Psychology at Brunel University London, deepening her exploration of the science of mind and behaviour. More about Lena's work: [www.pikanai.org](http://www.pikanai.org) & [www.lenajung.com](http://www.lenajung.com)

# Music – an Elixir of Mental Health and Well-being

Dr. Katarina Habe

In recent decades, the rise of stress-related disorders, depression, and anxiety has placed mental health at the center of global public health concerns. Traditional approaches, such as psychotherapy and pharmacological treatments, remain crucial, but they are increasingly being complemented by integrative and creative methods. Among these, music has emerged as one of the most effective and accessible therapeutic strategies. Unlike medication, music does not introduce external chemicals into the body, yet it profoundly influences brain function, emotional regulation and physiological balance.

Modern neuroscience shows that engaging with music—whether by listening, singing, or playing an instrument—activates multiple brain regions simultaneously, creating a holistic effect that enhances cognitive performance, reduces stress, and strengthens emotional resilience. Clinical practices in music therapy confirm that structured interventions can alleviate symptoms of depression, improve social communication in individuals with autism, and even slow cognitive decline in dementia patients. At the same time, informal practices such as guided relaxation with music, community singing, or learning an instrument offer individuals everyday tools for self-care and emotional well-being.

Thus, music today stands not only as an art form but also as a scientifically recognized therapeutic medium. It bridges the gap between traditional healing wisdom and contemporary mental health care, offering a safe, non-invasive, and deeply human-centered strategy for fostering psychological well-being.

*“If you want to find the secrets of the universe, think in terms of energy, frequency, and vibration.” – Nikola Tesla.*

Tesla’s profound statement is more than just a scientific musing; it opens a pathway to understanding the healing power of sound and music. Music, in its essence, is vibration structured into rhythm, harmony, and melody. Throughout human history, sound has been regarded not only as an art form but also as a therapeutic agent. From ancient rituals with drums and chants to modern music therapy in clinical practice, music has

been consistently linked with healing, emotional regulation, identity formation, and the promotion of health and well-being.

In contemporary society, where mental health challenges are increasingly prevalent, rediscovering music as an elixir for psychological resilience, emotional regulation, and holistic health is both timely and necessary. This article explores the evolutionary, developmental, psychological, and neuroscientific dimensions of music as a universal human phenomenon, tracing its role from conception to old age and highlighting its transformative effects across all stages of life.

### **Music – Touch – Connection**

Music is often described as “the universal language of mankind.” Unlike spoken language, which relies on semantic meaning, music conveys emotions and intentions through sound, rhythm, and tone. Music, like touch, creates a bridge between people—it bypasses intellectual barriers and connects directly with emotions. Neuroscientific research shows that listening to music activates the same brain regions involved in physical touch and social bonding, such as the release of oxytocin, the “bonding hormone.”

Anthropological examples reinforce this. In some African tribes, each child is welcomed into the world with an individualized song, sung by the community as a spiritual birthmark. If we truly wish to sound in this world with our authentic power, we must first come into alignment within ourselves—becoming resonant. From this inner resonance, we can then harmonize with others. Sound and music offer us a path to this alignment, for they are both mirror and bridge: they attune us inwardly and connect us outwardly. It is no coincidence that the word *persona* carries within it *per sonare*—“to sound through.” This reminds us that music is more than art; it is a way of embodying identity, belonging, and connection, woven into the very fabric of life.

### **Music: The Psychological Constant Of Humanity**

Across time and space, music has been a constant presence in human life. Archaeological findings suggest that musical instruments, such as bone flutes, existed over 40,000 years ago (Neanderthal flute from Divje babe, Slovenia), pointing to music’s deep evolutionary roots. Whether as part of shamanic rituals, sacred chants, work songs, or lullabies, music has been interwoven with human survival, community, and meaning-making.

Modern neuroscience now confirms what ancient civilizations intuitively understood: music influences brain structures and functions in profound ways. Functional magnetic resonance imaging (fMRI) reveals striking differences in brain activity

between a brain at rest and a brain engaged with music. The latter lights up like a Christmas tree—multiple areas across the cortex, limbic system, and cerebellum synchronize, demonstrating that music is not processed in isolation but engages the brain holistically.

### **Why Does Music Have Transformational Power?**

We might ask ourselves where the transformational power of music comes from. There are many possible explanations, but I will focus on three that I believe are the most important:

**1. Evolutionary Reasons:** From an evolutionary perspective, music emerged as a means of communication, coordination, and social cohesion. Before language evolved, rhythmic vocalizations and collective drumming helped synchronize group behaviors, regulate emotions, and create bonds. Music likely served as a survival mechanism, enabling early humans to signal safety, danger, or belonging.

**2. Developmental Reasons:** Developmentally, music is embedded in human growth from the earliest stages. The fetus responds to rhythmic sounds in the womb, and newborns are soothed by lullabies. Long before words are understood, babies communicate through vocal intonations and rhythmic cries—a phenomenon sometimes referred to as “musilanguage.” This musical dimension of language enables infants to harmonize with caregivers and the external world, laying the foundation for emotional and social development.

**3. Psychological Reasons:** Psychologically, musical engagement—whether listening, singing, or playing an instrument—is one of the most effective forms of “brain fitness.” It stimulates attention, memory, and emotional regulation, while also strengthening executive functioning and spatial-temporal reasoning. Unlike passive activities, music requires active processing, making it a dynamic mental workout that fosters resilience and adaptability.

### **Innate Musicality: A Universal Human Ability**

All humans are born with innate musical capacities. Evidence from primordial tribes, infant vocalization patterns, and cross-cultural music practices demonstrate that musicality is universal. Babies instinctively use rhythm and pitch in their first vocalizations; similarly, every culture on Earth incorporates some form of music into social and spiritual life. This suggests that music is not merely a cultural artifact but a fundamental human trait, embedded in the genome and essential to human expression.

### **Holistic Effects of Music**

The power of music extends beyond entertainment—it has measurable effects across multiple levels of human functioning.

**1. Physiological Level:** Music influences heart rate, breathing depth, hormonal regulation, and muscle relaxation. Research shows that slow, harmonious music can lower

cortisol levels, reduce blood pressure, and promote recovery after surgery.

2. **Emotional Level:** Music helps regulate emotions, stabilize mood, and enhance self-esteem and identity. Listening to uplifting or familiar songs can improve mood, while composing or improvising can provide a safe outlet for emotional expression.

3. **Mental Level:** Musical training enhances attention, memory, and problem-solving abilities. Studies demonstrate that children who learn an instrument show improved cognitive skills, particularly in language and mathematics.

4. **Spiritual Level:** Beyond the physical and psychological, music touches the soul. It facilitates mindfulness, flow states, and experiences of transcendence. Many individuals report that music leads them to self-actualization and a deeper sense of purpose.

## Music Across The Human Lifespan

The effects of music are evident from conception to death.

- **Childhood:** Musical activities stimulate holistic development—cognitive, emotional, and motor. Group singing and play-based music activities enhance socialization and creativity.

- **Adolescence:** During identity formation, music becomes a tool for self-expression and emotional regulation. Teens use music to manage stress, shape identity, and connect with peers.

- **Adulthood:** Music supports coping with stress, anxiety, and depression. Many adults rely on playlists to manage mood or engage in active music-making for relaxation and creativity.

- **Old Age:** Music alleviates symptoms of dementia, Parkinson's disease, and depression. It acts as a memory anchor, reconnecting individuals with their past and strengthening bonds with caregivers and family.

## Music Interventions For Health And Well-being

Various structured and informal interventions demonstrate music's therapeutic potential:

1. **Musicking:** Singing together or participating in drum circles fosters community, empathy, and emotional release.

2. **Learning Musical Instruments:** Beyond artistic skill, learning an instrument improves psychomotor coordination, cognitive functioning, and socio-emotional skills.

3. **Sound Wellness:** Healing practices using frequencies—such as Tibetan bowls, gongs, or crystal harps—promote deep relaxation and stress relief.

4. **Music Therapy:** An evidence-based clinical practice, music therapy addresses individualized goals within therapeutic relationships, benefiting patients with autism, trauma, or neurological disorders.

## Conclusion

“There is nothing more beautiful and perfect in nature than music. It directs a man into the depths of his soul.” – Marij Kogoj (Slovenian composer, 1892-1956)

Music is a universal constant that enriches, heals, and connects human beings across cultures and generations. From ancient rituals to neuroscience laboratories, from lullabies to symphonies, music demonstrates its elixir-like quality in fostering health and well-being.

Its power lies in its holistic impact—touching the body, emotions, mind, and soul. As research advances, the integration of music into healthcare, education, and community life continues to affirm what humanity has always known: music is life’s most profound gift, guiding us toward harmony with ourselves, others, and the universe.

## References

1. Aalbers, S., Fusar-Poli, L., Freeman, R. E., Spreen, M., Ket, J. C. F., Vink, A. C., Maratos, A., Crawford, M., Chen, X.-J., & Gold, C. (2017). Music therapy for depression. *Cochrane Database of Systematic Reviews*, (11), CD004517. <https://doi.org/10.1002/14651858.CD004517.pub3>
2. Belski, N., Abdul-Rahman, Z., Youn, E., Balasundaram, V., & Diep, D. (2022). Review: The effectiveness of musical therapy in improving depression and anxiety symptoms among children and adolescents - a systematic review. *Child and adolescent mental health*, 27(4), 369–377. <https://doi.org/10.1111/camh.12526>
3. Chen, X., Liu, J., & Wang, S. (2024). A meta-review of systematic reviews on the effectiveness of music therapy on depression, stress, anxiety, and cognitive function in adults with dementia or cognitive impairment. *International Journal of Geriatric Psychiatry*, 39(4), 484–495. <https://doi.org/10.1002/gps.5867>
4. Habe, K., Dobrota, S., & Reić Ercegovac, I. (2023). Functions of music, focused on the context of music listening, and psychological well-being in late adolescence regarding gender differences. *Frontiers in psychology*, 14, 1275818.
5. Levitin, D. J. (2011). *This is your brain on music: Understanding a human obsession*. Atlantic Books Ltd.
6. Levitin, D. J., Sachs, M., Habibi, A., et al. (2018). How does music affect your brain? *Wired*. Retrieved from <https://www.wired.com/story/tech-effects-how-does-music-affect-your-brain>
7. Mithen, S. J. (2006). *The singing Neanderthals: The origins of music, language, mind, and body*. Harvard University Press.
8. Movalled, K., Sani, A., Nikniaz, L., & Ghojazadeh, M. (2023). The impact of sound stimulations during pregnancy on fetal learning: a systematic review. *BMC pediatrics*, 23(1), 183. <https://doi.org/10.1186/s12887-023-03990-7>

8. Ren, Y., & Colleagues. (2024). Music changes how we remember the past: Effects on amygdala and hippocampus activity. *Psychological Science*. Summary reported in *New York Post*. Retrieved August, 2025, from <https://nypost.com/2024/12/22/life-style/music-can-change-how-we-remember-the-past-psychology-researcher-says>
9. Tang, Q., Huang, Z., Zhou, H., & Ye, P. (2020). Effects of music therapy on depression: A meta-analysis of randomized controlled trials. *PloS one*, 15(11), e0240862. <https://doi.org/10.1371/journal.pone.0240862>
10. Thaut, M. (2013). *Rhythm, music, and the brain: Scientific foundations and clinical applications*. Routledge.
11. Wang, M., Wu, J., & Yan, H. (2023). Effect of music therapy on older adults with depression: A systematic review and meta-analysis. *Complementary therapies in clinical practice*, 53, 101809. <https://doi.org/10.1016/j.ctcp.2023.101809>
12. Wikipedia contributors. (n.d.). Prenatal memory. In Wikipedia. Retrieved August 19, 2025, from [https://en.wikipedia.org/wiki/Prenatal\\_memory](https://en.wikipedia.org/wiki/Prenatal_memory)
20. Zang, L., Cheng, C., Zhou, Y., & Liu, X. (2023). Music therapy effect on anxiety reduction among patients with cancer: A meta-analysis. *Frontiers in Psychology*, 13, 1028934. <https://doi.org/10.3389/fpsyg.2022.1028934>



# ABOUT THE AUTHOR

---



Dr. Katarina Habe

Dr. Katarina Habe is an Associate Professor of General Psychology at the Academy of Music. She is a pioneer of research in the field of music psychology in Slovenia and has been actively engaged in this interdisciplinary area for twenty-five years. She strives for interdisciplinary collaboration among various Slovenian experts who study phenomena in the field of music psychology. Her research work focuses on studying the holistic effects of music on neurotypical individuals and members of vulnerable groups on one hand, and on investigating factors that support the mental health and wellbeing of musicians on the other. Both key areas of her work emphasize music as a means of promoting social sustainability. Katarina Habe is one of the founders of the association of music psychologists from the countries of the former Yugoslavia.

# Hormones and ADHD in Women: The Missing Link in Diagnosis and Support

by Adele

## Abstract

The intersection of female hormones and Attention-Deficit/Hyperactivity Disorder (ADHD) remains an under-researched, under-discussed area within both mainstream medicine and neurodiversity advocacy. Drawing from clinical work with hundreds of women navigating hormonal imbalances alongside ADHD traits, this article explores how fluctuating levels of oestrogen and progesterone affect executive function, mood regulation (incl. RSD), and sensory processing. It also examines the diagnostic and treatment implications for women across the lifespan, from menarche to menopause. Greater clinical awareness of hormone-ADHD interplay is essential to move beyond the outdated narrative of ADHD as a childhood disorder and to offer gender specific interventions for ADHD women.

**Keywords:** ADHD, hormones, oestrogen, progesterone, neurodivergence, women's health

## Introduction

ADHD has long been seen as a childhood disorder, primarily affecting hyperactive young boys. It's only in more recent years that the tide has begun to turn, revealing a growing population of ADHD women, many diagnosed in adulthood, whose ADHD was masked by social conditioning, internalized shame, and a lack of awareness around female presentations. We are the generation of Lost Girls.

But there's an even deeper layer that we're only just beginning to unpack: how hormones specifically oestrogen and progesterone modulate ADHD symptoms in women across the month and lifespan.

From my clinical work supporting women with perimenopause, PMDD and ADHD, I've seen one thing over and over again: when hormone levels shift, the lid can come off

on ADHD traits. Women tell me they feel like a different person in the days before their period or that they're "fine" in the first half of their cycle but feel their traits flare up in the luteal phase. This isn't a coincidence. It's biochemistry.

### **Hormones, the Menstrual Cycle, and the ADHD Brain**

Oestrogen has a well-documented impact on the brain's dopaminergic and serotonergic systems; two key neurotransmitter pathways affected with ADHD. Oestrogen upregulates dopamine receptors and modulates mood, working memory, and motivation. It plays a huge role with glutamate & histamine, which significantly affect mood. Progesterone, on the other hand, has more calming, inhibitory effects through GABAergic pathways.

This dance between oestrogen and progesterone is not just a background rhythm, it is the stage on which ADHD symptoms play out. When oestrogen surges this might be a sweet spot for focus and motivation (assuming there are not methylation, elimination or histamine issues). But in the premenstrual (luteal) phase, when healthy ratios between oestrogen and progesterone become vital, many women report irritability, impulsivity, brain fog, and a loss of emotional regulation. In women with undiagnosed ADHD, this is often when they show up in the clinic saying, "I think I have PMDD," but beneath the surface lies a lifelong pattern of executive dysfunction.

### **ADHD in Puberty, Perimenopause, and Beyond**

Hormonal transitions such as menarche, postpartum & perimenopause can be vulnerable for ADHD traits. In puberty, the sudden introduction of sex hormones can trigger emotional volatility and increased distractibility, particularly in girls. Unfortunately, these signs are often dismissed as "typical teenage behaviour," delaying diagnosis.

Perimenopause is another critical time. First the mood balancing & nervous system regulating hormone progesterone declines. This is a time many ADHD women received diagnosis. Then progesterone declines, oestrogen production becomes erratic, often declining steeply, and many women who have masked their ADHD symptoms for years suddenly find they can no longer cope. Brain fog, memory issues, mood swings, and burnout peak, yet women are often misdiagnosed with anxiety or depression and offered antidepressants instead of support for neurodivergence or hormones.

### **The Medication and HRT Conundrum**

One of the most common clinical dilemmas I encounter is how ADHD medications interact with hormone replacement therapy (HRT). Stimulant medications rely on dopamine availability, and many women report their ADHD medication stops work-

ing or causes heightened anxiety in the second half of their cycle (thought to be linked to rising progesterone).

My bias would always be to address hormone imbalances and then explore medication but everyone will have a different need. My concern is that meds can be great at disguising symptoms of hormone imbalances & we want to ensure that a woman is not trying to treat a symptom of hormone imbalances because it is believed to be part of ADHD traits.

There is no one-size-fits-all. Some neurodivergent women do well with a steady, low dose of HRT. Others need a more tailored, off licence approach. But what's clear is this: if we're not tracking cycle symptoms alongside medication response, we're missing the full picture.

### **Diagnostics and Consent: What We Need to Change**

Too many women are diagnosed with ADHD only after years of being labelled “too much”.... “too emotional,” “too disorganized,” or “too sensitive.” When we start layering in hormonal complexity & sensitivity, especially in women with PMDD, or a history of trauma, the waters get murkier still. A diagnosis of ADHD without an understanding of the hormonal terrain is only half the story.

As practitioners, we need to offer truly informed consent. Women should know how synthetic hormones (like the progestins in birth control) can exacerbate mood symptoms and how tracking their natural cycles might offer insights into symptom patterns. We also need to stop treating ADHD and hormone imbalances as separate silos. They are interconnected, and our care models must reflect that.

### **Conclusion: Bridging the Gap**

What we're seeing isn't just a health issue, it's a visibility issue. Neurodivergent women are falling through the cracks of a misogynist medical system that isn't set up to recognise the impact of hormones on brain function. But by joining the dots between the menstrual cycle, neurotransmitters, and lived experience, we can offer something radical: recognition, relief, and proper support.

It starts with listening to women & validating their experience. Tracking their cycles. Noticing their patterns. And sometimes using progesterone, HRT, and ADHD meds together, but trusting the wisdom of a woman's body to lead the way.



# ABOUT THE AUTHOR

---



Adele

Adele is a Women's Health Practitioner & Cyclical Living Guide. Having co-authored the book *Essential Feminine Wisdom*, she is passionate about educating women and girls on harnessing the power of their cyclical nature. From menarche to menopause, Adele bridges the woo and the science, supporting women to balance their hormones naturally and being passionate about speaking on all things menstrual education! Adele's expertise within the women's health arena lies in supporting ADHD women to understand how their hormones affect their traits.



