



## **The Health and Economic Burdens Inflicted by Human Security Destruction**

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### **Abstract**

*Finally, after many years of resistance, the majority accepts the scientific evidence that we live in what Paul Crutzen, Fellow of the World Academy of Art and Science, defined as the Anthropocene Era, because humanity has left a major impact on not just the planet but all life forms. (Crutzen and Stoermer, 2000). Nowadays, with the rising frequency and magnitude of negative impacts that we bring upon ourselves by the way we act, the general public is becoming more and more aware of the rising threats we create for ourselves and the whole planet (UNESCO, 2021). Like in any other form of addiction, many humans tend to defend themselves by becoming aware of their self-destructive behaviors, tricking and soothing themselves by ignoring the mounting man-made threats and engaging in cognitive dissonance to avoid anxiety-inducing awareness. The exponential growth of the human population and its consumption patterns has resulted in such dramatic and exorbitant costs to the environment. Not only have our current lifestyles negatively impacted our planet's ecosystems, but a growing number of scientists have warned us that we are rapidly reaching a tipping point where mitigation and/or reversal of trends is no longer possible (IPCC, 2014). If we do not act promptly and effectively, we will face not just the consequences but existential threats that threaten the survival of planet Earth's self-proclaimed intelligent species.*

Currently, the most visible treatments relate to human security, which refers to the safety of people and communities, the right to be free from fear, hardship and humiliation. Seven dimensions are associated with UN's conception of human security: economic, food, health, environmental, personal, community and political. The 1994 United Nations Human Development Report, entitled *New Dimensions of Human Security*, states: "Human security is people-centred. It is concerned with how people live and breathe in a society, how freely they exercise their many choices" (UNDP 1994, p.23). The attacks to destroy human security are dramatically costly, create immense suffering and loss of lives, and traumatize people and ecosystems. Since we live in a complex system and everything is connected, human security destructions impact negatively all the interconnections.

As underlined in General Assembly resolution 66/290,\*

*“Human security is an approach to assist Member States in identifying and addressing widespread and cross-cutting challenges to the survival, livelihood and dignity of their people.” It calls for “people-centred, comprehensive, context-specific and prevention-oriented responses that strengthen the protection and empowerment of all people.”*

One of the burdens caused by the destruction of human security is psychological trauma. People that are traumatized especially at a young age are at risk of developing mental and physical illness and even pass onto their children the untreated consequences of their traumas. People that develop mental health illness show a very large history of trauma and trauma survivors have a much higher risk of becoming mentally ill. It can also lead directly to post-traumatic stress disorder (PTSD).

To deal with all the interconnected emergencies and learn from mistakes of the past, a new paradigm is emerging that is systemic/holistic, interdisciplinary and intersectorial, sustainable, and based on facilitating person- and people-centered processes with actions of empowerment to better diagnose the origins of the problems and create new tools for effective interventions grounded in human rights and the SDGs. This allows us to be more effective in achieving better results in the prevention and treatment of emergencies and obtaining positive cost effectiveness and at the same time, facilitating people to empower and respect themselves, others and the world, implementing win-win strategies. People-centered participatory action research and other people-centered strategies could bear fruits for a more accurate mapping of these phenomena and the design and implementation of effective people-centered interventions advocated by the United Nations and several U.N. Agencies.

## 1. Psychological/Emotional Trauma

*“Trauma is a widespread, harmful and costly to individuals and society, It occurs as a result of violence, abuse, neglect, loss, disaster, war, natural catastrophes and other emotionally harmful experiences Unaddressed trauma significantly increases the risk of mental and substance use disorders and chronic physical diseases. Trauma has no boundaries with regard to age, gender, socioeconomic and substance use disorders and chronic physical status, race, ethnicity, geography or sexual orientation” (SAMHSA, 2014, p.2).*

Research has shown that childhood trauma is a plague worldwide (Stoltenberg et al. 2015, Fang, 2015, WHO, 2022) and how exposure to violence, abuse, neglect, racism, discrimination, violence, and other adverse experiences increases a person’s lifetime potential for serious health problems and health-risk behaviors, as demonstrated by the landmark Adverse Childhood Experiences (ACE) Study (Felitti et al. 1998; Bellis et al. 2015, 2019; Trauma and Public Health Taskforce, 2015; Agnew-Blais and Danese, 2016; Bisson et. al 2019)

\* <https://www.un.org/humansecurity/what-is-human-security/>

## 2. The Burden of Adverse Childhood Experiences

Comparing prevalence rates of child maltreatment and related statistics across countries is difficult due to many factors, including differences in legal frameworks and recording systems. However, it is recognized that it is a widespread phenomenon affecting approximately 150 million people worldwide, in both low- and high-income countries. The most recent data from the European Union show that the prevalence of maltreatment in the United Kingdom and Italy is 11.2% and 9.5% respectively, which is comparable to data from the United States (12.1%) and Canada (9.7%). Unfortunately, in many parts of the world, including Brazil, Russia, India, and China, statistics on the prevalence of maltreatment among children and adolescents are not standardized, making reliable cross-country and cross-continent comparisons difficult (Ferrara et al. 2015). In rural areas, local health agencies are scarce, and sometimes people do not report being trauma survivors to avoid stigma and prejudices. On top of this, many countries under dictatorships intentionally falsify their data since they routinely falsify reality as a way to maintain control and retain power.

The Adverse Childhood Experiences study (ACE) and other subsequent research show that ACE is an important risk factor for the most common causes of illness, disability, and death, as well as poor quality of life (Felitti et al. 1998; Felitti, 2002, Hills et al. 2000, 2001, 2004; Read et al. 2008).

Felitti and his colleagues found that the more ACEs a person suffered as a child (score 1 means one Adverse Childhood Experience and so on), the higher was the health burden later on in life (Felitti, 2001). Other dramatic health impacts were found by Felitti and later on confirmed by other research. (Bellis et al. 2015, 2019; Trauma and Public Health Taskforce, 2015; Agnew-Blais and Danese, 2016; Bisson et. al 2019). Adverse Childhood experiences are both common and destructive and research highlights how this combination makes them one of the most important determinants of health and wellbeing. Felitti underlines some of the reasons why in the past—but in many cases also today—the enormous health and economic burden caused by ACEs are not effectively managed.

Distress from ACEs can negatively affect children's brain development, the immune system, and the stress-response. (Rao et al. 2010; U.S. National Academy of Science, 2012; Shonkoff & Garner, 2012; Fox et al. 2015; Stonkoff & Phillis, 2000; CDC, 2019; National Scientific Council on the Developing Child, 2020). The changes in the brain can affect children's attention, decision-making, and learning.

*“To understand why Adverse Childhood Experiences are very harmful, one should keep in mind that the childhood years, from the prenatal period to late adolescence, are the “building block” years that help set the stage for adult relationships, behaviors, health, and social outcomes. ACEs and associated conditions such as living in under-resourced or racially segregated neighborhoods, frequently moving, experiencing food insecurity, and other instability can cause toxic stress (i.e., prolonged activation of the stress-response system)” (Bucci et al. 2016 p.12).*

Some children are exposed to additional toxic stress from historical and ongoing trauma due to systemic racism or the effects of intergenerational poverty due to limited educational and economic opportunities. Trauma in childhood contributes significantly to the global burden of disease, imposing enormous costs on people and their communities. Research has shown that childhood trauma can negatively impact children's physiological, psychological, and social processes and functioning, and increase the risk of developing several types of mental illnesses: Personality and mood disorders, substance abuse, and psychosis (Springer et al. 2003; Nemeroff, 2004; Varese, Smeets, Drukker et al. 2012; Trotta, Murray, Fisher 2015; Agnew-Blais & Danese, 2016; Hughes et al. 2017).

About 61% of adults surveyed in 25 U.S. states reported experiencing at least one type of ACE before age 18, and nearly 1 in 6 reported experiencing four or more types of ACEs (CDC 2021). Some children are at a greater risk than others. Women and several racial/ethnic minority groups were at higher risk of experiencing four or more types of ACEs. It is estimated that prevention of ACEs could reduce many health conditions. For example, prevention of ACEs could prevent up to 1.9 million cases of heart disease and 21 million cases of depression (CDC 2019).

### **3. The Economic Burden of Adverse Childhood Experiences**

The economic and social cost to families, communities, and society is hundreds of billions of dollars each year. A 10 percent reduction in ACEs in North America could mean annual savings of \$56 billion (CDC, 2019). Other researchers have calculated much higher costs. Peterson, Florence & Klevens (2018), using updated cost methods and data, estimated much higher lifetime costs per child for nonfatal (\$831,000) and fatal (\$16.6 million) child maltreatment victims and a higher estimated annual economic burden to the U.S. population (\$428 billion to \$2.0 trillion, depending on the data source for nonfatal child maltreatment).

Bellis and colleagues (2019) in their systematic review and meta-analysis research for studies that compared risk data from individuals with ACEs to those without ACEs and found that the costs of mental illness were the highest: ACEs were blamed for about 30% of cases of anxiety and 40% of cases of depression in North America.

Unfortunately, sometimes the war on children and minorities is waged inside their own family and communities blinded by dysfunctional and oppressive beliefs and customs, bigotry, racism, gender discrimination and any other form of discrimination.

### **4. Toxic Stress Burdens from Prejudices**

Many people are living in communities that blame and punish people for being who they are (Mayer 1995, 2007), which harms their physical and mental health and limits their potential. In many cases, societal prejudices express themselves violently. Widespread violation of women's rights in nations like Iran and Afghanistan are just a few of the numerous examples. There remain a number of nations that have Capital punishment for homosexuals, in many countries being a sexual minority is a crime. Such laws not only undermine human rights—they can also fuel discrimination, stigma, and even violence against people (UNICEF 2014; USCIRF, 2021).

The discrimination against albinos is yet another dramatic example: People with albinism face persecution, stigmatization, and marginalisation. They suffer due to false beliefs and superstition in some nations.