# III. RESILIENCE, CRISIS & TRANSFORMATION

(Meeting suffering without  
fragmentation — stress,  
breakdown, healing, meaning)



# Human Resilience in the Face of 21st-Century Stressors

by Dr. Rajni Vohra

## Mirror For Your Mind

Guess what, that's the tagline of not just India's but the world's first psycho park that has recently opened in Thiruvananthapuram, Kerala, India. Its director, psychologist L. R. Madhujan, has created a park that is interactive and experiential and immersive. It aims to make people experience psychology rather than just learn it, a shift from reading the mind to reflecting upon it. In the future, the team may also be working towards promoting psycho-tourism<sup>1</sup>, what a great concept!

It could redefine how we look at mental wellness, combining travel, introspection, and learning. I was wondering why no one had thought of it before. Also, I'm amused that all this happened the same year we planned the year of promoting mental well-being. It can't be a coincidence; in fact, it is the observation and realisation that made the concurrence (alignment) of such events possible in the same time and space. Sometimes collective consciousness manifests in different places simultaneously, perhaps this is one such instance. At this point, I'd like to open another line of thought.

## My first encounter with social media - The fear

Social media's emergence in India around the mid-2000s<sup>2</sup> signaled a new era of digital interaction, transforming communication, identity and community life.

I remember in 2016 how frightened and unwilling I was to open my first account on a social media network, LinkedIn, and that too only because it was needed for professional networking. It's been almost nine years now, and my professional needs have pushed me to be on other media like Instagram, Facebook, Twitter, and so on. It's amazing how tools designed for connection have gradually reshaped human communication and perception.

Nothing wrong per se with any social media, they are great platforms provided we follow **mental discipline** and keep a close tab on any signs of addiction. The real challenge lies not in technology but in our relationship with it, how we let it

affect our sense of self and balance. The reason I brought up this point is that I had never before heard of lives being affected by something so virtual.

We are, in a way, rewriting the psychology of the digital age

Over the decades now, these virtual spaces have become extensions of our psychological spaces, blurring the boundaries between reality and perception.

What the world has witnessed and what mental health professionals have been quietly addressing behind clinic doors is not just a new challenge for psychiatry and psychology, but a profound turning point for humanity itself, revealing deeper psychological and social transformations.

As humans, we were learning to become more self-aware and conscious of the quality of our lives to awaken further, so that we could use our wisdom more productively and make life more beautiful.

I believe self-awareness was meant to liberate us; now it must also protect us from our own creations.

### **No perfect time ever - New age stressors!**

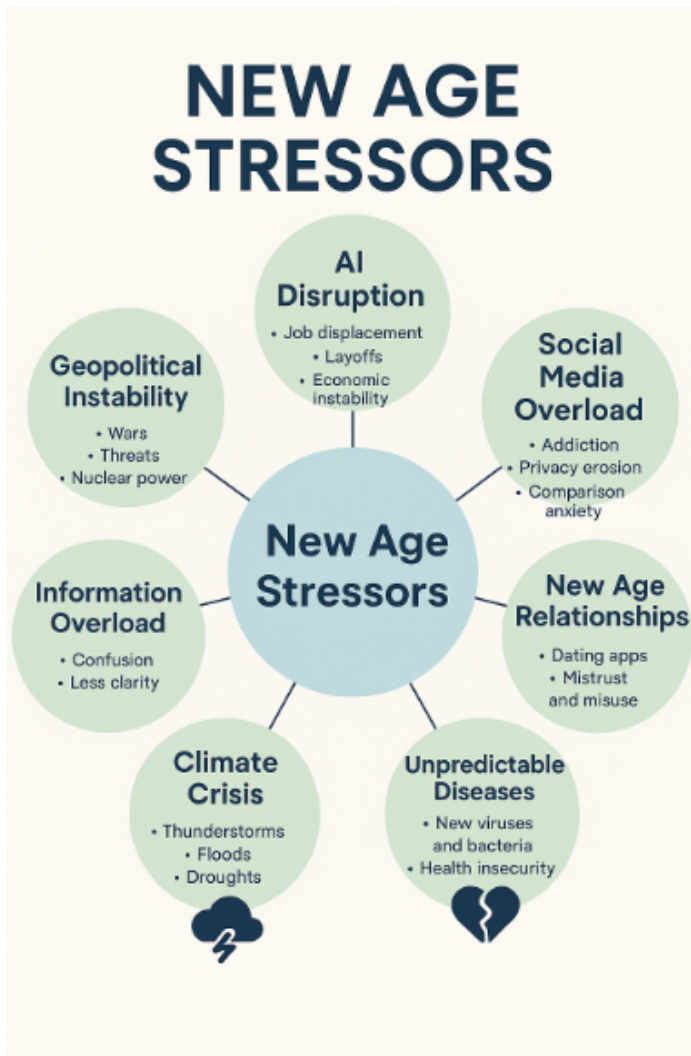
Was there ever a perfect time in history when everyone was happy, with no threat, no jealousy, no negativity? (And if such a time ever truly existed, and you happen to know of it, please, enlighten me.)

The fact is, every era carries its own share of light and shadow, its blessings and its burdens. I often meet people who, quite superficially, say that the older times were better than today. My instinctive response to them is astonished- 'Really?' Because I believe it's in human nature to romanticize the past and pick only the cherries of memory. The truth is, many of those who glorify the past were not entirely happy back then either, for human nature always yearns for the ideal, for all that is good, no matter the era.

That being said, we cannot ignore the fact that the present era, this modern age, brings with it an entirely new set of challenges. Many of these are unlike anything humanity has ever encountered, and perhaps that's what makes them so unsettling. They frighten us, threaten our sense of security, and often lead to mental exhaustion, anxiety, and distress. It is in human nature to fear experiences we have never had before, especially when we don't yet possess the right understanding or solutions to deal with them.

1. AI ( threats- shrinking employment base, layoffs leading to economic crisis , social crisis, mental health crisis)

2. Social Media ( addiction, uncontrollable content, unfiltered information, unsubstantiated facts, lack of privacy)
3. New Age Relationships ( dating apps, mistrust, misuse)
4. Too much Information Revolution on the internet (More confusion, less clarity (Dont know what to trust what not to, what is good what is not, )
5. Geopolitical instability ( wars, threats, nuclear power, )
6. Climate changes ( Thunders, storms, floods, draughts, unpredictability
7. Unpredictability of disease ( unprecedented virus, bacteria, infections)



New Age Stressors © Dr. Rajni Vohra, 2025. All rights reserved.

## **The year of Mental health conversation and joining synergies**

As they say when collective intention meets shared purpose, even small initiatives can ripple widely.

It was last year when, along with Dr. Violeta Bulc and Eleftheria Kakambouras, we thought we needed to do our part, whatever we could, in whichever capacity we could, and that's when we planned this series.

The series consisted of ten webinars, from the second to the ninth focusing on various topics related to mental health that humanity and society need to address more consciously.

Each session became a mirror to reflect not only knowledge but also compassion, both crucial for healing minds.

Eleftheria and I shared this responsibility, dividing the work by our interests and understanding, with Dr. Violeta's guidance and support.

What we witnessed in this brief journey was that collaboration itself became a learning experience in empathy, listening, and shared growth.

### **References**

1. <https://www.newindianexpress.com/thiruvananthapuram/2025/Nov/01/a-walk-through-indias-first-psychology-themed-park>
2. <https://www.slideshare.net/slideshow/the-emergence-and-growth-of-social-media-in-indiabmdocx/260563555>



# ABOUT THE AUTHOR

---



Dr. Rajni Vohra

Dr. Rajni Vohra is a qualified Independent Director, a seasoned corporate leader, social entrepreneur, mentor, and an internationally published author with an extensive track record spanning over 25 years. With a strong foundation in strategic and transformational leadership, Dr. Vohra has led cross-functional teams across Marketing, Education, Entrepreneurship, and Consultancy, spearheading business projects and initiatives that drive innovation, business development, and organizational growth. She currently serves as Director, StratSync.ai (India subsidiary).

Dr. Vohra continues to advocate for transformative change through her global platform WahWoman, dedicated to supporting the Sustainable Development Goals (SDGs). She is also driving global projects and partnerships at Ecocivilisation, working alongside Violeta Bulc, former Deputy Prime Minister of Slovenia and EU Transport Minister.

# ‘Insanity’ to ‘Sanity’ – Personal Reflections

by Prof. R. Srinivasa Murthy

We are in the middle of a revolution in the field of mental health. During the last few centuries, especially during the last 125 years, there has been a major shift in the understanding and approach to mental health of the population. For centuries, ‘insanity’ was the term used to categorise people suffering from mental disorders, largely viewing them as ‘bad’ and ‘mad’ and persons to be controlled or protected. With the advent of psychoanalysis, this ‘othering’ of people with mental disorders changed to ‘understanding’ the reasons for the behaviour and looking at the situation as changeable. In the last 50 years, the shift has been more dramatic. Firstly, the personhood of individuals with mental disorders is fully recognized, and their human rights protected. More importantly, the interventions to address the distress/disorders have shifted from coercion to ‘empowering’ the individuals by their own efforts. A reflection of this is the popularity of the ‘Cognitive Behaviour Therapy (CBT) which focuses on individual efforts. This shift of ‘Insanity’ to ‘Sanity’ has large implications in terms of what is considered as ‘ill’; the importance of the socio-economic-cultural factors in causation, the agency for the individuals for change, and most importantly, the centrality of the living situations of individuals and communities for their mental health.

**Key words:** Mental Health, Insanity, Sanity, Cognitive Behaviour Therapy, Empowerment

## Introduction

On December 16, 2025, a milestone in the field of health in general and mental health in particular was taken by the United Nations General Assembly.

Leaders from across the world at the Eightieth United Nations General Assembly (UNGA) have adopted the political declaration to combat non-communicable diseases (NCDs) and mental health challenges through a fully integrated approach. This is the outcome of the intergovernmental negotiations in advance of and considered by the fourth high-level meeting of the UNGA on the prevention and control of NCDs and the promotion of mental health and well-being, held on 25 September 2025.

Titled "**Equity and integration: transforming lives and livelihoods through leadership and action on non-communicable diseases and the promotion of mental health and well-being**", the political declaration is the first such declaration addressing NCDs and mental health together, and marks a unique opportunity to accelerate global progress with a set of specific global targets for 2030.

Marking a significant evolution from previous commitments, the new political declaration establishes three first-ever global "fast-track" outcome targets to be achieved by 2030: (i) 150 million fewer tobacco users;(ii) 150 million more people with hypertension under control; and (iii) 150 million more people with access to mental health care. To ensure countries can reach these goals, the declaration also sets ambitious, measurable process targets for national systems by 2030, including: (i) at least 80% of countries with policy, legislative, regulatory and fiscal measures in place; (ii) at least 80% of primary health care facilities with access to affordable, WHO-recommended essential medicines and basic technologies for NCDs and mental health; (iii) at least 60% of countries implementing financial protection policies or measures that cover or limit the cost of essential NCD and mental health services; (iv) at least 80% of countries with operational, multisectoral national plans for NCDs and mental health; and (v) at least 80% of countries with robust surveillance and monitoring systems for NCDs and mental health.

This political declaration is the most comprehensive to date, integrating lessons from the COVID-19 pandemic and responding to new global challenges. Its unprecedented scope includes many pressing issues addressed for the first time, such as: (i) broader NCD areas: oral health, lung health, childhood cancer, liver disease, kidney disease, and rare diseases; (ii) expanded environmental determinants: air pollution, clean cooking, lead exposure, and hazardous chemicals; and (iii) evolving risk of digital harms: social media exposure, excessive screen time, harmful content, and the risks of mis- and disinformation.

The political declaration firmly positions NCDs and mental health as not merely health concerns, but as central pillars for achieving sustainable development and social justice. **It underscores that solutions require a “whole-of-government” and “whole-of-society” approach, engaging civil society, partners, youth, persons with disabilities, and people with lived experience. (emphasis added)**

Earlier in October 2025, on the occasion of the World Mental Health Day, the World Health Organization (WHO) has observed that mental health exists on a complex continuum, which is experienced differently from one person to the next. At any one time, a diverse set of individual, family, community and structural factors may combine to protect or undermine mental health. Although most people are resilient,

people who are exposed to adverse circumstances are at higher risk of developing a mental health condition. Mental health risks and protective factors can be found at different scales. Local challenges affect individuals, families and communities, while global threats – such as economic downturns, disease outbreaks, humanitarian emergencies, forced displacement and climate change – impact entire populations. Promotion and prevention efforts aim to improve mental health by addressing individual, social and structural determinants of mental health. Interventions can be designed for individuals, specific groups or whole populations. Because many determinants lie outside the health sector, effective promotion and prevention programmes require cross-sector collaboration. Education, labour, justice, transport, environment, housing, and welfare sectors all have vital roles.

The health sector can contribute by embedding promotion and prevention into its services and by leading or supporting multisectoral coordination. Recalling the ‘**World Mental Health Report: Transforming Mental Health for All**’, WHO, urges countries to focus on three transformative pathways, namely, (i) **deepen the value given to mental health by individuals, communities and governments, backed by meaningful engagement and investment across sectors;** (ii) **reshape environments – in homes, schools, workplaces and communities – to better protect mental health and prevent mental health conditions;** (emphasis added) and (iii) strengthen mental health care by building community-based networks of accessible, affordable and quality services and supports that meet the full spectrum of needs.



(from ZME Science, December 16, 2025)

**Scope of the article/Chapter**

Against these developments, the current article traces the journey from ‘Insanity’ to ‘Sanity’ and from ‘patients’ to ‘population’. There are FOUR milestones in this change.

**1. Asylum as Community to Community as Asylum;**

2. Understandability of human behaviour;
3. Empowering of individuals for mental health; and
4. Social forces and mental health.

These four developments will be considered briefly, with a concluding section on the implications of these developments to the future of mental health of populations.

### 1. Asylum as Community to Community as Asylum

Today community mental health is a reality. The question is not whether community mental health is appropriate but to find ways to EMPOWER the persons living with mental illnesses and caregivers to live meaningfully in the community and further utilise the insights of mental health for the total population.

How did we reach this point in human history?

Till about the 17th Century, all abnormal behaviour was seen as an act of the devil, that is 'against god'. Hallucinations were seen as communications with Satan. Consequently, the ill persons were seen as 'evil'. For example, Christianity approved specific sanctions to kill mentally ill or punish them. The book 'Malleus Maleficarum' by Johann Sprenger and Heinrich Kraemer (1487) described mentally ill as witches and could be punished even by drowning. All 'abnormal' behaviour as 'criminal' and anyone whose behaviour was socially unacceptable were considered 'bad' and placed in jails.

The next phase was the 'moral treatment' where people with mental disorders were not considered 'bad' but 'mad' and shifted from jails to asylums. The healing hands of humanism replaced the rigours of religious punishments. The following statement, reflects this humane approach: 'Moral treatment consists of removing patients from their residence to some proper asylums, and for this a proper calm retreat in the country is refereed, for it is found that continuance at home aggravates the disease, as the improper association can not be destroyed. Hospitals are the only places where insane persons can be at once humanely and properly controlled'.

However, this advance, though important, was double edged as institutions became places of human exploitation and abuse, as recorded by Clifford Beers in his 1908, historic book, 'The Mind that Found Itself'. He was also responsible for the 'mental hygiene movement'.

### 2. Understandability of human behaviour

At the turn of the 20th century, the contribution of Sigmund Freud brought a revolution in thinking of mental health. He presented behaviour and mental functions as

‘understandable’ and evolved a coherent theory of personality called psychoanalysis. Further, he presented the world with a new conception of infancy and adolescence, mental mechanisms like defence mechanisms and stages of development of psyche, along with a system of treatment based on childhood and relationships. His contribution shifted the focus from the ‘illness’ to ‘wellness’ and behaviour as understandable/alterable. The shift in understanding of behaviour from ‘above’ to those ‘within’ has profound impact.

### **3. Empowering the individual for mental health**

The next phase in the development of mental health was the shift from the highly subjective and internalised approach of psychoanalysis to the behaviouristic school of thought, which stressed the role of the environment as a determinant of behaviour and emphasized that behaviour could be altered through individual efforts. B.F. Skinner and J.B. Watson led this change. Based on learning theories, this was a mixture of biological and social theories, in contrast to the totally intrapsychic theories of psychoanalysis. An important outcome was behaviour therapy.

A more recent development in this direction, widely accepted at the present time, is the Cognitive Behaviour Therapy (CBT) developed by Beck. This change is significant as the focus of both the understanding of ‘distress’ and the solutions are placed within the powers of the individual. What is striking is the enormous amount of research evidence showing the value of CBT to be as effective as medical interventions. Further, the professionals providing the care are a large variety of professionals and para-professionals. A further extension of this movement of ‘EMPOWERING’ the individual for mental health are the recent developments of a large number of digital tools for mental health.

### **4. Social forces and mental health**

The most recent entrant to the field of mental health is social psychiatry. During the last 50 years of my psychiatric work, there has not been a time, like the current time, when “social psychiatry” is at the centre of mental health discussions. Four aspects, namely, (i) the widespread situations of conflict in the world, the worst period since the second world war and its impact on mental health of the population; (ii) the publication of a large number of international, national and scientific publications emphasizing the importance of social determinants of mental health; (iii) the emergence of a wide range of social interventions for mental health; and (iv) linkages between social factors and bodily functions. This subject has been extensively reviewed in my recent editorial of the January 2025 issue, *World Social Psychiatry*.

The above historical review of the developments to move from ‘Insanity’ to ‘Sanity’

and from ‘patients’ to ‘population’ opens up many avenues of action by individuals, families, communities, voluntary organisations, social institutions, national and international organisations and governments.

### **Recent shift in focus on interventions for health**

There is a definite shift in the focus of health interventions all over the world. This is often referred to as Medicine 4.0. I am referring to the recent discussions on focussing on the earlier phases of health rather than the symptomatic or illness stages. Examples are like the shift in focus from ischaemia to atheroma in cardiac health. Another example is the 4P approach which focuses on predictive, preventive, personalised and participatory actions in cancer, ageing etc. Another set of initiatives is lifestyle interventions, like the prevention of dementia in the FINGER trial in Finland and the POINTER trial in the USA. Mental health is eminently suitable for these approaches.