The violation of human rights is not found only in poor countries. The United Nations Office of the High Commissioner on Human Rights (OHCHR) and the US Institute of Diplomacy and Human Rights (USIDHR) report that the right to be free from discrimination is most frequently violated in the USA.\*

Despite years of effort to defend and advance human rights, there is still much work to be done. There is much room for improvement in terms of human rights everywhere in the world, as millions of people continue to have their rights violated, untold suffering and the traumas and toxic stress that create a significant amount of insecurity for families and communities, unacceptable damage to health and wellbeing, and heavy social and economic burdens. Numerous scientific studies have examined the harm that racism and discrimination do to people's health.

## **5. The Trauma of Racism and Oppression Burdens**

Racism has been linked to a number of adverse mental health conditions, but the association between racial discrimination and PTSD symptoms appears to be the strongest. Discrimination based on race and ethnicity is a contributing factor to alcoholism and PTSD symptoms (Cheng & Mallinckrodt, 2015; Flores et al., 2010; Sibrava et al. 2019). The effects of trauma are magnified when someone has multiple stigmatized identities (Safren and Dale, 2019). Vicarious retraumatization caused by the cultural legacy of state oppression contributes to poor community health. Nagata and colleagues (2019) have shown how the experience of internment of Japanese Americans during World War II had long-lasting traumatizing effects on internees and their descendants. Gone and colleagues (2019) have examined the impact of historical trauma on the health of indigenous populations in the United States and Canada. Victims of oppression who have multiple stigmatized identities are most affected (Dale & Safren, 2019). A model of intersectional stress and trauma among Asian American sexual and gender minorities was presented by Ching and colleagues (2018).

## **6. The Pervasiveness of Emotional Trauma Around the World**

The WHO World Mental Health Survey (2021) and Kessler and colleagues (2017) report that trauma and PTSD are prevalent worldwide, are unequally distributed, and PTSD risk differs by trauma type. Although a substantial minority of PTSD cases resolve within months of onset, the average symptom duration is significantly longer than previously thought.

Over 70% of respondents reported experiencing one traumatic event; 30.5% were exposed to four or more traumatic events. Five types of trauma—witnessing death or serious injury, the unexpected death of a loved one, an assault, a life-threatening car accident, and experiencing a life-threatening illness or injury—accounted for more than half of all

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\* <https://www.ohchr.org/en/press-releases/2022/08/un-committee-elimination-racial-discrimination-publishes-findings>

experiences. Exposure varied by country, sociodemographic characteristics, and history of traumatic events. Exposure to interpersonal violence had the strongest associations with subsequent traumatic events (Benjet, et al. 2016).

The World Health Organization laments that the Mental Health Atlas 2020 shows massive inequalities in the availability of mental health resources and their distribution between high-income and low-income countries and between regions. It also shows that significant gaps exist globally between the existence of policies, plans, and laws and their implementation, monitoring, and allocation of resources. Similar gaps are observed in the implementation of mental health services at the primary health care level.

The Mental Health Atlas 2020 also shows that countries' mental health information systems have limited capacity to report on specific indicators such as service utilization. Only 31% of Member States (WHO) regularly collect mental health data covering at least the public sector in their country.

In addition, 40% of Member States reported that they compile mental health data only as part of general health statistics. The percentage of countries reporting that no mental health data were compiled in the last two years decreased from 19% of responding countries in 2014 to 15% of responding countries in 2020.

Human and financial resources allocated to the implementation of strategies/plans are limited. In addition, only 19% of WHO member states reported that indicators are available and used to monitor the implementation of most components of their policies/plans.

- 45% of WHO Member States reported that a dedicated authority or independent body conducts inspections of mental health services and responds to complaints of human rights violations.
- 21% of WHO Member States have a mental health policy or plan that is currently being implemented and is fully compliant with human rights instruments.
- 28% of WHO Member States have a mental health law that is currently being implemented and fully compliant with human rights instruments (WHO Mental Health Atlas 2021).

## **7. Burn Out, Vicarious Trauma, Compassionate Trauma: Also, the Helpers Need Help**

Helpers or volunteers are people too and they also need good care, they are at a risk of chronic stress, burn out and vicarious trauma.

Vicarious trauma can be defined as the trauma resulting from being in contact with traumatized people and it can affect trauma survivors, directly or even through TV and other media coverage of calamities. Vicarious trauma in many cases affects people who provide services to trauma survivors exposed to natural disasters, wars, terrorist attacks, violence, sexual attacks etc. When Vicarious trauma is experienced by helpers it is called

compassionate trauma (Branson, D. C. 2019). People who work with survivors of trauma and violence run the risk of being negatively affected by the multiple effects of vicarious/compassionate trauma.

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*“Person-centered care, complemented by recovery-oriented care and trauma-informed care, forms the basis for a universal approach to healthcare.”*

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Helpers or volunteers offering assistance, support and psychological contact to trauma survivors, despite the profound significance of the helping relationship, the high ethical and moral motivation, the profound humanistic, existential significance of their endeavors can nevertheless be at risk of negative mental health consequences. It is very important to prevent and abate the impact of compassionate/vicarious trauma for those professionals who are exposed to survivors of trauma or violence, such as health personnel, policemen, firemen, journalists, volunteers, therapists and all those people who in various roles get in contact with traumatized people. Vicarious/Compassionate trauma occurs more frequently when helpers have no respite for their emergency work, when they cannot *recharge their batteries*, or disconnect from work that is heavy and taxing. Effective forms of prevention are good supervision, solid work alliances, peers, support groups and a good work-life balance to take care of personal life, spending time with family and friends.

The challenge for those who offer their helping services with passion, generosity, and empathy is to extend that kind of helping relationship to themselves, because you cannot give others what you do not have. It is therefore morally, ethically and professionally necessary to promote helpers' resilience, health and wellbeing, because if we want to give a lot to people, we must also relate generously with the person with whom we will be spending each hour of our lives: ourselves. (Mathieu, 2007)

## **8. Growth From Trauma**

A minority of people who have been exposed to various types of traumas show remarkable resilience, and a growth process occurs in them. These people develop a better and more meaningful relationship with themselves, with others, and with the world. In their systematic review, Linley and Joseph (2004) note that traumatic experiences that evoke feelings of threat, uncontrollability, and helplessness have the potential to promote growth in some people.

Optimistic people usually experience a wide range of positive emotions. When they experience trauma, they reframe it positively, by exhibiting good levels of acceptance, coping, and rumination, and are more likely to grow from the traumatic experience.

There is ample empirical evidence of the negative impact of traumatic events, but there is also research showing that some people grow personally after trauma (Affleck & Tennen, 1996; Abraido-Lanza, 1998; Calhoun & Tedeschi, 1998; Mahwah, Erlbaum, Calhoun & Tedeschi, 1999; Armeli, Gunther & Cohen, 2001). A facilitating relationship with an adult



that is empathic and accepting and respecting a child that is a trauma survivor can significantly buffer the damage of ACEs (Bellis, Hardcastle, Ford *et al.* 2017). Trauma survivors can be facilitated by their psychotherapists and helping professionals to grow from their traumatic experiences and increase their resilience (Lyons, 1991; Mahwah, Erlbaum, Calhoun & Tedeschi, 1999; Simonton, 2000; Linley, 2003, Linley & Joseph, 2004, Joseph, 2004).

## **9. How to Deal Effectively with Trauma: Trauma Informed Care**

To be trauma-informed means to be centered on the trauma survivor, to be aware, to be informed about trauma. It is a scientifically sound approach aimed at preventing retraumatization and at offering services and designing structures that lower the risk of retraumatization and maximize the possibility of effective treatments and recovery of trauma survivors.

We have come to redefine good practices as “Best Practices of Trauma-Informed Care,” thanks to an attitude of openness and recognition of the mistakes made in the past. Precisely because we did not know that some aspects of the treatments offered at the time were part of the problem and not of the solution: For example, we did not know that pushing clients against their will to remember past traumas, re-experiencing traumatic moments and so on could be iatrogenic. (Fallot & Harris, 2001, 2002, 2009; SAMSHA, 2014).

Today, thanks to what we have learned from the mistakes of the past, we have a series of directives and parameters that help us to prevent damage and maximize the benefits of service rendered. Trauma Informed Care (TIC) is a practice where all the aspect of the organization, the training and supervision of personnel, is centered on the needs of trauma survivors, are seen as partners in organizing the services and the treatments with them, thanks to an effective and strong working alliance. TIC uses a person-centered approach, underlining the need for addressing the client rather than applying general treatment approaches (SAMSHA, 2014).

Person-centered care, complemented by recovery-oriented care and trauma-informed care, forms the basis for a universal approach to healthcare. (Bassuk, 2017).

## **10. The Trauma-Informed Organization**

Such an organization is person- and people-centered and recovery-oriented and has a clear commitment to trauma-informed philosophy, supports and promotes a trauma-informed agenda that includes the creation of policies and procedures to address trauma, inclusion of trauma-informed language in the mission statement, use of adequate resources for training, review of screening and assessment tools to include trauma and trauma-informed leadership in the community.

A trauma-informed organization is planned, organized and managed in a person- and people-centered way. The mission is to provide a facilitating environment where every person, clients, staff is treated in a person-centered trauma-informed way in order to create a facilitative climate promoting the safety and development of every person. Accordingly, for clients and their families, the trauma-informed organization offers trauma informed client-centered services that encourage a proactive role in decisions, prevent retraumatization,



recovery, growth from trauma, resilience and empowerment. For the personnel they offer lifelong learning, supervision, burn out and vicarious trauma prevention and encourage life-work balance.

TIC provides clients with more opportunities to access services that reflect a compassionate view of their problems. TIC can provide a greater sense of security for clients who have a history of trauma and prevent more severe consequences of traumatic stress (Fallot & Harris, 2001, 2002, 2009; San Diego Trauma Informed Guide Team, 2012; Bassuk et al. 2017). The Trauma Informed Care approach is not only the golden standard for healthcare settings but is equally needed and applied in every other setting where people live and work—schools, organizations, juvenile justice institutions, communities and city planning etc. For example, a trauma-informed school is a school sensitive to the issues of trauma and therefore the teachers will also know that not always is a so-called undisciplined student somebody not respecting the rules, the student could be expressing an underlining problem due to trauma. Knowing this will allow the teacher (or the school principal) to manage more effectively her/his role as a trauma-informed teacher, by referring the problematic student to the school psychologist or to a social worker, so that the student, if he/she needs help, can be helped and his/her trauma burden does not become more serious. The ethical principle, *first, do no harm*, reverberates strongly in the application of TIC.