### **Implications for mental health of population**

At a personal level, since the time I entered psychiatry in 1972, I have witnessed a revolution in the way mental health, mental disorders, and mental health care are understood and responded to. Let me explain. In 1972, it was the practice to categorize mental disorders under “functional psychosis” (to include schizophrenia, manic depressive illness, etc.), and “organic psychosis.” At that point of time, cognitive disturbances were not recognized as part of functional psychosis or treatment, while in 2025, cognitive aspects of psychosis are a vital part of understanding of all psychosis, as well as interventions. Another example is the identification of “expressed emotion” in the 1970s. The finding of the family members’ reaction to the person with a diagnosis of schizophrenia, as being a vital contributor to the course and outcome of the illness moved the understanding from purely “psychogenic origin” to the larger psychosocial aspects of life. Similarly, advances in psychological therapies like the behaviour therapy, cognitive behaviour therapy, and yoga/meditation, during the last 50 years have created space for the efforts of the individual as an essential part of the therapy. In the last decade, the central role of the individual in the control of even severe symptoms like hallucinations in the “Avatar Therapy” has moved the focus back to the individual as the central focus of mental health and well-being. In a dramatic way, the deviancy model that dominated mental health is getting slowly replaced by the normalcy model. At the level of mental health, the recognition of the value of exercise, sleep, nutrition, mindfulness, social connectedness, and spirituality has enlarged the scope of mental health from a purely clinical discipline to one of public health. Similarly, emerging issues of loneliness are moving the focus of mental health from illnesses to wellness. The developments reviewed here portend new opportunities for public mental health. The recognition and implementation of social determinants could change societal perception from “illness to wellness” and from “patients to population.” Such a change could eliminate the stigma of mental disorders and mental health care and

acceptance of mental health for its positive aspects.

**The following are the areas for action.**

**First**, there is an urgent need to shift from mental illness to mental health and from patients to population. For too long, there has been a focus on mental disorders. Such a shift would move the scene of action from institutions/clinics to the community. Further, it will open up avenues for a number of disciplines to contribute to the mental health of the population.

**Second**, the need for focus on the “local” nature of the changes that need to be addressed for mental health. The changes needed for mental health are influenced by historical, cultural, economic, and political factors. Mental health professionals have to develop understandings and interventions that are rooted in the “local factors”. In addition to bringing about changes, there is a need for full utilization of the strengths (e.g. ubuntu, grief, religion/spirituality) of the communities.

**Third**, there is a need to “empower” the total population with the importance of health in general and mental health in particular, at the levels of individuals, families, and communities. In the past, the efforts in these areas have been minimal. The availability of the digital resources could be a blessing in these efforts.

**Fourth**, we can no longer fully separate the practice of medicine from politics and policy. Rather, we can come to this intersection with evidence, objectivity, empathy, curiosity, humility, and a dedication to what is right and just. The mobilization of the policy changes is a task for all stakeholders.

**Fifth**, there is a need for change in the mental attitudes and practices of all mental health professionals. Currently, professionals are more in tune with clinical care and less in public mental interventions. This requires training and reorientation of all professionals, especially in the areas of social sciences and working with different sectors of the society.

**Sixth**, mental health should be integrated into all of the developmental activities. This means measurement tools, inter-disciplinary training, working, and implementations for the benefits of the total society.

**Seventh**, all the above efforts should be firmly grounded in research evidence and not driven by ideologies or individual opinions. There are specific challenges of availability of tools for measurement of mental health, resilience, etc., at the level of families, communities, policies, and programs. There is also a need for longitudinal studies.

**In conclusion**, the shifts in the thinking of the public, professionals, planners, and the larger society from ‘Insanity’ to ‘Sanity’ are a unique opportunity for mental health of the society. As noted by the World Mental Health report, 2022, (**‘World Mental Health Report: Transforming Mental Health for All’**) countries can focus on transformative pathways, to deepen the value given to mental health by individuals, communities and governments, backed by meaningful engagement and investment across sectors and reshape environments – in homes, schools, workplaces and communities – to better protect mental health and prevent mental health conditions. The movement of mental health is at a point, where it can contribute to the larger welfare of the society. The road ahead has both challenges and opportunities.

(The article/ book chapter is based on the personal writings of the author over the last five decades. The complete list of resources referred to can be obtained from the authors by requesting for the same by email: [smurthy030@gmail.com](mailto:smurthy030@gmail.com))



# ABOUT THE AUTHOR

---



Dr. R. Srinivasa Murthy

Dr. R. Srinivasa Murthy is a renowned psychiatrist dedicated to improving mental health. He completed his MBBS and specialization in Psychiatry at CMC Vellore and served as faculty at PGIMER, Chandigarh, before joining NIMHANS, Bangalore, in 1982. He led the Psychiatry Department at NIMHANS from 1989 to 1996 and retired in 2003 after over two decades of shaping mental health care and research. Post retirement, he worked with the WHO in Geneva, EMRO, and Iraq, contributing to global mental health initiatives. He continues to advocate for mental health and develops 'Self-Care Tools for Emotional Health,' supporting cancer patients, caregivers, and individuals with developmental disabilities.

# The Crisis and the Cure: A Doctor's Personal Reflection

by Dr. Om Bedekar

I find myself observing the modern human state, and I see a deeply difficult mix: one of never-ending growth tangled with rising worry. It is a situation where the very connections that link our world also serve as channels for a general, pervasive stress, tying us together not merely through shared information but in shared fear.

I must begin by pointing out what I see as a profound social sickness—the urgent pace of city life and a fiercely hot global economy. It is a machine run by the rushed, relentless chase for money, where the constant shout of "money, money, money" rings out everywhere. This creates a stressed environment, and it is a truly concerning link: the number of very rich people strangely matches the rise of mental health crises. This suggests a basic flaw in our shared social structure, leading me, for a moment, to a gentle, nearly radical idea: doing away with money itself—a return to some perfect, though likely impossible, trading system.

Yet, I realize with a sigh that such a major change goes completely against the interests of those who hold the power to make it happen. Thus, most people remain trapped in a cycle of outside financial danger, a problem made worse by the shift toward the risky gig economy, which turns life itself into temporary jobs. This breaks the stability once offered by long-term work and safe pensions, leaving future generations—especially in places like India without full pension support—facing what I can only describe as a truly "horrifying, very, very depressing scenario" in old age.

This outside mess, however, has been badly copied inside people through the over-medicalization of human experience—a belief that treats the normal, sure results of human actions—grief, struggle, adjustment—as if they were medical problems needing treatment. This habit must be purposefully and sharply reduced so we stop turning simple, real-life issues into an overly "complicated" and widespread hidden threat—a mental health widespread sickness made worse by new technology, like the cell phone, which threatens to take over the minds of children born now into this digital world. The very thought makes me feel truly glad I was born earlier, as I view the future with deep worry for the mental health and wellness of coming generations

caught in this "virtual" surge.

### **The Six-Foot Solution: Acting Local**

To fight this widely spreading, worldwide stress, my therapy plan moves away from big, impossible system changes to local, personal power, wrapped up in the simple, actionable rule: "Think global and act local." Why? Because the only place truly under one's control is the six-foot space of one's own body and mind.

The fix, then, is not in political takeover but in the careful practice of self-care. I want you to see mental health not as a fix for a breakdown, but as an act of daily prevention—a regular promise, like bathing—built on three necessary parts:

**Movement:** I push this with strong, repeated force—"Movement, movement, movement, hell of a lot of movement." It is key because our current life has held and "closed" our bodies, going against the very system made to be "spread out," requiring a committed 5-kilometer daily effort in walking, running, or moving in any possible space.

**Diet:** This is a mindful, good choice of food focused on natural energy—fruits, juices, vegetables—the basics of good eating that form the chemical base for mood and strength.

**Psychospiritual Work:** This is a required daily time of 20 to 30 minutes that acts as the essential mental cleaning—the "washing" and "care" that stops the mind from going bad. I suggest activities like Vipassana Meditation or Tai Chi, whose main, unifying purpose is grounding—the necessary act of bringing the constantly rising, overly excited self "down on the ground, ground, ground," thereby stopping the confusing effects of the virtual world and fixing "half the things" just by setting a steady point of reality.

This group of physical, food, and spiritual rules together forms your defence against outside pressures, helped even more by purposely seeking good-quality sleep. This is mainly about sleeping at the right time—a natural rhythm that civilization has broken with its constant, everywhere electrical light. This leads me to simply suggest a clever, yet very easy, legal step: setting a rule to turn off home electricity after a certain hour, thereby forcing a return to a rhythm that fits our body's needs.

### **Knowing When to Seek Help: The Rule of Six**

It is important to me to give a clear, useful guide for when self-care is not enough and professional help is needed. I have set up an easy-to-remember rule based on the number six to help people get over their fear of seeking therapy—a fear often based on thinking their long-term pain is just a "logical reaction."

For the most serious events—such as loss, deep sadness, or death—getting better usually takes six months. If the pain lasts longer than this mark, help is needed.

For all other types of upset—worry, sadness, relationship trouble—the important time limit is six weeks. I urge people to see a therapist if problems last past this time.

For sudden mental emergencies like thoughts of suicide, the time frame shrinks to just hours.

The practical need for help is also clearly shown when one's life is obviously hurt—especially by poor performance at work or by new, unexplainable body problems such as ongoing stomach issues lasting over six weeks—which I smartly call a good reason for a mind check-up, showing hidden emotional stress.

Finally, dealing with the common, big wrong idea that "once on medicine, always on medicine," I strongly say this is completely false—a false idea sometimes sadly pushed by large companies like Big Pharma, which I call one of the "big culprits" in making health problems too medical. I promise you that with a good therapist, the process is often quick—a fast, direct fix that makes the mind "straight," healing the deep pain of emotional harm, such as a romantic breakup, which I describe as a "spear driven through your chest." I see this kind of injury as a strong sign of the core psychological injury: lack of love. The therapist's job at these times is not just to heal the wound but to make the person "ready for love" again, changing a sad, slumped body into an upright one.

Therapy, especially when sought early and well, is not a life sentence to reliance but a powerful investment in one's own freedom and happy future.



# ABOUT THE AUTHOR

---



Dr. Om Bedekar

Dr. Om Bedekar is a Psychiatrist and Psychotherapist. He holds an MBBS and a DPM (Diploma in Psychological Medicine) from the University of Pune and has a total experience of 35 years. He served in the Army Medical Corps from 1987 to 1992. Thereafter, he worked as a Psychiatrist at Mukhtangan De-addiction Centre, Pune. He also served in the Maharashtra Medical Services at Nagpur for three years.

Dr. Bedekar spent 25 years in defence organisations under the Central Government in New Delhi, holding numerous appointments. He applies the latest techniques and skills related to psychiatry and psychotherapy. He prefers to utilise minimal medication and believes that treatment should not worsen a patient's condition; rather, the patient or psychotherapy client should be able to break through their suffering at the earliest.

Dr. Bedekar is also the Founder of the Milton Erickson Institute of Pune, India

# Engineering Resilience in the Under-construction Mind

by Aparna Nayyar

Let's begin with a little thought experiment before the title of this article throws you off.

Imagine you are an aeronautical engineer tasked with maintaining a high-performance aircraft. Here is the catch: the aircraft is already in the air, travelling at Mach 1, and it will not land for approximately twenty-five years. Furthermore, the flight control system, the part of the plane that manages navigation, fuel efficiency, and emergency protocols, is being installed and wired while the plane is mid-flight!

As the engineer, how would you evaluate a glitch in the landing gear or a sudden shudder in the wings? Would you label the plane broken? Or would you recognise that you are managing an in-flight prototype operating under massive system constraints?

You could also be asking why an engineer is in charge of flying the plane and not a seasoned pilot – and that's the whole point of this experiment.

In my decade of clinical work with young people navigating anxiety, mood, and eating disorders, and my work fostering the next generation of leaders and entrepreneurs, I have come to see that we have been looking at human resilience all wrong. Resilience is not a static character trait; it is a systemic output. To build it, we must engineer two distinct but deeply coupled worlds: the internal architecture of the brain and the external ecology of the environment.

## Part I: The Internal Architecture

The cornerstone of this systems approach is the biological reality of the Prefrontal Cortex (PFC) of the brain. The PFC takes roughly twenty-five years (give or take 3 years) to fully develop. The PFC handles executive function, impulse control, and the slow logic required to regulate emotions and plan for the long term.

From a systems engineering perspective, a young person operates under *bounded* rationality: their decision-making is limited by the hardware currently available. When

the PFC is still under construction, the system defaults to older, faster, and more reactive sub-routines located in the limbic system: the brain's emotional and threat-detection centre.

When we see a teenager struggling with a restrictive eating disorder or paralysed by social anxiety, we are seeing a system trying to solve a complex problem with incomplete tools. The behaviour is not a malfunction; it is a heuristic, a mental shortcut. In a world that feels uncontrollably complex, the brain finds a single variable it can control (such as caloric intake or social withdrawal) to create a temporary sense of systemic stability.

## **Part II: The External Ecology**

Expanding on our earlier thought experiment, we can safely (no pun intended) say no aircraft flies in a vacuum. A plane's performance is invariably linked to air traffic control, weather patterns, and fuel supplies. In the same way, individual resilience is a systemic illusion. For a person under twenty-five, resilience is a distributed property. It lives in the space between the individual and their surroundings.

If their PFC is still under construction, the external environment must act as the temporary scaffolding. Resilience, therefore, is not just the strength of the building; it is the integrity of the scaffolding we build around it.

So, to bridge these two worlds, we need to move from fixing to optimisation. We can use five leverage points to build structural integrity:

1. Map the feedback loops: Behaviours are often part of feedback loops (commonly known as vicious cycles). Stress leads to a defensive behaviour (like restriction), which leads to metabolic depletion, which increases stress. To break this loop and map its trajectory, ask: "What is this behaviour protecting the system from?" Once the loop is mapped, you can find where to introduce a balancing loop: a regulatory habit that returns the system to equilibrium.

2. Install systemic slack: A system running at full (or nearly full, because absolutes don't exist in reality) capacity is brittle. In our drive for youth achievement, we have stripped out the buffers. Hence, it is important that we start by protecting non-productive time (or in systems terms, slack) as a core system requirement. Slack is the insurance that allows a young person to absorb a failure without the entire prototype coming apart.

3. Utilise external processors (co-regulation): Since the PFC is under construction,

older adults in the environment become peripheral processors, helping a young person practice co-regulation over correction. By remaining regulated yourself during a young person's 'system crash', you loan them your fully-developed PFC until theirs can come back 'online'.

4. Audit the metabolic hardware: High-level software (like emotional regulation) is metabolically expensive. As such, we must treat physical regulation as a performance requirement. You cannot 'talk' a system into resilience if the hardware (sleep, movement, and nutrition) is failing.

5. Build safe-to-fail sandboxes: Whether in a family or an entrepreneurial incubator, we must create environments where the cost of failure is lowered. If the stakes are always life-or-death, the system will stay in a permanent state of survival, stunting the very PFC development we aim to foster.

### **Part III: Our Collective Social Return on Investment (SROI)**

Reading through Part III, a natural question for society to ask is why it should invest so heavily in being the scaffolding for a young person's developing brain? The answer lies in the Social Return on Investment (SROI).

When we provide a young entrepreneur with a safe-to-fail sandbox, or a teenager with the clinical support to map their feedback loops, we are performing systemic fortification. Small interventions during this construction phase create massive, non-linear dividends downstream. By acting as the scaffolding we also end up preventing systemic drag, that is, the long-term societal costs of lost productivity, chronic illness, and social exclusion.

Every glitch we help a young person navigate today is a crash we prevent in the social system of tomorrow. A young person who learns to *satisfice* instead of spiralling into perfectionism becomes a resilient node in our global network.

Hence, we can either pay for the scaffolding now, or we can pay for the wreckage later. As practitioners, our task is to stop being *repairmen* of the past and start being *architects* of the future. By choosing to be the scaffolding, we are not just supporting the in-flight prototype of our young people, we are also ensuring the structural integrity of the entire world they are destined to lead.



# ABOUT THE AUTHOR

---



Aparna Nayyar

Aparna Nayyar is a Psychologist and Impact Strategist who operates at the intersection of logic and empathy. With over a decade of experience across the clinical and social impact sectors in the UK and India, she specialises in helping organisations, from non-profits to schools, build systems that foster human potential. A dedicated advocate for youth development, Aparna has collaborated with charities and intergovernmental organisations such as UNESCO, Eight Goals One Foundation, and Business Launchpad to integrate behavioural insights into leadership and mental health scaffolding. Her work focuses on shifting the perspective of resilience from an individual burden to a systemic design, ensuring that the next generation has the structural support to lead consciously and sustainably.



# IV. RELATIONAL FIELDS & COLLECTIVE HEALING

(Connection as medicine — circles,  
belonging, leadership, social  
nervous systems)



# The Power of the Circle

by Eleftheria Kakambouras

## Abstract

This article explores the ancient and modern significance of the circle as a space for healing, connection, and transformation. Drawing from anthropological traditions, neuroscience, and contemporary research from both global and European contexts, it demonstrates how circles—ancient and modern—serve as vital frameworks for human belonging and collective mental wellbeing. Examples include ancient tribal councils, spiritual gatherings, and modern forms such as support groups, women’s circles, and corporate listening circles. The power of the circle, both symbolically and neurobiologically, lies in its capacity to dissolve hierarchy, foster empathy, and restore psychological balance in an increasingly disconnected world.

## Ancient Wisdom: Humanity’s Original Architecture of Connection

Since the dawn of civilization, humans have gathered in circles—to share stories, resolve conflict, make decisions, and heal together. The circle’s shape—without corners or hierarchy—reflects the profound understanding that all members are equal, interconnected, and vital to the whole. Nature does not have hard edges, or grow in straight lines, but unfolds in spirals and patterns, and nurtures symbiotic relationships through diversity of species.

Ancient cultures across continents recognized this power. Indigenous peoples of North America convened in talking circles to promote respect and deep listening. African communities met under the palaver tree, where reconciliation and collective decision-making occurred through dialogue. The **Māori hui** of New Zealand and Celtic gatherings in roundhouses also embodied the principle of unity through equality. In Buddhist sanghas and Druidic councils, circles became living metaphors of interdependence and continuity.

Across millennia, circles functioned as social technologies for **ritual, storytelling, conflict resolution, and knowledge transfer** — the foundations of community resilience.

## We Are Wired for the Circle: The Neuroscience of Connection

Modern neuroscience confirms what our ancestors instinctively knew: humans are

neurobiologically wired for connection. Social neuroscientist **Matthew Lieberman** (2013) notes that our brains are structured to connect, and that social pain activates the same neural circuits as physical pain. When we sit in a circle—making eye contact, sharing rhythm, and synchronizing attention—our **mirror neurons**, **oxytocin release**, and **vagal tone** all increase, fostering calm and trust.

Research by Porges (2011) on the polyvagal theory demonstrates that safe, face-to-face interactions co-regulate the nervous system, reducing cortisol and promoting psychological safety. The circle—by design—creates a neurobiological environment for empathy and healing.

### **Healing Together: Circles as Medicine for the Mind**

Scientific research substantiates the healing effects of communal circles. In a landmark study published in *The Lancet*, **Spiegel et al.** (1989) found that women with metastatic breast cancer who participated in weekly support groups lived significantly longer and reported higher quality of life than those receiving standard medical care. Emotional expression, shared vulnerability, and group belonging strengthened resilience and immunity.

In Europe, similar findings have emerged. A **literature review from Estonia** found that participation in breast cancer support groups significantly enhances emotional wellbeing, reduces stress, and fosters empowerment among participants (Pöldvere, 2023). Likewise, a **randomized controlled trial conducted in Sweden** demonstrated that structured group psychosocial interventions improved quality of life and reduced fatigue in women after breast cancer treatment compared to standard follow-up (Hägmark et al., 2012).

Further evidence from a **multi-country European review** shows that psychological and peer support is increasingly recognized as an essential component of comprehensive cancer care, though implementation varies across health systems (Sjögren et al., 2020).

Together, these studies confirm that circles of connection and care are not merely symbolic—they are clinically effective and life-enhancing.

### **The Circle as an Ancient Technology of Healing**

For countless cultures, the circle has been a space of **transformation**—where individuals shed isolation and re-enter community.

**1. Native American talking circles:** Used for conflict resolution, they emphasize equality and the right to speak and listen in turn.

**2. African Ubuntu circles:** Embody the philosophy “I am because we are,” fostering reconciliation and social harmony.

**3. Buddhist meditation circles:** Nurture mindfulness and compassion through collective presence.

**4. Druidic and Celtic gatherings:** Symbolized cosmic unity, with the circle representing both eternity and balance.

In each, the circle becomes a living organism—a mirror of nature’s wholeness, where the personal and collective meet in shared purpose.

### **Circles in the Modern World: From Healing to Innovation**

In today’s fragmented, digital, and fast-paced world, loneliness has become a public health epidemic. The U.S. Surgeon General’s 2023 Advisory on Loneliness and Isolation identifies disconnection as a health risk comparable to smoking fifteen cigarettes a day. In such an era, the circle offers a countercultural remedy: the ancient architecture of belonging restored to modern life.

Across Europe, this principle is increasingly recognized through social prescribing—where health professionals refer people to community-based activities and group support as part of treatment. **The European Perspective on Social Prescribing** (Peschery et al., 2023) highlights that community engagement through arts, gardening, and group dialogue significantly improves mental wellbeing, reduces depression, and builds social capital.

The **WONCA Europe Social Prescribing and Community Orientation Group** (2024) has shown that such programs help patients build self-confidence and resilience through social connection. Similarly, the **Social Prescribing Europe** (SP-EU) initiative—funded under Horizon Europe—aims to expand this model across multiple countries to address mental health disparities and loneliness among vulnerable populations (EuroHealthNet, 2024).

European efforts like Culture on Prescription demonstrate that structured participation in group-based cultural or creative activities can enhance mental health, increase social interaction, and foster inclusion (Culture on Prescription Europe, 2023). These modern community circles—whether artistic, therapeutic, or spiritual—carry forward the ancient wisdom of the circle into contemporary healthcare and social practice.

### **The Benefits of Gathering in Circle**

In a world marked by isolation and hyper-individualism, the benefits of gathering in circle extend across emotional, cognitive, and physiological domains:

1. **Enhanced mental health** – Reduced anxiety, depression, and stress through shared empathy and belonging (Pescheny et al., 2023).
2. **Strengthened immune and nervous system function** – Co-regulation and oxytocin release foster biological calm (Porges, 2011).
3. **Greater self-awareness** – Reflection through listening and storytelling deepens personal insight. In a digital world that offers silo communities enabling one perspective, the circle provides the soft skills to learn deep listening, and opening to other perspectives.
4. **Improved communication** – Equality of voice nurtures mutual respect and emotional intelligence.
5. **Social resilience** – Collective sharing fosters community trust and cooperation (EuroHealthNet, 2024).
6. **Spiritual connection** – Circles restore a sense of meaning, ritual, and reverence for life.

These outcomes confirm that circles are not relics of the past—they are the future of sustainable human wellbeing.

### **Conclusion: Returning to the Circle**

The circle reminds us of an essential truth: **we are not separate**. In gathering, listening, and being witnessed, we rediscover our shared humanity. The Power of the Circle lies in its capacity to restore balance—to reawaken the ancient neural, social, and spiritual pathways of belonging that modern life has eroded through rewarding individualism and hyper-independence.

In reintroducing circles into education, healthcare, and workplaces, we do more than create community—we **restore civilization’s nervous system**. As we face the ecological, psychological, and social challenges of our era, the circle offers not just connection, but a blueprint for a more compassionate and coherent world.

### **References**

1. Culture on Prescription Europe. (2023). Culture on prescription compendium. <https://culture-on-prescription.eu/wp-content/uploads/2023/04/CoP-Compendium-EN.pdf>
- EuroHealthNet. (2024). Social Prescribing Europe (SP-EU) project. <https://eurohealthnet.eu/publication/sp-eu/>
2. Häggmark, C., Ahlberg, K., Berglund, G., & Nygren, C. (2012). Group interventions for women after early breast cancer treatment: Randomized controlled trial. *Psycho-Oncology*, 21(6), 611–618.
3. Holt-Lunstad, J., Smith, T. B., Baker, M., Harris, T., & Stephenson, D. (2015).

- Loneliness and social isolation as risk factors for mortality: A meta-analytic review. *Perspectives on Psychological Science*, 10(2), 227–237.
4. Lieberman, M. D. (2013). *Social: Why our brains are wired to connect*. Crown.
  5. National Health Service (NHS). (2022). *Social prescribing and community-based support: Summary guide*. NHS England.
  6. Pescheny, J. V., Paredes, F. J., & Smith, K. E. (2023). Social prescribing in Europe: An integrated approach to community wellbeing. *International Journal of Integrated Care*, 23(1), 7636.
  7. Pöldvere, K. (2023). The benefits of support groups for women diagnosed with breast cancer. *Social Welfare: Interdisciplinary Approach*, 3(1), 45–56.
  8. Porges, S. W. (2011). *The polyvagal theory: Neurophysiological foundations of emotions, attachment, communication, and self-regulation*. Norton.
  9. Sjögren, A., Bergkvist, L., & Wengström, Y. (2020). Psychological support in European breast cancer care: A comparative analysis. *European Journal of Cancer Care*, 29(2), e13211.
  10. Spiegel, D., Bloom, J. R., Kraemer, H. C., & Gottheil, E. (1989). Effect of psychosocial treatment on survival of patients with metastatic breast cancer. *The Lancet*, 334(8668), 888–891.
  11. U.S. Department of Health and Human Services. (2023). *Our epidemic of loneliness and isolation: The U.S. Surgeon General’s advisory*.
  12. WONCA Europe Social Prescribing and Community Orientation Group. (2024). *Social prescribing and community orientation: Building wellbeing through participation*. <https://www.euripa.org/page/social-prescribing-and-community-orientation>



# ABOUT THE AUTHOR

---



## Eleftheria Kakambouras

Eleftheria Kakambouras is the founder and lead trainer at Terra Živa, a premier training provider endorsed by the International Institute for Complementary Therapists (IICT). She is the creator of the Root to Rise Circle Facilitation Program—an IICT-approved, 250-hour transformational training that equips women, HR professionals, and executive leaders to lead with authenticity, empathy, and psychological safety. Blending ancient wisdom with modern facilitation science, Eleftheria trains facilitators, HR managers, and corporate teams in regenerative leadership, group dynamics, and relational intelligence. With over two decades of experience in women’s circles, community development, and leadership training, she empowers individuals and organizations to foster cultures of connection, resilience, and collective transformation. Her work bridges personal growth, inclusive leadership, and real-world impact.

[www.terraziva.com](http://www.terraziva.com)

# The Power of Human Connection

by Alicia Avila

## The Power of Human Connection

Alicia A. from West Virginia was diagnosed with Stage 3 pancreatic cancer in 2021. In her story, she recounts the moment she received the life-altering news and the complex emotions that followed. She shares the challenges of undergoing treatment but highlights the profound impact of human connection throughout her journey, and the advice she would give to her past self and other cancer thrivers.

### April 21, 2021.

It's been two days since I got the call—the one you expect you'll never get. I remember vividly the words: *"Your liver and pancreas are failing, and I can't figure it out. Go to the ER now; they'll have to figure it out."* I was confused. I didn't feel that bad. Yes, I was a little yellow and in pain, but I didn't feel like I was dying—at least, that's what I told myself. Still, something in the voice of Dr. Khajavi, my family doctor at the time, told me I had to go. I hung up, turned to my husband, and said, "Dr. Khajavi says you have to take me to the ER." With dread, I grabbed my purse, and my husband drove me there.

As this was during COVID times, no visitors were allowed while waiting. Once there, they ran test after test after test. Blood tests and more blood tests. Ultrasounds. Nothing. Finally, a CT scan. The ER doctor came into my room and said, *"There's a mass in your pancreas obstructing the biliary ducts. We don't have the equipment here, so we'll transport you by ambulance to Morgantown, where a team is waiting for you. We've spoken with the OR doctor in charge, and they'll make room for you right away."*

They told me I'd have to sleep in the ER and that the ambulance would take me the next morning. I said, "My husband can take me—no need for an ambulance." They replied that the ambulance would make things easier and expedite everything once I arrived. In hindsight, I realized that my body hadn't been able to get rid of toxins. They were accumulating, poisoning me from the inside out. And I didn't know it yet, but I was about to face the biggest battle of my life.

As my husband, Per, went home after midnight to take care of the dogs and get some sleep, I was on my own in the darkness of the room. In that still moment, I reflected on my life. I began to consider the possibility that I might be gone from this world sooner than expected. I thought about the things I would miss—hugging my husband, my parents, my family, my brothers, my favorite cousin; petting my dogs and feeling their soft fur; spending time with my horse; saying “I love you” and being next to the people I love in the same space and time. I would miss the physical interactions.

I wasn't thinking about work, my next project, an upcoming meeting, or an argument with colleagues. Suddenly, everything I had once believed defined me—what I thought was my essence—didn't matter anymore. The following morning, during the three-hour ambulance ride to Morgantown, I found myself wondering: *Who was Alicia up to this point?*

### **Before April 2021 and Now**

Before April 2021, Alicia was living in the corporate world, running her life according to the usual programming: work hard, fight for what you want, stay concerned and fearful of the future because you might be bankrupt at any moment or fired without warning, and—if you grow old—you'll need a lot of money to retire comfortably someday... if retirement even happens or is available.

She used to travel most of the time for work. Did she love what she was doing? Maybe—but she wasn't enjoying it. Instead of seeing every problem as a chance to challenge her mind and take joy in finding answers and solutions, she felt dread. She was fed up, worn down by the personal and professional difficulties she faced day after day. She was burned out, struggling to maintain her energy levels, and sometimes even to find the motivation to get out of bed.

I had been taught that you have to do what you don't enjoy—that's why it's called work; they even have to pay you to do it—to succeed. Then, after 65, you can retire and live the life you truly want. But now there was a real possibility I might never see retirement. I had to learn to live in the present moment—in the now.

As the famous Bill Keane quote says: “Yesterday's the past, tomorrow's the future, but today is a gift. That's why it's called the present.” Some days are very challenging, but I now have the most fun at work with amazing, creative, intelligent, and unique human beings that enrich my life immeasurably. I'm grateful to have regained my full mental capacity and now believe that if a challenge arrives, it's because I have the capacity to solve it—and I don't have to do it alone. This is the beauty of collaboration.

## The Diagnosis and Treatment Plan

As the ambulance arrived at the hospital in Morgantown, they took me straight to the oncology wing, and the waiting began. The next morning, I went into the OR, where they inserted a stent and took a biopsy. When it was over, they brought me back to my room, and I clearly remember the moment Dr. Thakkar came in. He sat at the foot of my bed, looked me in the eye, and, with all the kindness and a soft voice, said, “*It’s pancreatic cancer—adenocarcinoma. The good news is that it seems to be stage 1 and it’s resectable.*” Resectable, they could operate and remove the tumor. He added that the surgeon would come later that day to see me.

I felt numb, but there was so much honesty, kindness, and certainty in his voice that I didn’t feel afraid.

Later, Dr. Boone arrived. I remember he repeated that it was resectable and that this was great news. Again, he looked me straight in the eye, his voice certain and without hesitation—pure honesty. I asked why he chose to become a pancreatic oncology surgeon, and he explained there weren’t many specialists in the field, so he decided to dedicate his life to it. Right then, I knew—he was the one. He was the surgeon I wanted to perform my Whipple procedure. He also advised, “*If you want to do some research, there are great resources through PanCAN, the Pancreatic Cancer Action Network. Please don’t Google this.*” And to this day, Dr. Boone can be proud of me—I have never Googled anything related to pancreatic cancer.

What followed a robotic Whipple surgery lasting more than seven hours, with a very challenging recovery. The drain inserted in my abdominal cavity to prevent infection shifted, pressing on my bladder and other organs, making trips to the restroom incredibly difficult. Sometimes the pain was unbearable, but the risk of infection was one none of us were willing to take.

As my digestive system slowly began to find its rhythm again, eating became both a challenge and torture sometimes. Before every meal, I would ask myself: *Will my digestive system be upset? Will I be able to bear the pain?*

There was also a change in the diagnosis. By then, we knew it wasn’t Stage 1—it was Stage 3. The cancer had already spread to my lymph nodes. As Dr. Boone explained, it seemed more aggressive than expected: the tumor was only about 1 cm, yet it had already reached eight lymph nodes, and half of one contaminated lymph node was still in me.

Finally, after four weeks, the drain was removed, and it was time to start chemo. Chemo was led by another fantastic doctor—Dr. Kolodney—and her team: Dr. Heidi, Betha-

ny, and Crystal, an amazing pharmacist. I couldn't complete all 12 of the chemo rounds as planned—my body just couldn't handle it. I managed six rounds, and it's better not to go into the details. I still remember my conversations with Dr. Kolodney: "There's no right or wrong answer. What do you want to do?" I'm still grateful to her for letting me just be.

Then came Dr. Charles, offering great advice on palliative care, and last but not least, Dr. Kiggundu for radiation.

I can't forget all the amazing nurses and healthcare angels I met on my path to recovery. Their smiles, patience, and compassion as they helped me through those difficult times truly mattered and became part of my healing. Thank you for dedicating your lives to this work—because, in part, it's thanks to all of you that I got a second chance at life. And believe me, I'm not wasting this one.

Looking back at my story, I think everyone believed in the possibility of my recovery; therefore, I was able to believe in it too.

### **Advice for anyone going through a life-threatening challenge and What I Would Tell Myself**

**1. This too shall pass – nothing stays the same forever, neither the good nor the bad.** If it's good, enjoy it; if it's bad, hang in there — it won't last forever. Look for tools that resonate with you to calm your nervous system and balance your brain. I was lucky to discover Cognomovement, a technique I still use every day. Remember, we are emotional beings—emotion means energy in motion. As Dr. Joe Dispenza mentions in his book *Becoming Supernatural*: change your energy, change your life.

**2. Don't take life so seriously, no one makes it out alive.** Did I think I was going to die? Yes, I did — several times. Whipple surgery recovery is no joke, and chemo treatments were tough, with unexpected side effects like losing my eyesight, shaking, and even a seizure between chemo and radiation. Radiation, surprisingly, was the easiest part of the journey. Learn from the process, allow yourself to open your heart, and enjoy every day you have — because it might be the last one.

**3. The power of the mind.** Talk to survivors — or, as I like to call them (and myself), thrivers. They are alive, they've been through it, and your brain needs to understand that it's possible to overcome this, heal, and dream again about growing old with your loved ones. I was lucky to find two, and I talk frequently with one of them. She is 81 years old and thriving. She runs her own business, works every day, and this year, she went on vacation to Paris. She also had her "big adventure" in her mid-forties.

**4. Never doubt the power of the heart, the power of love, the power of human connection.** Family, friends, colleagues, neighbors, doctors, nurses, therapists, pharmacists, and many more supported me through this adventure, I was able to see a side of people I never imagined I could experience: kindness, compassion, and unconditional support. My amazing partner-in-crime, my superhero husband, Per. It was COVID

times, so no family could help us. He took it upon himself to fully care for me. I'm in awe of this incredible human being who gave everything to keep me going. Whatever was needed, he was always there — giving me my medications, emptying the drain in my abdominal cavity every few hours to prevent infection after Whipple surgery, feeding me, helping me shower, and never letting me lose faith. He kept working full-time and never took time off. Per, I'm in awe of your strength, kindness, and love. Thank you for existing.

**5. Believe.** Your beliefs are a part of your recovery — you create what you believe. Believe that you are unconditionally loved by God, the universe, or Source — however you choose to call it. Your thoughts and emotions influence your healing, so find a support system that is right for you.

There were ups and downs every step of the way, with many lessons and challenges. I could bore you to death (pun intended) with all of them. So please allow me to start my conclusion: if cancer hadn't knocked on my door, I am certain I would have never changed. I would have never felt such happiness watching a sunset or sunrise, sharing experiences in person with the people I love, or savoring simple pleasures like a great cup of warm tea on a chilly morning. I would probably have been wasting precious time feeling that the world is a fearful place, believing there is not enough for everyone, living in lack, and probably stuck in victimhood—because we human beings love to think that everything, including our worth and happiness, comes from the outside.

Remember, there's no cure for human pain, but suffering is optional.