*“A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for healing; recognizes the signs and symptoms of trauma in staff, clients, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, practices, and settings.”* (SAMSHA, 2012, p. 4)

## 11. Trauma-Informed Cities

Being a trauma-informed city means taking a holistic approach. It means acknowledging and repairing a system that is unjust and contributes to systemic violence and poverty. It also means embedding a trauma-informed approach into the policies, programming, services, and training of the people who implement them. It means understanding the connection between trauma and violence and the impact on people's lives, wellbeing, and behavior. A trauma-sensitive approach means changing all aspects of city programs, language, and values to ensure that those who implement programs, services, and policies know how to recognize and respond to trauma. A trauma-sensitive approach also provides tools and support to heal trauma and prevent trauma in communities. Examples in North America include Toronto, Baltimore, Philadelphia, Chicago, San Francisco, and Tarpon Springs (FL). The adoption of a trauma-informed city model, if implemented effectively, can lead to more effective and efficient services, healthier and happier service users, city staff, and other service providers, and a better functioning and thriving city.

TIC is centered on the whole person and not just the problem. Having an informed-trauma approach is not only a duty from an ethical, clinical and mental health point of view, but it is also effective taking into account the cost-benefit ratio since providing treatments

that reduce the damage is in the interest not only of the survivors of trauma but in the best interest of the whole society.

## **12. Trauma Informed Care Best Practices Project (TIC Project)**

The cost of emotional trauma was enormous, long before the COVID-19 pandemic and the invasion of Ukraine; now the global burden of trauma has doubled. The costs of trauma are systemic; it damages individual and social health and, if left untreated, can be passed on to future generations. The high economic costs of trauma harm survivors, their families, communities, and countries. (Lancet, 2020; WHO 2021, 2022a)

Trauma Informed Care Best Practices are science-based practices that can avoid the risks of retraumatization and promote resilience and growth after trauma. The Person-Centered Approach Institute (IACP) with the World Academy of Art and Science (WAAS), the World University Consortium (WUC), the Department of Psychology of the University of Torino, the University for Sustainability, Santa Fe, New Mexico, The World Sustainability Forum, the Black Sea Universities Network, the Protect our Planet Movement and the Psychological Association of Ukraine have created a worldwide project to support, connect and assist all the professionals and public and private organizations operating in countries ravaged by violence and disasters that are in one way or the other, dealing with people, and in so doing, need to be trauma-informed.

Professionals working in their various roles in public or private organizations, whatever is their field of work with people, if they are unaware of the research findings and not trained in Trauma Informed Care (TIC), can unwillingly cause the retraumatization of the trauma survivors. Professionals ignoring the principles and the practices of Trauma-Informed Care are part of the problem that is generating staggering costs of suffering, disability, ill personal and social health, productivity loss and loss of prosperity; on the other hand, professionals aware of the importance of Trauma Informed Care (TIC) as one of their ethical imperatives, will be part of the solution.

The application of Trauma Informed Care Best Practices by professionals and organizations will spare people from unnecessary suffering, protect and promote human safety, health, and wellbeing for people and communities, and promote sustainability and prosperity for all.

The Trauma Informed Care Best Practices Project (TIC Project) will provide free education, training, support and empowerment to all the different actors working in countries affected by violence and disasters: Thanks to the knowledge acquired, they will be better able to apply the principles in their field of work.

Part of the Trauma Informed Best Practices Project is a series of Trauma Informed Best Practices Free Post Graduate Courses designed by Alberto Zucconi and Luca Rollè that is offered to psychotherapists of different nationalities operating in war zones and in communities ravaged by violence, motivated to serve their people by becoming trainers of trainers. The Post Graduate Training Programmes are offered free of charge, by the Person-Centered Approach Institute (IACP) and the Department of Psychology of the University of Turin in partnership with WAAS, WUC, the Black Sea Universities Network, The University

for Sustainability, The World Sustainability Forum, the Protect our Planet Movement and the Ukrainian Psychological Association.\*

Trauma Informed Care is one example of a revolution that has happened in the health field. It has been progressing even if some barriers to change still exist.

### 13. Change of Paradigm in the Field of Health

In the traditional mechanistic approach, health is defined as absence of illness. In the WHO manifesto the new holistic/systemic paradigm of health, it is defined as full development of human potential. Health promotion is defined as:

*“the process of enabling people to increase control over, and to improve, their health”* (WHO, 1986. Ottawa Charter for Health Promotion p.1).

The basic conditions and resources for health are peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice, and equity. Improving health requires a secure foundation in these basic conditions. As you can see, protecting and promoting health and human security go hand in hand.

Good health is an important resource for social, economic, and personal development and an important dimension of quality of life. Political, economic, social, cultural, environmental, behavioural, and biological factors can benefit or harm health. Health promotion activities aim to improve these conditions by advocating for health. The WHO website has emphasised the importance of achieving health for all, with the proclamation that

*“all countries should aspire to build strong primary health care and health systems, supported by a well-trained, people-centred and competent health workforce that can respond to the needs of all people”* (WHO 2021c p.vi).