My new beliefs and guidelines in life are:

- Follow your excitement to the best of your ability, without expectation of the outcome.
- Everything happens for a reason; there are no mistakes in the universe.
- God, Source, the universe — however you choose to refer to it — loves you so unconditionally that it is willing to support any beliefs or experiences you want to have.
- Trust the process — there's always a lesson. Everyone you meet is either a teacher or a student.
- Live in the present moment. Real happiness comes from the inside out. Don't wait for something external to make you happy; you can make yourself happy.
- I am not a victim of my environment. I know there are three things I can control: my thoughts, my emotions, and my actions.
- I'm a work in progress, and I learn every day how to be the best version of myself, to forgive myself, and to be kind to myself so I can do the same for the rest of the world. I go by the premise that everyone is doing the best they can — even me. So, start being kind to yourself, forgive yourself every day, love yourself, and remember: every day that you open your eyes is a gift, another opportunity to reinvent yourself and be the best

version of yourself.

- When in doubt, ask your heart: the brain thinks, but the heart knows. As Bill McKenna mentions in his book *The Only Lesson*: the answer is love. Whatever the question is, I know the answer is love.

I am in gratitude for being here and for all of you taking the time to read my story. Namaste, the divine light in me honors the divine light in you.



# ABOUT THE AUTHOR

---



Alicia Avila

Alicia is a Root to Rise–certified facilitator and Radical Remission Coach who supports others in reconnecting with their inner wisdom and healing potential. Her approach is grounded, compassionate, and shaped by her own journey through Stage 3 pancreatic cancer, where she embraced all 10 Radical Remission Healing Factors and discovered the transformative power of embodiment and presence.

Through Root to Rise, Alicia guides individuals in cultivating stability, self-trust, and emotional resilience so they can rise into clarity, confidence, and a more aligned way of living.

Alicia brings compassion, lived wisdom, and a gentle groundedness to every person she supports. When she’s not facilitating, she finds joy with her horse, her dog, and in the everyday adventure of life with her husband.

# Embodied Networking: A New Way for Leaders to Relate

by Valérie M. Saintot

## Leadership Starts in the Body

Most leadership books start in the head: vision, strategy, influence, performance. This chapter starts somewhere more surprising and more concrete namely in the human body.

As leaders, we spend our lives in networks: boardrooms, project teams, stakeholder coalitions and cross-sector alliances. We often treat these networks as abstract diagrams of nodes and edges, or organisational charts and stakeholder maps.

Yet the way we experience them is visceral. Our stomach tightens before a difficult conversation. Our shoulders relax when we are with a trusted colleague. We read the room not as a spreadsheet, but as a field in which we feel tensions and possibilities.

The Triple Body Governance framework (Figure 1) is based on this lived reality. It views every network through three intertwined lenses: the Earth Body (the ecological context), the Human Body (our biology and lived experience) and the Social Body (organisations and communities).

For the sake of the present book chapter, the focus is placed on the human body as a blueprint for how leaders can establish more impactful, sustainable and regenerative relationships.

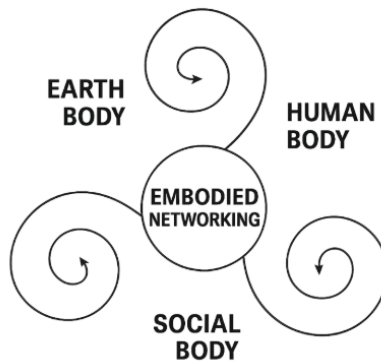


Figure 1 The Triple Body Governance Framework

Rather than offering one more set of networking techniques, we will explore the human body and how our twelve physiological systems, namely: endocrine, respiratory, digestive, reproductive, integumentary, muscular, nervous, cardiovascular, lymphatic, urinary, skeletal, and immune can help us understand the hidden anatomy of networks. When we see our teams, organizations, or ecosystems like a living body, we gain a radically practical way to sense where our “organisms” are healthy, where they are blocked, and where they need care when not cured.

This embodied approach draws on cutting-edge ideas of thought leaders and systems thinkers who inspired us over the years: Francisco Varela and Humberto Maturana’s work on autopoiesis and embodied cognition, Gregory Bateson and Fritjof Capra’s views of life as interdependent webs, Daniel Christian Wahl’s writing on regenerative cultures, Otto Scharmer’s Theory U, Fred Kofman’s conscious leadership, and Steven Pinker’s exploration of how our minds compare, categorize, and make sense of complex systems.

The idea is straightforward yet challenging: if we want networks that are more alive, trustworthy and resilient, we must learn to lead with both our bodies and our minds.

## **1. Our Body as an Embodied Blueprint for Regenerative Networking**

Biology reveals an elegant truth: no bodily system survives alone. Muscles depend on bones, which depend on blood, which depends on the lungs, which depend on the nerves and so on. All of these systems depend on subtle regulation and immune protection. Health emerges from the relationships between these systems, rather than from maximising one system in isolation.

The same applies to leadership networks. For example, you cannot “fix” a company’s culture with a communication campaign if the incentives, decision-making processes, and informal relationships tell a different story. Similarly, you cannot grow membership endlessly if you lack the capacity to nourish, integrate and protect the people who join.

The Triple Body Governance framework translates each of the twelve physiological systems into a network function. Here, we will examine them through a leadership lens, exploring what is their body function, how we can project them playing an inspirational role in our networks, and what they may suggest to us to do as mindful leaders.

## **2. The Structural Body Systems: How Leaders Give Form and Direction**

The body stands, moves, and protects itself because certain systems give it shape and strength. In the same way, leadership relies on structural systems that hold the network

together: governance, growth, value creation, brand, and execution and are mirroring the endocrine, respiratory digestive, reproductive, integumentary, muscular body systems as visualised in Figure 2.

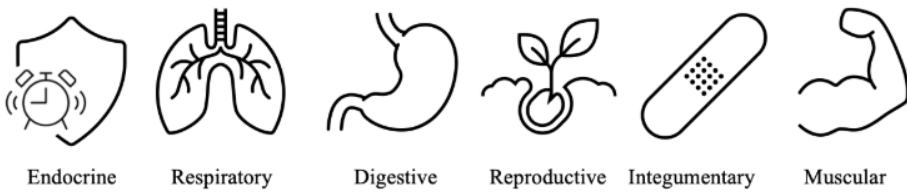


Figure 2 The Structural Body Systems

When these functions are well designed, people know where they are going, how to act, and what “good” looks like.

### 2.1 Endocrine System: Governance and Signal Setting

The endocrine system regulates the body through hormones that travel slowly but powerfully, setting mood, growth, energy levels, and long-term direction.

In networks, this is our governance and “hormonal” leadership signals: purpose statements, bylaws, decision rules, incentive structures, and symbolic actions that tell people what really matters. They don’t shout; they whisper over time.

As a leader, we may ask ourselves:

- What “hormones” am I releasing into the system: anxiety, urgency, trust, curiosity?
- Do our formal rules and informal signals align, or do they send mixed messages?
- Are we regulating for balance, or swinging between over-control and chaos?

Drawing on autopoiesis, we can say that networks, like living systems, continually create and maintain themselves through their own operations. Governance does not stand outside the network; it is one of the ways the network “generates itself on the go”.

### 2.2 Respiratory System: Intake of New People and Ideas

Breathing brings oxygen in and releases carbon dioxide out in a constant rhythm. No breath, no life. In leadership networks, this is our membership intake and knowledge intake:

- Who is allowed in, and how?
- How do new perspectives, partners, and ideas flow into our ecosystem?
- Is there a natural in-and-out rhythm, or are you always inhaling and never exhaling?

Many leadership teams die a slow death of stale air: same people, same conversations, year after year. As a leader, we become a kind of lung: consciously creating spaces where fresh voices are welcomed and outdated assumptions are gently exhaled.

### 2.3 Digestive System: Turning Interaction into Value

Digestion does not just receive food; it breaks it down, absorbs nutrients, and eliminates waste. If this process fails, the body can starve in the middle of plenty.

In a leadership context, digestion is the network's ability to turn activity into value:

-To what extent meetings and events produce insights, decisions, and learning, or are making us busy?

-Do new ideas get integrated into strategy and practice, or do they pass through undigested?

-Are benefits, e.g. information, opportunities, recognition, fairly distributed?

Fred Kofman's notion of conscious business is helpful here: value is created when people act from clear values and mutual accountability, not just from clever tactics.

Leaders with a strong "digestive" function help their networks extract meaning from experience and share the nutrients widely.

### 2.4 Reproductive System: Renewal and Succession

Biological reproduction ensures the continuity of life across generations. In networks, it's less about biological offspring and more about leadership succession, mentoring, and renewal of roles and relationships.

Questions for leaders:

- Who are you actively mentoring to grow into future leaders?

- How are key roles held? Are they in the hands of the same people, or does one care for real regeneration by rotating these positions?

- How consciously do you design projects so that knowledge and relationships survive when individuals move on?

Daniel Christian Wahl describes regenerative systems as those that increase the capacity of the whole to thrive over time. Viewed this way, a network that cannot reproduce its own leadership is not just unstable; it is fundamentally un-regenerative.

### 2.5 Integumentary System – Identity, Boundaries, and Psychological Safety

Skin protects, senses, and defines the boundary of the body. It's both a barrier and interface with the world.

In our leadership network, the integumentary system is our brand, culture, and boundaries:

- How does the network "feel" from the outside?

- To what degree people are in the know of what the network stands for?

- Are there clear, healthy boundaries about what is acceptable and what is not?

Boundaries aren't about exclusion for its own sake; they are about protecting the

conditions that make trust and experimentation possible. Without skin, there is no safe inside.

## 2.6 Muscular System: Action and Shared Effort

Muscles convert potential into movement. They are where plans meet reality.

In networks, this is our active core team and execution capacity:

- Who actually moves things forward?
- Are responsibilities clear, or is everyone waiting for someone else to act?
- Are people over-strained, or is effort distributed in a healthy way?

Leadership here is less about heroic solo effort and more about toning the muscles of distributed action: giving people permission, tools, and support to move.

## 3. The Relational Body Systems: How Leaders Enable Flow

If structural systems give an organization its shape, relational systems keep it alive. They govern how information, care, trust, and correction move through the network. Here we look at the human body's nervous, cardiovascular, lymphatic, urinary skeletal, immune functions as symbolised in Figure 3 below.

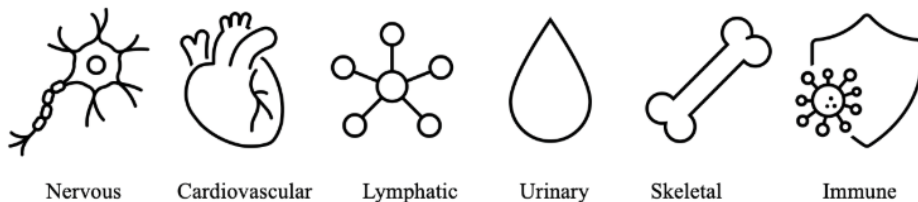


Figure 3 The Relational Body Systems

These body systems can inform us how to design and drive culture, communication, learning, and ethical boundaries in leadership.

### 3.1 Nervous System: Sense-Making and Leadership Attention

The nervous system allows the body to sense, coordinate, and respond quickly.

In a network, this is our leadership attention and communication architecture:

- What do you notice first: crises, metrics, stories, or subtle shifts in morale?
- How quickly does information travel from the “extremities” (frontline teams, customers, communities) to the “brain” (decision-makers) and back?

-Are there multiple pathways for truth to reach you, or only one controlled channel?

Fritjof Capra's systems view of life emphasizes that cognition is not just in the head; it's distributed throughout the living network. When practicing embodied networking, our task is not to be the brain that controls everything, but to enhance the network's capacity to sense and respond.

### **3.2 Cardiovascular System: Circulation of Opportunity and Recognition**

Blood carries oxygen and nutrients to every cell and removes waste. If circulation fails, local damage soon affects the whole organism. In networks, this is our flow of opportunities, information, and recognition:

- Who consistently gets the best projects and chances to shine?
- How is the circulation of resources and learning organised?
- Are there forgotten "limbs" of the network starved of attention?

Leaders with healthy cardiovascular awareness ensure that benefits and visibility in their networks are not monopolized. Mechanisms are put in place to ensure the rotation of roles, transparent calls for participation, regular knowledge-sharing. Metaphorically, embodied leaders send blood to all parts of the body, not just to the "head".

### **3.3 Lymphatic System: Informal Relationships and Emotional Processing**

The lymphatic system drains excess fluid, filters pathogens, and supports immune function. It works quietly in the background. In networks, this is the informal relational infrastructure: friendships, corridor conversations, WhatsApp groups, confidential check-ins, and spaces where people can process what is really going on.

Let us ask ourselves:

- Where do people go to speak honestly when something feels off?
- Do you have trusted "listeners" spread across our networks?
- Are there rituals to ensure general health like one sees in some management disciplines?
- How consciously do you design projects: retrospectives, learning circles, peer coaching where emotions and tensions can be metabolized?

Gregory Bateson called attention to "the pattern that connects", highlighting that what really matters in living systems is not the isolated parts but the relationships and differences between them. Our informal relational patterns are part of that deeper pattern, and we have to realise that they either support health or they allow toxins to accumulate.

### 3.4 Urinary System: Feedback and Letting Go

The urinary system filters blood, removes waste, and maintains chemical balance. If it fails, toxins build up and threaten every other system.

In embodied networking, this is the feedback to the leadership culture being practiced and it speaks about the ability to release what no longer serves:

- Can people safely say, “this isn’t working”?
- When a program or partnership has run its course, can you end it gracefully?
- Are under-performing processes tolerated because “we’ve always done it this way”?

Otto Scharmer’s Theory U invites leaders to “let go” in order to “let come” by releasing outdated structures so that a more fitting future can emerge. Healthy urinary function in a network is exactly this capacity. Without it, we risk being eaten by our own historical success.

### 3.5 Skeletal System: Mission, Vision, and Values

Bones provide structure, protect organs, and produce blood cells. They are strong yet constantly remodelling in response to stress and use. In networks, the skeleton the mission, vision, and values:

- How aware are you whether the people know why this network exists in the long-term?
- What is the vision of the future being created?
- Are values real constraints on behaviour, or just words in a slide deck?

Fritjof Capra’s work on the web of life shows that structure and pattern are inseparable: the pattern of relationships is the structure. Mission and values encode patterns. Leadership here means regularly “checking the bones”: revisiting purpose, aligning decisions with values, and letting the skeleton adapt without losing its integrity.

### 3.6 Immune System – Boundaries, Memory, and Integrity

The immune system distinguishes between self and non-self, remembers past threats, and mounts appropriate responses.

When actively leading networks, this is our capacity to protect what matters while staying open to learning:

- How explicit are the criteria defining who and what belongs in the network?
- How are past crises or repeated sub-optimal patterns really taken into account?

-Are you over-reactive (autoimmune, attacking our own innovators) or under-protective (letting harmful behaviours persist)?

Francisco Varela used the immune system as a template for understanding how living systems maintain identity amid constant change. For leaders, immune health is about ethical clarity and institutional memory: being able to say “yes” and “no” from a grounded sense of who you are, not from fear or fashion.

#### **4. From Concept to Practice: Embodied Leadership Exercises**

Knowing this mapping is helpful; embodying it is transformative. Here are practical ways to work with our own body as we lead with embodied networking awareness and intention.

##### **4.1 Start Every Interaction with a Body Check-In**

Before an important meeting or conversation:

1. Take three slow breaths.
2. Notice: Where is there tension? Where is there warmth or openness?
3. Ask silently: What is my body telling me about this relationship or situation?

Varela, Thompson, and Rosch describe cognition as “enactive” and arising from the dynamic coupling of body, brain, and environment. We are not just thinking about the network; we are participating in its sense-making with our whole organism.

##### **4.2 Diagnose Our Network System-by-System**

Choose a network, team, or an industry you care about. For each of the twelve systems, ask:

**Endocrine-** What are the slow, background signals shaping behaviour here?

**Respiratory-** What feels fresh? What feels stale?

**Digestive-** Where are we wasting experiences vs learning from them?

**Reproductive-** Where is new leadership emerging or not?

**Integumentary-** How safe does it feel to show up honestly?

**Muscular-** Where does action reliably happen? Where does it stall?

**Nervous-** How fast and how honestly does information travel?

**Cardiovascular-** Who gets the “oxygen” of opportunity?

**Lymphatic-** Where do people go with their frustration or grief?

**Urinary-** What are we unwilling to let go of?

**Skeletal-** Is our purpose clear when hard trade-offs appear?

**Immune-** What behaviours do we tolerate and what do we defend?

Steven Pinker notes that human cognition is built on comparison, categorization, and

pattern recognition. Using the body as a comparison system helps leaders see networks not as messy accidents but as coherent, diagnosable, improvable living systems.

### 4.3 Practice the Twelve Principles of Embodied Networking

Condensing the framework into a leader's daily practice, we can embody the vision by practicing the principles linked to each of the twelve body systems:

Endocrine- **Be hot with vision.** Let our purpose radiate warmth, not just pressure.

Respiratory- **Breathe to synchronize.** Invite new voices and pause to integrate them.

Digestive- **Be hungry for quality.** Favour fewer conversations over many.

Reproductive- **Manage our fertility.** Choose carefully which relationships to grow.

Integumentary- **Look beneath surfaces.** Don't mistake polished appearances for trust.

Muscular- **Keep moving.** Make small, consistent commitments and honour them.

Nervous- **Grow our awareness.** Widen our listening circle beyond usual allies.

Cardiovascular- **Tune into our heart.** Tune into our heart to relate as a living system.

Lymphatic- **Less is more.** Say no to relational clutter, yes to real connections.

Urinary- **Process input and output.** Let nutrients come and let go of waste.

Skeletal- **Stand tall.** Anchor decisions explicitly in mission and values.

Immune- **Fight and flow.** Be combative when needed, let go other times.

We do not need to master all twelve principles at once. Leadership development is like physiological training: small, regular adjustments accumulate into new capabilities over time and repetitions.

## 5. Leadership as Regenerative Networking

When we view leadership through the length of the human body systems, a different aspiration emerges. Instead of trying to be the smartest person in the room, we work to increase the health of the whole organism. Instead of worrying primarily about our personal brand, we ask how our presence affects circulation, digestion, immune balance, and skeletal clarity in the networks we interact with and relate to.

Daniel Christian Wahl describes regenerative cultures as those that “create the conditions conducive to life”. Through this lens, the central ethical question for leadership networks becomes: does participation in this network leave people and places more alive or more depleted?

-If our meetings leave bodies tense and exhausted, our “nervous and cardiovascular” systems are misfiring.

-If brilliant people leave without passing on what they've learned, our “reproductive” function is weak.