And furthermore:

*“Building and maintaining trust, especially when a person has had previously distressing or discriminatory interactions with health institutions, is an essential part of providing people-centred health services.”* (WHO 2021c p.1).

The WHO Director General underlines the importance of:

*“promoting participation and community inclusion for people with lived experience; capacity building in order to end stigma and discrimination and promote rights and recovery; and strengthening peer support and civil society organisations to create mutually supportive relationships and empower people to advocate for a human rights and person-centred approach in mental health and social services.”* (WHO, 2019 p.1)

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\* The TIC Project is welcoming enquiries about partnership from public and private institutions and is welcoming donors. To donate to the TIC Project: <https://new.worldacademy.org/support-ukraine/> <https://www.worldsforum.org/donate.html>

## **14. A Renewed Urge for Paradigm Change is Heralded by UN Bodies**

The 2019 Global Burden of Disease (GBD) report suggests that the global health community needs to radically rethink its vision. An exclusive focus on health care is a mistake. Health emerges from a broader perspective that includes quality of education, economic growth, gender equality, and migration policies. The World Mental Health Report underlines that:

*“Growing social and economic inequalities, protracted conflicts, violence and public health emergencies threaten progress towards improved well-being. Now, more than ever, business as usual for mental health simply will not do.” (WHO 2022a p. xiii)*

And furthermore, the WHO underlines that in order to be effective we have to change the social construction of reality:

*“Everyone in the community and the care system needs to support social inclusion for people living with mental health conditions, and to promote rights-based, person.” (WHO 2022a p. xvii)*

The World Health Organization states that by 2022, mental health problems will be the leading cause of disability worldwide. Children, adolescents, and the elderly are most affected. WHO estimates that about 20 percent of children and adolescents and about 15 percent of people aged 60 and older worldwide suffer from mental disorders. The most common mental disorders are anxiety (affecting 300 million people worldwide) and depression (affecting 280 million people). Most of these people live with their disorder without ever receiving treatment. The WHO also states that the old refrain from investing in health for lack of money. Actually it is more expensive not to invest on disease prevention and health promotion since:

*“At all stages of life, promotion and prevention are required to enhance mental well-being and resilience, prevent the onset and impact of mental health conditions, and drive down the need for mental health care. There is increasing evidence that promotion and prevention can be cost-effective.” (WHO, 2022a p. xviii)*

## **15. Health at the Workplace & Insecurity Burdens**

Nancy Leppink, Head of Labour Administration, Labour Inspection and Occupational Safety and Health, ILO Geneva, in her presentation on “Socioeconomic Costs of Work-Related Injuries and Illnesses: Building synergies between Occupational Safety and Health (OSH) and Productivity” confirms that the ILO estimates that more than 2.3 million women and men die each year from a work-related injury or illness. More than 350,000 of these deaths are from fatal injuries and nearly 2 million deaths are from diseases. In addition, more than 313 million workers are involved in nonfatal work injuries that result in serious injury and lost work time, and it is estimated that there are 160 million cases of nonfatal work-related illness each year. The devastating impact on workers and their families cannot

be fully calculated; however, by far the greatest cost to workers is loss of quality of life and even premature death. Pain and suffering are recognised as incalculable costs, but a worker's mental health can also be severely affected after an accident.

The total cost of an occupational injury or illness is often underestimated because certain costs are incurred outside the organisation and some internal costs are difficult to quantify or determine, such as: lost work time, lost production, reduced work output, and reduced labour force participation. It is estimated that the indirect costs of occupational injuries or diseases can be four to ten times higher than the direct costs. The ILO estimates that the costs of lost work time, workers' compensation, production disruption, and medical expenses amount to 4% of world GDP (about \$2.8 trillion). Thus, the human and financial costs of these daily adversities are enormous and highlight the economic burden of poor occupational safety and health (OSH) practices. Conversely, OSH investments reduce both direct and indirect costs, particularly by lowering insurance costs while improving performance and productivity. Lower social insurance and healthcare costs mean lower taxes, better economic performance, and higher social benefits. Occupational safety and health must therefore be maintained as a key element of development and given high priority internationally and at the national and corporate levels. According to a study by the International Social Security Association on the return on investment for prevention, for every euro invested, a company can expect a potential economic return of 2.20 euros (Leppink, 2015).

Francis La Ferla, former head of the World Health Organization Programs for the Promotion of Health in the Workplace in Europe, states:

*“the bio-psycho-social model of health—which is the more comprehensive of the many determinants of health. Each of these determinants emerges from the bio-psycho and social dimensions of this model, which embeds health in a more holistic context. The assets of this approach are immense. Particular emphasis is given to the need for each individual to understand that he is “the main carer” of his own life and “the centre of his own health”. This empowerment is fundamental for the success of the Person-Centred Approach to Health and well-being.” (La Ferla 2003 p.ii).*

The concept of Healthy Organizations that invest in worker health and safety are more productive and profitable than those workplaces that try to exploit their human resources. For the individual, health problems entail the loss of wellbeing, livelihood, happiness, satisfaction, even life itself, added to which are concomitant losses to the family. For business and industry, the losses are measured in direct costs, production losses and countless intangible costs. For society, the cost of unnecessary damage to health and life, compounded year after year over the lives of millions of people, is truly incalculable. (Zucconi & Howell, 2003)

Some researchers have provided the first estimate of preventable deaths and preventable health care costs due to psychosocial stress in the workplace in the United States. The preventable costs are substantial—the most conservative estimate is about \$44 billion per year, or \$156 per American per year (Goh, Pfeffer & Zenios, 2019).