-If toxic behaviours go unchallenged, our “immune system” is compromised.

Conversely:

-When people leave a conversation more grounded, hopeful, and clear, the network plays a regenerative role in the larger social body.

-When we say a difficult but necessary no, we strengthen the network’s immune function.

-When we create a small practice like a check-in, a reflection round, a cross-silo coffee pairing that others replicate, we help the network to renew itself.

In this sense, embodied networking is not a soft add-on to “real” leadership. It is leadership: the art and discipline of participating in living systems in ways that make them more capable of learning, adapting, and caring.

## 6. Next Step

We do not need new jargon to start; we need commitment to a new way of practicing attention.

Choose one upcoming interaction in your network and treat it as a whole-body experiment:

-Pay attention to your breathing.

-Notice your posture.

-Become aware where the “blood” of opportunity is flowing in the room.

-Become aware which “organs” (people, functions, perspectives) are under-represented or over-strained.

-Ask yourself, before you speak: what would be the most regenerative move here?

Not the most impressive, not the safest but the most regenerative.

Over time, this way of seeing becomes a way of being. You start to recognize leadership networks as what they have always been: bodies in relation, intricate and alive. Networking is no longer a performance or a transaction but a relational experience in which our own embodied presence is both the instrument and the message.

## References and Further Reading

1. Bateson, G. (2000). Steps to an ecology of mind: Collected essays in anthropology, psychiatry, evolution, and epistemology. University of Chicago Press.

2. Capra, F. (1996). The web of life: A new scientific understanding of living systems. Anchor Books.

3. Capra, F., & Luisi, P. L. (2014). The systems view of life: A unifying vision. Cambridge University Press.

4. Kofman, F. (2006). Conscious business: How to build value through values. Sounds

True.

5. Maturana, H. R., & Varela, F. J. (1980). *Autopoiesis and cognition: The realization of the living*. D. Reidel.
6. Pinker, S. (1994). *The language instinct: How the mind creates language*. William Morrow.
7. Pinker, S. (1997). *How the mind works*. W. W. Norton.
8. Scharmer, C. O. (2009). *Theory U: Leading from the future as it emerges*. Berrett-Koehler.
9. Varela, F. J. (1999). *Ethical know-how: Action, wisdom, and cognition*. Stanford University Press.
10. Varela, F. J., Thompson, E., & Rosch, E. (1991). *The embodied mind: Cognitive science and human experience*. MIT Press.
11. Wahl, D. C. (2016). *Designing regenerative cultures*. Triarchy Press.



# ABOUT THE AUTHOR

---



Valérie M. Saintot

Valérie M. Saintot, LL.M., PhD is a lawyer, adjunct professor, and innovation expert. Dr Saintot holds four postgraduate degrees in law, psychology and management research and has experience in the private and public sectors. She began her career in 1994 at the European Court of Justice in Luxembourg. She worked as a lawyer at the Luxembourg bar, subsequently joining the European Central Bank in 1999, working there most of her career. Her expertise covers leadership, organisational development, LegalTech, and AI. Valérie is passionate about unleashing imagination, thinking, and spiritual intelligence. She inspires people to live mindfully and embrace their full potential to collectively be more life centric. Valerie practices meditation for 30+ years and is a pioneer teacher for mindfulness at work for 20+ years.

# Heal the Self, Heal the Whole

by Deirdra McMenamin

## The choice between love and fear

( A Whistle stop tour of the healing Arts, for increased mental health and wellbeing)

By Deirdra McMenamin



There has never been a moment like this before. Unprecedented events are increasingly becoming the norm. The fracture of the psyche is evident all around us with the increase of: prescribed medication, illegal drug use, antisocial behaviour, potential suicidality, politics, violence, personal devices, the residue of the covid crisis, intergenerational trauma from conflicts ancestors may have experienced, environmental concerns and extreme behaviours to name a few. These need to be addressed swiftly if

our species is to make the wise decisions needed to recover at all.

### **What may be done?**

Here are some of the many ways we may use as an individual or groups to aid our mental health and support the wellbeing of our friends and families, in our journey of collective community building and global repair as a species.

### **Connections**

Our connections with each other may be enhanced by chatting over coffee, working on positive projects together, idle chit chat, talk therapies such as counselling, psychotherapy, psychology etc.

Our connection to nature is one of the most immediate restorative balms: forest bathing, walking intentionally among trees, spending quiet, unhurried, reflective time meditating and allowing the self to ground and restore is very beneficial. Recognising our responsibilities to other species particularly our working relationships with animals and birds. Homing pigeons literally saved lives during the war but were abandoned once we invented phones. Now they are often seen as pests, a messy inconvenience in the city but they are still valuable. Dogs, man's best friend, now occasionally seen as a support animal to be handbagged around would have been unthinkable generations back. Horses and the clean language of EAGALA are used by equine therapists for very beneficial results. Especially for returned service people with complex Post-Traumatic Stress Injuries. Fortunately, knowledge of and access to Equine therapy and Nature based therapies such as forest therapy are growing, and prescribed in some countries.

### **Bodywork**

Our bodies are our own laboratories. Once we launch on the craft of excavating our own authentic knowing, we discover how to listen to our own small, still voice inside. This is referred to in many ancient texts by different names but essentially it is our own direct line to the core of: Universal life force, God, Goddess, Allah, Buddha. Whatever name may be given from wherever our realm of understanding may reside.

Learning to: walk, run, dance, stretch, yoga, tai chi, chi gong, may help regulate the dysregulated person back into a manageable zone of human behaviour. There are many, many bodywork practitioners that may be able to help individuals on their healing journeys now by getting back into their bodies comfortably for example: rongoa, mirimiri, toning, acupuncture, alexander technique, tapping, cupping, hands on healing, reiki, massage, ayurvedic medicine, shiatsu, cranial osteopathy to name only a few. Different approaches are appropriate at different times in our lives.

Releasing the blocked emotion physically, may relieve the mental anguish, leading to the potential to experience positive connections with others.

Energy doesn't lie, and when it is stuck it can be very painful but when released a whole world of new solutions open up and people may reconfigure their lives. Some of the solutions are not as logical (to the western, colonised, educated mind) as we would anticipate them to be, but that does not belie their usefulness. One of the things I am most grateful to the Maori people is their ability to keep a holistic model of wellbeing in place. Rongoa, Mirimiri and Karanga all restore weary minds and bodies, whether observing or participating the benefits are substantial there.



### **Is it coincidental?**

After the covid shutdown, when our need for gentle connection, solace and silence is at an all-time high. The closures of many art galleries, libraries, museums and holy places around the world have had a profound effect. People are redirected from themselves, away from quiet places into corporate shopping lands and online worlds. Simul-

taneously, this silent assault on the senses, concurrent with the increased fear of outdoor spaces, through either bio warfare or propaganda, leads to fertile soil for a rise of far right activity.

To maintain good mental health under the onslaught of corporatism or fascism as it was renamed by Mussolini, is a challenge. The tentacles of fascism don't use placards to announce their arrival. They creep subtly forward.

### **Corporatism or Creation**

Nothing in nature charges a fee: Not the air we breathe, nor the water we drink, nor the oceans we swim in. The pregnancy we are part of, the birth and life we were given does not issue a bill of charge because that is the nature of things. We exist in reciprocity with the rest of nature of which we are only a small part of. One of the more than 8 million or more species that share our home.

Mother Earth, as our planet is often referred to, gives us unconditionally and continuously, when she is in balance, there are abundant resources for all. When she is out of balance, it can be a dire situation.

There is a direct connection between how we treat women and how we treat the planet. When both are suppressed, raped and degraded, the results are catastrophic for all. For the most violent of perpetrators, the mother's wound needs to be addressed. Unless the mother's wound is settled, it is harder to move on and heal staying in denial of this emotional void instead.

Thankfully, there are multiple solutions moving away from a rape, death and war-based systems to spiral recovery, permaculture, life systems as is needed. There are probably as many different pathways as there are people.

Permaculture design, non-violent communication and emotional first aid taught as standard in all: schools, colleges and institutions

### **Between Love and Fear**

Love is a very strong antidote, but it is not purely a desire-based impulse. There are many other types, much more to love than the sex our mainstream would have us think it is.

'All we need is Love' as the song says but in a world that is more disconnected than ever, how are we supposed to know? We cannot expect love of any kind to last in a state of injustice. So the environmental issues need to be addressed to create an environment where love and justice or fairness can thrive.

Our understanding of love defines the quality of our relationships going forward.

There are many types of love: Philautia: self-love, Mania: obsessive love, Eros: romantic love, physical attraction, (sexual desire is not love but may be part of a romantic passion), Philia: deep often platonic, trust, shared values, friendship or soul connection, Agape: unconditional love, (a love that has eros but not Philia tends towards possession), Pragma: dutiful, mature, continual effort, dedication, selflessness. Storgē: long-term parent, child, married couples raising children together, love within the family a variation of Philia love may be a bit one-sided, Ludus: playful, carefree love often teenage, flirty type, and Meraki: creative endeavours. For someone else, love may be found in beauty, meditation, the arts, the affection of a pet, the imagined image of their best ever self. Whatever it looks like for the individual, it is worth searching out. It is the quest of our lives. Again, not a comprehensive list by any means and feel free to discover more.

### **Breath**

Many people are not aware of their breath and stay in quite a shallow breathing, stressed state without realising it.

Deep breathing holds many benefits, with different styles applied to different situations. It is an art form in and of itself and may be utilised in many ways, but as a general rule a deep breath where the exhale is longer than the inhale has many benefits. Meditation, chanting, prayer, visualisation and Breathwork may often be employed together.

### **Play**

The restorative nature of play is one of our very first experiences of love in action. This may be through physical theatre, comedy, roleplay, gymnastics, dance and so many many other ways.

A hugely important part of that practice is the permission to fail, failing in safety and trying again. The freedom to make mistakes as Samuel Beckett wrote: “Ever Tried? Ever Failed? No Matter.

Try Again. Fail Again. Fail Better!”

It is safe to say our species has failed well enough and now needs to let go of perfectionism and up the practice of good enough.

### **Vibe**

Vibrational healing methods may all be used to aid healing: voice work, music, dance, rhythm, toning, chanting, song and singing. Many returned service people and civilians use music therapy in the form of loud base or rave music as a relief from the continual tinnitus caused by exposure to shell fire.

## **Arts**

The practice of any art form is inherently generous for our species. It is the flare of consciousness set off to illuminate the psyche and herald the new pathways for designers and engineers to configure. Excellent anger management tools for teens are dance and ceramics. All other impulses line up to experience that magical fairy dust. As a visual arts practitioner I have created spaces that saw stressed motorcycle couriers stop and stay for an entire afternoon in order to restore themselves from the impact the traffic outside was having on their nervous system inside. Thankfully arts prescriptions are becoming more common.

## **Equine Therapy**

Most humans have a comfort zone of approx 10 centimetres, we become highly aware of anyone closer than that. Horses' personal space is approx 360 metres therefore anyone inside that space becomes part of their herd, and behaviour is changed in order to incorporate everyone in that space. I have seen 5 horses transform a stadium into a cathedral where 50 human beings all sat in different places with the 5 horses silently connecting and healing in such a profound way that only experiencing can do it justice.

## **Permaculture Design**

Permaculture Sciences offers systems thinking solutions that gets people out into the garden but also helps redesign our thinking and housing in a way that encourages healthy sustainable holistic growth.

Shit happens: pigeon poo, horse poo, fallen leaves all make great compost for new growth.

## **Intrinsic systems**

Emergency mental health & physical first aid would be beneficial tools in all schools and colleges to support people during wide scale systems collapse and natural disasters.

The potential pain points for people are many and varied. The wider we can think about it the more effective we can be in finding the right healing for someone. For some people talking about something may re-tumatise them while finding their process that suits them and providing relief may improve their quality of life exponentially.

Just as neighbouring trees will send food via the root network to fallen trees, we too may be better neighbours when we understand more about the tools available and where someone is at.



# ABOUT THE AUTHOR

---



Deirdra McMenamin

Deirdra McMenamin, MA Clin Athr, MA FA, is the Ecocivilisation New Zealand Chair. She is an artist and also a Clinical Arts and Equine Therapist. She is originally from Northern Ireland and now living in Aotearoa New Zealand.



# V. CULTURE, WORK & SOCIAL CONTEXTS

(Mental health shaped by culture,  
institutions, workplaces, and  
norms)



# Mental Health and Culture: Navigating Diversity, Reducing Stigma, Supporting Well-Being

by Olga Mukhina

Whenever we talk about mental health in a corporate environment, we can't ignore the cultural lens through which people experience well-being in general. A “copy-paste” approach rarely works across multicultural teams. Why? Because culture influences everything: how we manage stress, how comfortable we are asking for help, and what “taking care of yourself” even means.

In this article, we'll take a closer look at how culture shapes our understanding of mental health, for example:

- How mental health is perceived across different regions;
- How cultural values guide the way people manage their well-being;
- What multicultural organizations can do to support diverse teams and their well-being.

The goal is simple: to create conversations where everyone can find practices that work best for them.

## **Different Cultural Perceptions of Mental Health**

Let's pause for a moment and think about something simple yet surprisingly powerful: How would you explain “mental health” in your native language?

Try this experiment with your friends or colleagues from different countries. Ask them what words or expressions they would use. Then listen closely to see how those words tell us cultural stories.

Are these expressions mostly positive, linked to well-being and resilience?  
Or do they lean toward the negative: instability and even illness?

You might notice that in some cultures, “mental health” immediately brings up images

of self-care, mindfulness, and emotional harmony. In others, the phrase is associated with breakdowns, problems, or something people would rather avoid talking about. And here's where it gets even more interesting: language doesn't just reflect perception – I would say it shapes behaviour.

If someone starts experiencing stress or emotional difficulties, their cultural background quietly guides their next steps. Would they talk openly about it? Hide it and pretend that nothing is happening? Turn to family or close friends for help? Or just quietly pray?

Different cultures also answer a key question differently: Who is responsible for helping when you're not okay? Is it a personal responsibility? A matter for close relatives? An issue for medical professionals? Or even a spiritual challenge?

These beliefs create real outcomes in daily life. They determine whether people see mental distress as a personal issue to manage privately, a social issue to be supported collectively, or a spiritual matter that requires guidance from religious leaders.

Understanding these cultural layers doesn't just broaden our perspective – it helps us see why a one-size-fits-all conversation about mental health simply doesn't work.

## **How Cultural Values Shape Our Approach to Mental Health**

Cultural values act like invisible filters. They quietly shape how we define mental health, how freely we express what we feel, and what strategies we choose when something isn't quite right, which means people navigate well-being in very different ways.

Here are a few contrasting value pairs that often influence how individuals think (sometimes even subconsciously) about mental health and how they choose to manage it:

- Well-being vs. Working Hard: is “taking care of yourself” seen as responsible or is “pushing through” and “keep going” what people admire?
- Emotional Expression vs. Self-Control & Keeping Face: is sharing feelings openly encouraged or is emotional restraint considered the proper way to behave in public?
- Living in the Moment vs. Investing in the Future: does your culture focus on immediate balance and enjoying the present, or does it prioritize long-term planning for well-being activities?
- Vulnerability vs. Status Respect: is admitting mistakes a sign of authenticity and openness or is it seen as risking one's authority?

These value differences don't make one culture “better” or “worse.” They simply

highlight why people around the world respond so differently to stress and why understanding these nuances matters for every multicultural workplace.

## **1. Well-Being vs. Working Hard**

On one side, we have cultures such as Denmark, New Zealand, and the Netherlands where societies tend to see mental health as part of a healthy collective life, not as a private weakness. Well-being is viewed as a shared responsibility: colleagues check in on each other, social support is normal, and saying “I need a break” is not a red flag but simply a sign of being human. Taking time off, discussing stress, or asking for help fits naturally into the cultural norms of collective care. Managers encourage breaks because a rested person contributes better to the team.

On the opposite side are cultures like the USA, Japan, Hungary, or Russia. Here, the emphasis is on achievement, resilience, and high performance. For example, in Japan, the value of *ganbaru* (“doing one’s best, no matter what”) is deeply respected. Well-being becomes something you manage on your own, usually quietly. Admitting stress, burnout, or emotional overload can be seen as a lack of strengths. In these environments, people often push through challenges privately, hoping not to “fall behind.” It creates a strong commitment to persistence. But it also normalizes overwork and exhaustion. Asking for help may feel like burdening others or a personal failure.

The key challenge (and the opportunity) in a multicultural workplace lies in finding a balance between high performance and sustainable well-being, without forcing one cultural approach on everyone.

## **2. Emotional Expression vs. Self-Control & “Keeping Face”**

At the centre of this value pair is a simple idea: cultures differ in how comfortable people feel expressing their emotions and whether emotional openness is seen as healthy or inappropriate.

In expressive cultures such as Italy, Brazil, or Mexico, emotions are part of everyday communication. Showing how you feel (whether it’s joy or frustration) signals authenticity. People often talk about what’s going on in their inner world, and conversations about emotional pressure naturally happen in families and communities. In Latin American families, expressing out loud sadness, anger or happiness can be a form of release. “Let it out” is a common mindset; bottling emotions is believed to do more harm than good.

In reserved or “cold” cultures (for example the UK, Finland, or Japan) emotional

control is a sign of maturity. Calmness is associated with professionalism. Emotional restraint protects social harmony. Raising your voice, or showing irritation may be seen as losing face or disturbing the group. So, strong emotions, especially negative ones, are kept private. Even when someone is under pressure, the expectation is to remain calm and neutral. Instead of verbalizing stress, people may experience it through body symptoms: headaches, back pain, or general fatigue.

These cultural norms directly shape mental health behavior: in expressive cultures, people may more easily recognize emotional overload, while in reserved cultures, stress often stays internal until it shows up as physical symptoms.

The key question for multicultural teams is how do we help people recognize stress symptoms and normalize the idea that “mental health is simply part of life,” even when expressing emotions is culturally uncomfortable? Creating a shared language for emotional well-being, while respecting personal and cultural boundaries, becomes essential.

### **3. Time Orientation: Living in the Moment vs Planning for the Future**

Cultural attitudes toward time influence the way people care for their mental health. In more present-focused cultures, such as many Latin American countries, life is built around enjoyment, relationships, and spontaneity. Well-being is naturally supported through close communities and time spent together, while long-term mental health planning is not always a priority. For example, in Brazil, spending time with friends, music, and laughter is viewed as a natural way to recover after a stressful day. Emotional energy is replenished socially, not through a mindfulness program or routine.