## 16. The Climate Change Burdens

The total cost of an occupational injury or disease is often underestimated because certain costs are incurred outside the period of the occupational injury or disease. Experts widely agree that climate change is increasing the frequency and intensity of extreme weather events. Although such events do not always become natural disasters, there is evidence that damage from natural disasters is also increasing, which tells us that “natural disasters” is a misnomer because human impact on the environment has exacerbated the frequency and magnitude of natural or man-made disasters. Accurate estimates of damage and casualties are notoriously difficult, but the most comprehensive database on natural disasters, the Emergency Events Database (EM-DAT), shows that natural disasters caused \$3.7 trillion in property damage, killed more than 1.5 million people, and left more than 90 million people homeless between 1995 and 2019. Property losses caused by natural disasters have grown faster than GDP as wealth and population levels in disaster-prone areas have increased. Better warning and forecasting systems and more resilient infrastructure have likely reduced the death toll from extreme weather events, but large-scale disasters continue to pose a significant threat to people’s lives, especially in poorer countries. To minimize the economic impacts of extreme weather events, it is important to first understand how these impacts arise and develop. (Deryugina, 2022).

## 17. The Burdens of Environmental Destruction

For a long time, it was believed that advances in what we know would increase what we can do and called it human progress. Today in the Anthropocene Era, we need to reconsider this notion. It may be dangerous just to know and do more, we need to understand and learn how to live in a complex relational system, and to do so, we need to learn from our mistakes and learn to be attuned with ourselves, others and the world.

The WHO reminds us that

*“the most solid evidence suggests that up to 68% of deaths (and 56% of exposure in DALYs) are environmental. Environmental hazards are responsible for much of the global burden of disease: relative to the total population, 23% of all deaths worldwide and 22% of all DALYs are environmental. Reducing environmental exposures would significantly reduce the global burden of disease”* (WHO, 2016 p. 103).

Children under five and older adults are most affected by the environment: Children under five are the most affected, with 26% of all deaths attributable to the environment, and adults aged 50 to 75, with between 24% and 26% of deaths in this age group attributable to the environment (WHO, 2016 p. 103). The updated analysis for 2016 shows that 24% of global deaths (and 28% of deaths in children under five) are attributable to modifiable environmental factors. Sixty-eight percent of these attributable deaths and 51% of attributable DALYs could be estimated using evidence-based comparative risk assessment methods, and assessments of other environmental exposures were completed with additional epidemiologic estimates and expert opinion. Ischemic heart disease, chronic respiratory disease, cancer, and unintentional

injury lead the list. People in low- and middle-income countries bear the greatest burden of disease. (WHO, 2019).

## **18. Climate Change is the Single Biggest Health Threat Facing Humanity**

The World Health Organization warns us that the way we behave in the Anthropocene Era has produced the worst threats for humanity, and the worst of all is climate change.

## **19. The Burdens of Acidification of Oceans and Plastic Micro Particles Pollution**

Another growing man-made disaster is the acidification of oceans and the millions of tons of plastic dumped in rivers and oceans, the micro plastic particles that enter the food chains.

New research suggests that plastics may contribute to ocean acidification, especially in heavily polluted coastal areas, through the release of organic chemical compounds and carbon dioxide, both of which can lower seawater pH (Usman et al. 2022). After their use, plastics are usually carelessly disposed of in water bodies, thus entering the aquatic environment. It is estimated that coastal countries generate about 275 million tons (MT) of plastic, of which 4.8 to 12.7 million MT end up in the ocean. In 2017, a United Nations estimate revealed the presence of about 51 trillion microparticles (MP) in the oceans, a value 500 times greater than the number of stars in the entire galaxy, warned Erik Solheim, executive director of the United Nations Environment Program (UNEP, 2017). It is estimated that there will be more plastic than fish in the oceans by 2050 if the current trend is not stopped. Once microplastic is in the environment, it does not biodegrade. It accumulates in animals, including fish and shellfish, and consequently is ingested by humans as food, found in the ocean, and ingested by marine animals. The plastic then accumulates and can enter humans through the food chain: Microplastic particles have been found in food and beverages: In laboratory studies, it has been linked to a range of negative toxic and physical effects on living organisms.\*

New research suggests that plastics may contribute to ocean acidification, especially in heavily polluted coastal regions. The World Bank warns us that waste management is a universal problem that affects every single person in the world. Individuals and governments make consumption and waste management decisions that affect the daily health, productivity, and cleanliness of communities. Poorly managed waste pollutes the world's oceans, clogs drains and causes flooding, transmits disease through the spread of vectors, exacerbates respiratory problems due to particulate matter in the air produced by burning waste, harms animals that unknowingly consume waste, and affects economic development (Kaza et al. 2018).