In contrast, future-focused cultures like Germany, the USA, or Japan often link mental health to productivity and long-term stability. Stress management becomes a way to sustain performance, and people are more likely to invest in preventive measures like therapy, coaching, or structured well-being programs. Vacations are planned well in advance, and methods such as mindfulness courses are considered practical tools for maintaining balance.

The key challenge for a multicultural workplace is to balance spontaneity and long-term planning so that everyone feels supported.

Ultimately, both pathways, through joy and connection or through planning and structure can support well-being – just in very different ways.

### **4. Vulnerability vs. Respect for Status**

Some cultures treat vulnerability as a natural part of being human; others see it as

something that should be carefully managed, especially in professional settings.

In egalitarian societies leaders are expected to be approachable, open, and authentic. Admitting stress, sharing struggles, or acknowledging mistakes is not a sign of weakness but a foundation for trust. Talking about mental health could become a part of team conversations, just like discussing deadlines or project risks. For instance, managers might start team meetings by casually sharing how they manage their own stress during busy periods, making it easier for others to speak openly.

In more hierarchical cultures leaders are supposed to appear strong and steady, even when the pressure is high. The bosses can't admit their mistakes, otherwise they risk damaging their status in the organization. Seeking counselling and psychological support from professionals (even when support exists and can help) still carry a sense of shame and even stigmatization.

The core idea here is simple: the more hierarchy and “face” matter in a culture, the harder it becomes to admit vulnerability even when the team environment is supportive. And in multicultural workplaces, this creates a significant challenge. How can organizations create a space where people feel safe to speak honestly about their mental well-being when cultural norms push them in opposite directions?

### **Corporate Culture: The Missing Piece We Often Forget**

Many of us work in large, international companies where teams stretch across time zones, cultures, and communication styles. This makes the topic of mental health even more complex. It's not enough to understand cultural contrasts – we need to ask a more practical question: Where does your organization fit on these value dimensions? Which values make it easier to talk about well-being at work, and which ones quietly discourage it?

This is where many companies fall into a common trap. They start with creating corporate policies: documents, guidelines, maybe mandatory training. But policies without culture rarely work. You can write “take breaks” in a handbook, yet people from “working-hard-first” cultures will still shorten their lunch because they have a strict deadline and that feels socially expected.

So instead of policies first, we need to begin with culture: creating an environment where mental health is not a taboo topic or a personal burden, but a shared human experience that can be discussed. Once this foundation exists, everything else becomes easier and more meaningful. So, think about these four stages:

## **1. A Culture of Open Dialogue**

Let's start with language. Words matter, and the way we talk about mental health sets the tone for how safe people feel. Some teams prefer "well-being" or "emotional balance"; others resonate more with "resilience" or "energy management." Adapting language to your people without enforcing one strict vocabulary is an act of inclusion.

Equally important is acknowledging diversity in coping strategies. Not everyone meditates. Not everyone journals. Some people self-regulate quietly, others recover through sport, shared meals, team hobbies, or music. A multicultural environment thrives when it allows these differences to coexist.

Invite people to share how their home countries approach rest, balance, and stress. These conversations open doors, create empathy, and normalize diverse practices that can enrich the whole team.

## **2. Mental Health Benefits That People Use**

Benefits only work when they are visible, accessible, and culturally meaningful. This means offering a range of well-being options: presentations, discussions, physical activities, family-friendly programs, for example, "open doors days" for children of employees.

And don't forget hybrid and remote workers. If mental health days, workshops, or counseling services are only accessible to people in one office, the message "mental health is important" becomes inconsistent.

Highlight real stories of people who benefited from these programs. Positive experiences reduce stigma far more effectively than any written guideline.

## **3. Mental Health Resources That Feel Safe**

Managers shape daily culture more than any corporate statement. Training them to recognize stress signals, navigate sensitive conversations, and support employees with cultural awareness is essential.

Offer multilingual resources, anonymous channels for asking for help, and different forms of guidance – from coaching and online tools to peer support and professional networks. When people know where and how to seek help without worrying about judgment, stigma naturally decreases.

## **4. Policies That Integrate Performance and Well-Being**

Finally, yes, policies do matter. But only after culture. Once trust is in place, policies

can reinforce it.

Integrated performance and well-being standards, flexible work arrangements, cross-cultural peer circles, and regular evaluation of stress risks send a clear message: we take your mental health seriously because it's part of how we work, not an exception to it.

## **Conclusion**

Mental health awareness is finally gaining visibility in many organizations. Yet one truth remains unchanged: without cultural sensitivity, even the best intentions fall short.

Culture doesn't only define what "mental health" means. It also influences how we express stress, how openly we talk about our struggles, and where we turn for solutions. For some, emotional openness is natural; for others, silence feels safer. Some cultures encourage shared responsibility for well-being, while others expect individuals to "handle it themselves."

That's why reducing mental health stigma in multicultural workplaces can't rely on a single initiative or a set of policies. True change happens when culture, benefits, resources, and everyday leadership behaviors are aligned. Only then, mental health becomes not a project, but a natural part of organizational life.

When we start paying attention to cultural differences, we create something powerful: workplaces where people feel seen, respected, and supported. And this impact goes far beyond the business environment. It has an impact on our communities, the educational system, and ultimately the way we interact in a diverse world.

Because supporting mental health is not only a corporate effort. It's a human one.



# ABOUT THE AUTHOR

---



Olga Mukhina

Olga Mukhina is a Leadership Consultant, Team Coach, and Facilitator. She works with multinational companies, helping them unlock people's potential and build high-performing cultures. With a background in HR at McKinsey & Co. and Renaissance Capital investment bank, Olga has led regional and global teams, covering recruiting, people development, talent management, and succession planning. She is passionate about DEI and acts as a mentor to young female leaders. Olga also holds numerous professional qualifications from internationally recognized institutions. Born in the USSR and raised in Russia, she has lived and studied in the UK and France, and worked with clients across Europe, Turkey, Central Asia, the Middle East, and Africa. Since 2017, she has been permanently based in Slovenia.

# Culture at the Core: Six Reflections on Mental Health in the Workplace

by Amira Mlik

## Abstract

Mental health does not live in a vacuum; it lives in culture. The way we name emotions, seek help, and respond to stress is learned, often unconsciously, from our environments. Drawing on my experience training and coaching teams across sectors and cultures, this article examines mental health through the lens of human potential and culture.

I share six reflections that show how cultural context shapes what people feel, what they permit themselves to express, and how they cope with mental health challenges, especially in the workplace. Each reflection comes with practical moves leaders and individuals can apply to create dignified, psychologically safe, and high-performing workplaces.

## Introduction

“Mental health” and “well-being” are terms we hear more and more often in HR departments and corporate settings. This growing demand for well-being workshops and mental health awareness sessions raises a thought-provoking question:

### **Are these requests a trend, a need, or an obligation?**

This question, and the rise of such initiatives, triggered the reflections in this article and my journey into exploring mental health across cultures.

This article explores how culture defines what we call “normal,” how it shapes our comfort with vulnerability, and how it influences our collective well-being at work. It also sheds light on practical ways leaders and teams can foster more open, inclusive spaces, workplaces where mental health is not judged but understood, and where being human is not a weakness, but a strength.

## Why does culture belong in every mental health conversation?

When a leader asks, “Why hadn’t my team voiced this concern earlier?” or a coach wonders, “Why do I feel guilty saying no?” they are not describing personal flaws. They are describing cultural scripts: unspoken rules about respect, success, belonging, and safety. In workplaces, these scripts can either nurture mental health or quietly undermine it.

Understanding them is not an academic exercise; it is an act of care and a performance intervention.

Through my work with professionals and leaders across diverse organizations, I have seen how our cultural lens profoundly shapes the way we experience and talk about mental health at work. I have noticed how differently people define human experiences: what feels like vulnerability for one person may feel like dignity for another. What looks like calm professionalism in one culture may be interpreted as emotional distance in another.

These differences show up every day, in meetings, in emails, and in silence, shaping how people express stress, ask for help, or simply show up as themselves.

In every coaching session, I am reminded that mental health is not just about the mind; it is about meaning. And meaning, in the workplace, is always filtered through culture. Behind every conversation about performance, there is an invisible story: the human story of how we cope, connect, and care while trying to deliver, lead, or belong.

### **Reflection 1: Mental health is never neutral; it is always filtered through culture and through what we were taught to express or hide.**

#### **“How are you?” and who gets to decide “okay”?**

Let us ground this idea in something simple: a question we all ask and answer every day, “How are you?” But what does “being okay” really mean, and who gets to define it?

In one of my coaching sessions, I asked a client how she was feeling. She smiled and said, “I’m okay.” But her tone told a different story. When I asked what “okay” meant to her, she paused, then said, “Alhamdulillah (praise be to God)... I have learned to always say that, no matter what.” Then she added: “Speaking up would not change anything.”

That moment stayed with me. It reminded me how easily gratitude and endurance, both beautiful values, can coexist with silence and emotional fatigue.

When we start noticing these subtle responses, we realize that mental health is not just psychological; it is cultural. It is shaped by how our communities teach us to deal with

discomfort, expression, and strength.

In some cultures, being “okay” simply means you keep going. You do not show your struggle.

### **Culture shapes our lens of “normal”**

Every organization has its own culture, but within it, each of us brings a micro-culture shaped by our upbringing, nationality, values, and family stories.

These invisible rules influence how we express emotions, handle conflict, cope, or show confidence. They define what people consider professional, emotional, or acceptable.

Here are a few ways these rules play out in real life:

- In one multinational team I coached, a manager’s calm silence during conflict was interpreted very differently: one colleague saw it as indifference, another as wisdom.
- In some contexts, silence can signal respect; in others, it can be mistaken for disengagement.
- In some cultures, sadness is shared collectively; in others, it is internalized.
- Anger may be seen as strength in one context and as disrespect in another.

The workplace becomes a mirror of these differences. What is considered “professional” or “normal behavior” in one culture may seem “cold” in another, or even “too emotional” in a third.

So, before labeling a behavior as normal or abnormal, we need to ask:

Is it truly personal, or simply cultural?

### **Reflection 2: Mental health is not about comparison; it is about connection with ourselves first.**

I would like here to zoom in on some common replies to “How are you?” in my culture.

Many people, often out of modesty, limited emotional vocabulary, or a wish to avoid appearing vulnerable, respond with phrases like “فِي كِ سَانِ لْا” (“like everyone else”) or “رِي خِ نَمِ سَانِ لْا لِقْأُ وَ نَمِ سَانِ لْا”, which translates to “better than some, worse than others”.

These expressions sound harmless, even polite, but they reveal something deeper: how cultural norms teach us to minimize our emotions, to downplay our struggles, and to blend in rather than open up.

They also risk suppressing the personal experience, the individual journey of navigating emotions and healing. When we measure our state against others, or when we silence our feelings to appear strong, we lose touch with what is truly happening within.

This distinction between comparison to others and connection with oneself often reminds me of a confusion I frequently encounter during training needs analysis with HR departments: the confusion between **mental health** and **well-being**.

These two terms are often used interchangeably, yet they refer to different dimensions of the same human experience.

And when it comes to improving mental health at work, a topic that is now at the center of many organizational conversations, not knowing the distinction is like setting out on a journey without a destination; you end up nowhere.

So let me take a moment to shed some light on this difference.

- Mental health refers to how we think, feel, and cope. It is the internal dialogue that shapes our confidence, focus, and resilience.
- Well-being refers to how we live, relate, and sustain ourselves over time. If mental health is our inner space, well-being is the outer expression of that balance.

To connect this distinction to the workplace and, particularly, human potential development, I often say: Mental health enables performance. Well-being sustains it.

You can have fitness programs, great offices, or yoga sessions, but if people do not feel safe saying “I am not okay,” then what we call well-being remains incomplete. True well-being begins when mental health is valued, not just managed.

And that is where culture comes in, because culture shapes what “being okay” even means.

### **Reflection 3: Mental health is not universal; it has different faces.**

At the root of many behaviors we see at work is perception. Emotional openness is often mistaken for fragility, while silence is rewarded as professionalism.

Some cultures equate expressing emotion with weakness; others see it as authenticity. Seeking therapy may be seen as weakness in one context and as self-care in another. So the message we often send in the workplace is subtle but clear:

It is okay to optimize performance, but not to acknowledge pain.

And that is the paradox. We celebrate resilience, yet hesitate to make room for vulnerability. But mental health at work is not just about how well individuals cope; it is about the collective permission to be human.

When people feel safe to say “I am not okay,” without fear of judgment or consequence, that is when true well-being begins.

Addressing this paradox means not only tackling mental health itself, but also the stigma around it. Stigma exists in every culture; it simply wears different forms.

In many corporate environments, we glorify resilience but rarely create space for recovery. We applaud people who push through, but hesitate when someone pauses to breathe.

I have coached brilliant leaders who could talk about quarterly results with ease, yet found it almost impossible to say, “I am exhausted,” or “I am not okay today.”

As I often say, in global companies we frequently train teams to communicate better, but rarely to feel better together.

And that brings me to another layer of this conversation: language.

#### **Reflection 4: Language plays an important role in the mental health journey, from awareness to balance and healing.**

How does culture affect not just how we express ourselves, but how we understand what we feel?

In some cultures, we grow up with a rich vocabulary for collective values (duty, honor, hospitality) but a limited vocabulary for internal states (shame, grief, overwhelm, ambivalence).

I often meet brilliant professionals who can negotiate complex deals yet struggle to answer a simple question: “What are you feeling?” The difficulty is not ignorance; it is language. If your culture frames emotions as private or potentially “dramatic,” you may never learn to name them out loud.

Language plays a huge role in how culture influences mental health. The question is not only how culture affects expression, but how it shapes understanding. Below, I am sharing two insights on the power of words.

##### **A. What we cannot name, we cannot heal**

When we cannot name what we feel, we deny its existence, and sometimes even turn it into something shameful. Language can both empower and limit the way we express distress.

In some cultures, there is not even a direct word for depression or burnout, so people internalize these states as failure. Others may describe anxiety as a “heavy heart” or “blocked energy.”

Sometimes, the way we talk about emotions reflects what we believe about them.

I once coached an engineer who said, “To me, saying I am tired means I am lazy.” We reframed it into something new:

“I am human, and recovery is part of excellence.”

Sometimes, the first step toward well-being is rewriting the story we tell ourselves.

### **Why it matters for mental health:**

Naming is the first move of regulation. If you cannot name what you feel, it becomes harder to ask for help, or even to believe your experience is valid. What we cannot name, we cannot work with. Unnamed emotions do not disappear; they become symptoms such as irritability, fatigue, decision paralysis, or perfectionism.

### **B. When words are missing, beliefs fill the space**

Interpretations can bring comfort, but they can also stand in the way of healing. In many cultural contexts, psychological distress is not recognized as an internal experience; it is externalized through ideas of the evil eye, magic, or negative energy.

These interpretations offer meaning for what we cannot control, yet they can create distance from the self and delay self-awareness and healing.

### **Why it matters for mental health:**

When we see pain as something done to us, rather than something happening within us, we lose the chance to listen, reflect, and grow.

When pain is seen as an enemy outside, we stop listening to the voice inside.

I have met individuals who said, “Someone must have cast the evil eye on me. I was fine, and suddenly I cannot sleep, I cannot focus, I have lost motivation for what I do.”

My approach is never to dismiss these beliefs, because they are part of our cultural identity; instead, I gently invite a different perspective:

What if the real power is not outside of you, but inside you?

Healing begins the moment we take back authorship of our own story. That self-awareness, that courage to look within, is where true well-being starts.

These cultural beliefs remind us how differently people interpret emotions. In multicultural workplaces, those interpretations do not just coexist; they interact. That is why empathy and humility are not only virtues in leadership; they are necessities.

### **Reflection 5: Mental health is not only a personal issue; it is an interactional one.**

It shows up in how we listen, communicate, lead, and interpret each other.

In global teams, misunderstandings around mental health happen all the time. People often interpret behaviors through their own cultural filters:

- A manager’s direct feedback might feel empowering to some, but aggressive to others.
- A polite refusal could be seen as indecisiveness in one culture and respect in another.
- Even silence carries multiple meanings: wisdom, respect, or disengagement.

Behind these reactions often lies unspoken stress, fear of rejection or judgment, or simply different coping mechanisms. At their core, these are not just communication gaps; they are emotional gaps.

## **Belonging across difference: intercultural literacy as mental-health infrastructure**

This is where cultural humility becomes essential. It is not about pretending to know everything; it is about staying curious, willing to understand, and open to learning from everyone.

As coaches and leaders, we do not need to have all the answers; we need to hold space for differences. This mindset expands our understanding of empathy, from being just a skill to becoming a stance.

In most corporate and coaching programs, the focus is on helping people communicate better: how to give feedback, how to speak up, how to present with impact. But we rarely teach people how to listen differently.

Yet it is through that kind of listening, deep, curious, and judgment-free, that empathy moves from being a soft skill to becoming a real leadership stance.

Once we begin to listen differently, something shifts; our focus moves from convincing to connecting.

Cultural humility means accepting that your perspective is not the only one, that silence does not always mean agreement, and that emotion does not always mean weakness.

In coaching, I have learned that humility is not about lowering yourself; it is about lifting the other person's experience long enough to see the world through their eyes.

Is that not what true leadership is: the courage to listen beyond words?

## **Reflection 6: Mental health is not a weakness; it is a window into our shared humanity.**

When we begin to listen differently, something powerful happens; we start to see differently too.

The human potential perspective

Through the lens of human potential development, I have learned that people do not burn out because they are weak; they burn out because they feel unseen, unheard, or undervalued.

In every organization, there are invisible emotions beneath visible results. We measure performance, but often overlook the stories, fears, and hopes that drive it.

The moment we start seeing people not just as performers, but as whole humans, something shifts:

- engagement deepens,
- innovation grows,
- and belonging takes root.

When people feel seen, they no longer perform out of pressure; they contribute out of purpose.

The question then becomes: how do we translate these reflections into everyday

practice for leaders and multicultural teams?

## **Tools for Leaders and Multicultural Teams**

(From awareness to action)

### **Tool 1: Normalize the Conversation**

Encourage check-ins beyond performance.

Replace “How is the project?” with “How are you doing today?”

This is simple but powerful, especially when asked with sincerity.

### **Tool 2: Rethink Language**

Language matters. Avoid labeling behaviors without context.

Train managers to recognize emotionally coded phrases like “I am fine” or “I just need to focus,” which often mask distress.

### **Tool 3: Build Psychological Safety**

A culture that values mental well-being recognizes that mistakes and emotions are part of growth, not signs of weakness.

Create spaces where people can ask for help without fear of judgment.

### **Tool 4: Model Cultural Humility**

Leaders do not need to know every culture, but they do need the courage to learn from every person. Curiosity, not certainty, is the foundation of inclusive leadership.

These are not HR trends. They are human habits. When practiced consistently, they shape the kind of culture where performance and well-being grow together.

Empathy is not a skill; it is a stance. What if we paused and rethought what empathy truly means, not as something we do, but as something we become?

## **Conclusion**

Mental health is universal, but the way we express it is cultural. In a world of global teams and constant change, our greatest strength will not be our diversity alone, but our ability to listen across it.

Understanding difference is where leadership truly begins.

As leaders, coaches, and colleagues, our role is not to fix or diagnose. It is to make space for stories, emotions, and silence. Listening across cultures is not just empathy; it is leadership.



# ABOUT THE AUTHOR

---



Amira Mlik

Amira Mlik is a Human Potential Development Coach and corporate facilitator. She designs culture-aware programs that integrate mental health, leadership, and performance for teams across Tunisia and beyond.



# VI. INDIGENOUS WISDOM & DEEP TIME PERSPECTIVES

(Remembering what modern  
systems forgot)



# The Inner Blueprint: What Indigenous Traditions Reveal About Modern Mental Health

by Dr. h.c. Saša Božič

Modern mental health is often discussed through the language of diagnoses, meaning symptoms, disorders, and interventions. Yet behind the data lies a quieter, more fundamental rupture. Throughout the last decades, we have gradually detached ourselves from the foundations that once organized human life at a psychological level: coherence of identity, sense of belonging to a community, connection to the land, continuity of wisdom, and a stable inner orientation.

Technological and economic progress has brought extraordinary advantages, but it has also accelerated a psychological drift. Many people today live detached from the environments their nervous systems were shaped for. Rituals that once offered grounding have disappeared, communal bonds have detached, and individual identity has splintered into multiple roles that rarely meet. Under these conditions, even high-functioning individuals begin to lose their sense of inner stability.

During my work with executives around the world, particularly during the pandemic, this fragmentation became impossible to ignore. People who were responsible for thousands of employees, accustomed to pressure and complexity, found themselves emotionally destabilized not because of a lack of competence, but because the underlying structure that had sustained them collapsed. What they experienced was not weakness, but the consequence of living without roots in a world that moves faster than the human psyche can integrate.

Mental distress, in this sense, is not only personal. It is civilizational. It reveals that the structures guiding contemporary life no longer correspond to what human beings need in order to feel internally whole.

During the year I spent living within indigenous communities in Australia, Bali, India, the Arabian Peninsula, Africa, Japan, the Arctic Circle, Slovenia, Peru, the United

States and New Zealand, I focused on understanding how individuals sustain psychological steadiness in environments shaped by uncertainty, interdependence and strong ancestral continuity.

What became evident is that, despite vast cultural differences, these communities share a few essential traits. Their sense of identity is not fragmented; it is coherent. They understand themselves as part of a living system rather than as isolated individuals. They treat relationships – with people, land, ancestors, and time – as integral to personal wellbeing. And they hold knowledge not merely as information, but as continuity: something to be lived, practiced.

Indigenous communities are not exempt from difficulty. Their psychological steadiness develops within principles that contemporary life has steadily moved away from: identity shaped by an inner center, community that offers containment, respect that accords dignity, and continuity that situates personal experience within a lineage of meaning. Many of these communities also carry the imprint of historical disruptions, including the enduring consequences of colonization, which have altered their environments and tested the resilience of their cultural structures.

Taken together, these observations highlight a fundamental insight. The qualities modern mental health aims to reclaim—coherence, belonging, balance and perspective—are not modern inventions. They represent enduring human capacities that have become less available, yet remain integral to how individuals organize their inner world.

Over the year I lived within these communities, it became increasingly clear that wellbeing draws on more than therapeutic knowledge. It rests on basic strengths that have guided human functioning across generations. Their presence across cultures with different histories and landscapes points to a shared psychological architecture expressed through daily practice, relationships and life orientation.

As this understanding unfolded, the underlying structure became recognizable. Eleven recurring strengths appeared across all communities — not as ideals, but as lived expressions of how human beings remain centered amid uncertainty. What follows is a description of these ancient character strengths, beginning with authenticity.

The importance of authenticity was made clear in Australia. First Nation individuals carry a presence grounded in self-recognition—a way of moving through life from an inner truth rather than adaptation. Within the communities where this alignment was preserved, psychological steadiness remained markedly strong. In contrast, individuals who shifted away from communal life and entered the pressures and dislocations of contemporary society often encountered mental health challenges and patterns of

addiction far more rapidly, thus reflecting the strain of living without the structures that once held identity and meaning.

In Bali, respect exists as an everyday discipline of awareness. The ritual offerings are not symbolic gestures but an ongoing conversation with origins, ancestry and the subtle order that frames their world.

In India, diversity unfolds as a lived multiplicity. Traditions, beliefs and identities inhabit the same social space without the need for uniformity, creating a culture where plurality is a natural state of being.

Across the Arabian Peninsula, persistence manifests as endurance expressed through rhythm. The Bedouin relationship with the desert shows a capacity to continue with steadiness in landscapes that demand constant adjustment.

The way responsibility is shouldered in Africa demonstrates courage. It is displayed in decisions rooted in clarity, in actions shaped by care for the collective rather than assertion of power.

The sense of serenity in Japan arises from discipline and intentionality. It reflects an inner composure cultivated through practices that joined movement with awareness and purpose.

Among the Sami, resilience is inseparable from identity. Their response to challenge grows from a deep sense of belonging to land, lineage and seasonal cycles.

In Slovenia's old nature-believing tradition, loyalty lives as continuity. Values, practices and memory are secretly maintained through generations, creating a stable reference point within community life.

Creativity in the Andes became a way of sustaining existence. Craft, design and innovation transform the constraints of the environment into expressions of possibility and cultural continuity.

In the Navajo Nation, storytelling functions as a mode of integration. It organizes experience into narratives that preserve insight, coherence and communal knowledge.

Among the Māori, humble pride emerges as a centered form of strength. It reflects a way of standing in one's identity with clarity and steadiness, without the need for elevation or distinction. This quality is grounded in a deep ethic of contribution to the collective, where authority grows from service, and recognition from the integrity of one's actions. Through this posture, strength becomes a stabilizing presence rather

than a display, shaping relationships through balance, responsibility and mutual respect.

The contemporary mental health challenges are often perceived through the language of pathology. At their center, however, lies a deeper process of people searching for an inner orientation that can hold its shape in a world defined by speed and complexity. The ancient character strengths offer this orientation. They form a stable inner framework that supports clarity, balance and continuity, even when external conditions shift.

The conceptual value of the eleven ancient character strengths becomes evident when viewed through the lens of psychological organization. Each strength contributes to an internal configuration that supports stability, clarity and adaptive functioning in complex environments.

Authenticity establishes an inner reference point from which individuals can orient their decisions and relationships. When a person's actions are aligned with an integrated sense of self, emotional regulation becomes more robust and less dependent on external validation.

Respect fosters conditions in which interpersonal dynamics can unfold without chronic vigilance. By creating relational contexts grounded in dignity it reduces the cognitive and emotional load that emerges in environments lacking psychological safety.

The stance of embracing diversity provides a broadened perceptual field. It reduces the tendency toward comparison and defensiveness, allowing individuals to maintain a coherent identity even in heterogeneous settings. In this sense, diversity is not an external policy but an internal capacity for differentiation without fragmentation.

Persistence introduces continuity into situations marked by uncertainty. It allows individuals to maintain direction without resorting to collapse or withdrawal, stabilizing the emotional system through rhythm and consistency.

Courage contributes to effective action under pressure. It supports the capacity to respond from clarity rather than from reactive fear, which strengthens judgment and preserves internal order in demanding circumstances.

Serenity offers access to an internal place of silence that moderates cognitive overload. This quality creates space for reflective processing, which is central to maintaining balance in conditions of constant stimulation.

Resilience reflects the ability to incorporate challenge into the sense of self without losing cohesion. It transforms adverse experience into structural integration rather than internal rupture.

Loyalty provides a sense of continuity across time. By anchoring the individual in values, commitments and relational bonds, it sustains identity when external circumstances shift.

Creativity enables the transformation of emotional and cognitive intensity into constructive forms. It broadens the repertoire of possible responses, supporting adaptability while maintaining a grounded center.

Storytelling functions as a mechanism of meaning-making. It integrates past and present, allowing individuals to position their experiences within a coherent narrative—an essential component of psychological organization.

Humble pride embodies a grounded form of self-worth. It stabilizes the individual against swings of overcompensation or self-doubt and reinforces an inner steadiness that does not rely on external affirmation.

Taken together, these strengths form an interconnected system. Their relevance for mental health lies not in isolated effects but in the way they collectively generate coherence. They create internal conditions in which identity, emotion and behavior are aligned, allowing individuals to navigate external complexity without losing their core. Within this framework, mental wellbeing is not the absence of symptoms but the presence of an integrated self capable of sustaining clarity and groundedness over time.

The insights drawn from the eleven indigenous cultures illuminate the structural elements that support psychological stability across time and place. They reveal a pattern of inner organization that has enabled human beings to remain centered, even in environments defined by uncertainty and change. Modern life, with its unprecedented autonomy and velocity, often unfolds without these internal foundations, leaving individuals with a sense of orientation that is difficult to sustain.

The ancient character strengths described rest on three foundations that appeared consistently across all the communities I lived in. The first was a profound relationship with nature, not merely as scenery but as a living system that structures the rhythm of existence to which human life remains accountable. The second was the presence of community as a stabilizing force, a structure within which individuals are recognized, supported and held. The third was the role of elders, whose lived experience carries continuity, orientation and an unbroken line of meaning. These three core values formed the backbone of human meaning long before psychological theory existed.

Rehabilitating these capacities represents a realistic alignment between human nature and the demands of modern life. When individuals cultivate the principles that organize their inner world, external complexity becomes easier to navigate. When organizations acknowledge these principles as foundational to long-term functioning, they create climates marked by trust, stability and genuine human connection.

In this light, the ancient character strengths clarify the inner conditions that support psychological steadiness. They offer an organization that remains grounded as external demands shift, giving individuals a centered orientation for action and connection. Strengthened consciously, these capacities create coherence within the self and stability in relationships. In the convergence of ancestral foundations and contemporary understanding lies a realistic path toward wellbeing – one that is sustainable, integrated and aligned with human nature.



# ABOUT THE AUTHOR

---



Dr. h.c. Saša Božič

Dr. h.c. Saša Božič is an author, global social sustainability strategist, and founder of [www.Sophia.Academy](http://www.Sophia.Academy). With 30 working years in strategic marketing, leadership, wellbeing, and social impact across Europe, the Middle East, and India, she bridges Indigenous wisdom with modern life for the wellbeing of humanity and the world of work. A wife and mother of two adult sons, she currently serves as Global Chair of the G100 Indigenous Communities & Integration Wing.



# SPECIAL THANKS

---

We extend our deepest gratitude and special thanks to our supporters — **Matija Mazi, Peter Ryan, and Dr. Violeta Bulc**. Their unwavering support and belief in our vision have been instrumental in bringing this project to life.



# APPENDIX

---

## Year of Mental Health – Webinar Series (Ecocivilisation)

The Year of Mental Health webinar series, curated by Ecocivilisation, brought together global thinkers, practitioners, and lived-experience voices to explore mental health through holistic, systemic, and regenerative perspectives. The series reflects Ecocivilisation's commitment to inner ecology, collective resilience, and human dignity.

Official Ecocivilisation YouTube Channel:

<https://www.youtube.com/@ecocivilisation4869>

Year of Mental Health – Webinar Sessions

### 1. The Year of Mental Health – Opening Session

Introduces mental health as a foundational pillar of a regenerative and humane civilisation.

### 2. Foundation of Mental Health: Why It Matters for Everyone

Explores mental health beyond illness, emphasizing prevention, wellbeing, and collective responsibility.

### 3. Breaking the Silence: Empowering Yourself

Addresses stigma and encourages personal agency in individual mental health journeys.

### 4. Modern Therapeutic Strategies for Mental Health

Presents contemporary therapeutic tools and integrative approaches that support emotional resilience.

### 5. The Intersection of Culture and Mental Health

Examines how culture, belonging, identity, and social context influence psychological wellbeing.

### 6. The Power of Social Circles – Healing Through Communities

Explores how group gatherings and supportive communities can significantly acceler-

ate healing,

#### 7. Cultivating Radiant Wellbeing: Self-Care Practices for Mental Health

Introduces practical, everyday tools and rituals to support mental and emotional wellbeing through conscious self-care.

#### 8. Eco-Psychology: Healing Through Connecting With Nature

Explores how and when humans disconnect from nature, and how reconnection in today's modern world can restore psychological balance and wellbeing.

#### 9. Women and Mental Health: Holistic Wellbeing

Explores the unique mental health challenges women face, including ADHD/ADD and the profound impact of hormonal changes—from menstrual cycles and peri-menopause to menopause and cancer—on mental and physical wellbeing.

#### 10. Wrap-Up Session: Year of Mental Health

Synthesizes key insights and outlines pathways for continued individual and collective action.



# GLOSSARY

---

## A

**Anthropological Evidence-** Research from anthropology that studies how different cultures understand, express, and heal mental distress.

**Avatar Therapy-** A therapeutic method where individuals interact with a digital representation (avatar) of distressing internal voices to gain emotional control.

## B

**Behaviourism-** A psychological theory focusing on observable behavior rather than internal mental states.

**Behaviour Therapy-** A treatment approach based on behaviourism that modifies harmful behaviors through conditioning techniques.

**B.F. Skinner-** A psychologist known for developing operant conditioning theory.

**J.B. Watson-** Founder of behaviourism who emphasized observable behavior in psychology.

## C

**Cognitive Behaviour Therapy (CBT)-** A structured therapy that helps individuals change negative thought patterns to improve emotions and behaviors.

**Community Singing-** Group singing that strengthens emotional bonding, social cohesion, and well-being.

## D

**Defence Mechanisms-** Unconscious psychological strategies (identified by Freud) used to protect oneself from anxiety or distress.

**Deviancy Model-** A framework viewing mental illness as deviation from social norms.

## E

**Expressed Emotion-** The level of criticism, hostility, or emotional over-involvement within a family environment.

## I

**Impulse Control-** The ability to regulate immediate reactions and resist urges.

## M

**Mental Hygiene Movement-** An early 20th-century movement promoting prevention and humane treatment of mental illness.

**Musicking-** Participating in music in any form—listening, performing, or creating—as a social and relational act.

## N

**Neural Pathways-** Connections between neurons that transmit signals in the brain.

**Neuroplasticity-** The brain's ability to reorganize and form new neural connections.

**Nervous System Regulation-** The process of stabilizing emotional and physiological responses.

**Normalcy Model-** A framework that defines mental health according to socially accepted standards of “normal.”

## O

**Oxytocin-** A hormone associated with bonding, trust, and social connection.

## P

**Parkinson's Disease-** A neurological disorder affecting movement and sometimes emotional regulation.

**Persona-** A social mask or identity presented to the world (concept from Jungian psychology).

**Positronic –** based on or powered by positrons.

**Psychodynamic-** An approach emphasizing unconscious processes and early childhood experiences.

**Psychoanalysis-** A therapeutic approach developed by Sigmund Freud focusing on unconscious conflicts.

**Psychoeducation-** Providing individuals with information about mental health to empower understanding and self-management.

**Psychological Resilience-** The ability to adapt and recover from adversity.

**Psychosocial Environment-** The interaction between psychological experience and social conditions.

## R

**Regulation-** The process of managing emotional and behavioral responses.

**Relational Safety-** A sense of emotional security within relationships.

**Resilience-** Capacity to withstand stress and recover from challenges.

**Restorative Practices-** Community-based approaches focused on healing harm and rebuilding relationships.

## **S**

**Salutogenesis-** A theory focusing on factors that support human health and well-being rather than disease.

**Self-Actualization-** The realization of one's full potential (Maslow).

**Self-Regulation-** Ability to manage thoughts, emotions, and behaviors.

**Shamanic Rituals-** Traditional healing ceremonies used in indigenous cultures.

**Social Bonding-** Formation of emotional connections between individuals.

**Social Cohesion-** The strength of relationships and solidarity within a community.

**Social Reward System-** Brain mechanisms that reinforce social connection through pleasure and motivation.

**Somatic Perspective-** An approach that views the body as central to emotional experience.

**Sound Wellness-** Use of sound and vibration to promote psychological and physiological well-being.

**Spatial-Temporal Reasoning-** Cognitive ability to process spatial relationships over time.

**Stigma-** Negative social attitudes toward mental illness.

**Survival Response-** Automatic physiological reactions such as fight, flight, or freeze.

**Sigmund Freud-** Founder of psychoanalysis.

## **T**

**Titration-** Gradual exposure to traumatic material to prevent emotional overwhelm.

**Trauma-** A deeply distressing experience that overwhelms coping capacity.

**Treatment Gap-** The difference between those needing mental health care and those receiving it.

## **U**

**Universal Musicality-** The idea that musical expression is inherent in all human cultures.

## **V**

**Validation-Seeking Behaviour-** Excessive reliance on others' approval for self-worth.

**Vitality-** A sense of aliveness, energy, and engagement.

## **W**

**Well-being-** A state of emotional, psychological, and social health.

# A Treasure of Knowledge – Ecocivilisation Archive

---

If you have a thirst for knowledge, a deep respect for nature, a care for humanity, a passion for innovation, and a genuine concern for ecology and related challenges, the Ecocivilisation Archive is a space worth exploring.

Our archive section (<https://www.ecocivilisation.earth/archive/>) offers free access to eBooks by Violeta Bulc and publications by our members, along with a rich collection of recorded webinars, podcasts, interviews, and presentations. These feature insightful conversations with leaders, thinkers, reformers, and nature enthusiasts from around the world.

Dive into explore, reflect, and enrich your understanding through this growing repository of knowledge and inspiration.

All parts of this book may be re-used and re-published, transmitted and stored in a retrieval system by all means, electronic, mechanical, photocopying, recording or otherwise.