## **20. Floating Plastic Islands**

There are five floating plastic islands in the oceans that threaten to wipe out much of the marine life and contribute to climate change. Some of these trash islands—like the one in the North Pacific—are the size of France, Spain and Germany combined.

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\* <https://echa.europa.eu/hot-topics/microplastics>



They are the result of more than six decades of dumping trash into the ocean, mostly by land and sea. The College of California estimates that we have dumped 8.3 billion tons of this polymer worldwide in all the last six decades, and the most worrisome part is that more than 70% of it is now clogging the planet's landfills and oceans.

Researchers suggest plastics may contribute to ocean acidification, especially in heavily polluted coastal regions of the world. The UN has warned the international community about the damage that marine litter causes to the economy and to the environment decimating marine ecosystems (i.e., killing more than 1 million animals each year, and also adding billions of dollars to the cost of ocean conservation). Researchers at the University of Hawaii found in 2018 that polyethylene—one of the most commonly used single-use plastics—releases greenhouse gasses such as ethylene and methane when it decomposes in the sun. Trash in the oceans is increasing so much that the World Economic Forum (WEF) predicts that by 2050, the oceans could contain more plastic than fish.

## **21. WAR Burdens**

War is one of the most destructive man-made disasters: Although not usually mentioned as a health concern, war in its many guises is one of the most vicious negative health determinants known. To suggest the immensity of its impact, there were 250 wars in the last century which killed close to 200 million people, wounded and maimed hundreds of millions more, and killed huge numbers of domestic and wild animals. A continuing deadly aftermath is the remaining presence of estimated 60-70,000,000 landmines still buried in 68 different countries and killing some 26,000 people annually, half of them children. The toll on animals is estimated to be 10 to 20 times greater than for people (McFee, 2002) bringing a concomitant horrific impact on the entire ecological balance.

The indirect assault on health caused by war's catastrophic damage to the environment, much of it permanent, might in the end be even more harmful than the direct killing. A few examples include the thousands of tons of toxic chemicals released into the atmosphere over Kosovo from the bombing of petrochemical plants; the 60 million or more gallons of oil spilled in the Kuwaiti desert in the Persian Gulf War from destroyed wells forming 300 lakes of black sludge over 19 square miles; the 100 million pounds of the defoliant and herbicide Agent Orange sprayed to destroy forests in Vietnam, causing ecological and health damage whose long-term effects scientists are still trying to assess (McFee, 2002).

From these data, it is clear that armed conflict—which at the time of this writing shows little signs of abating—remains a man-made health threat of the most severe nature. (Zucconi & Howell 2003 p. 72).

According to the Institute for Economics & Peace's Global Peace Index 2022, the

*“...economic impact of violence on the global economy in 2021 was \$16.5 trillion in purchasing power parity (PPP) terms. This figure is equivalent to ten per cent of the world's economic activity (gross world product) or \$2,117 per person. The economic impact of violence increased by 12.4 per cent from the previous year.*

*This was mainly driven by an increase in global military expenditure, which rose by 18.8 per cent, although more countries reduced their expenditure as a percent of GDP. China, the US and Iran were the countries with the largest increases in military expenditure in nominal terms. Violence continues to have a significant impact on the world's economic performance. For the ten countries most affected by violence, the average economic impact of violence was equivalent to 34 per cent of GDP, compared to 3.6 per cent in the countries least affected by violence. Syria, South Sudan and the Central African Republic incurred the largest proportional economic cost of violence in 2021, equivalent to 80, 41 and 37 per cent of GDP, respectively.*

*Expenditure on Peace building and Peacekeeping was \$41.8 billion in 2021, equal to only 0.5 per cent of military spending.” (IEP, 2022 p. 3).*

We cannot afford the costs of violence:

*“The global economic impact of violence was \$16.5 trillion in 2021, equivalent to 10.9 per cent of global GDP, or \$2,117 per person. The 2021 result represented an increase of 12.4 per cent—or \$1.8 trillion—from the previous year, primarily due to higher levels of military expenditure. In 2021, 132 countries increased their military expenditure from the previous year, compared to 29 countries that reduced spending. The economic impact was \$7.7 trillion, an increase of 18.8 per cent. In 2021, the economic impact of armed conflict increased by 27 per cent to \$559.3 billion. This was driven by increases in the number of refugees and internally displaced people, and in GDP losses from conflict. All regions of the world recorded increases in the economic impact of violence from 2020 to 2021. MENA and Russia and Eurasia were the regions with the largest proportional increases, at 32 per cent and 29 per cent, respectively. Syria, South Sudan and Central African Republic incurred the highest relative economic costs of violence in 2021, equivalent to 80, 41 and 37 per cent of GDP, respectively. In the ten countries most affected by violence, the economic cost of violence averaged 34 per cent of GDP in 2021” (IEP 2022 p.6).*

## **22. The Burdens of Forced Migrations**

Dr. Tedros Adhanom Ghebreyesus, Director-General of World Health Organization, in his foreword to *Refugee and migrant health: Global Competency Standards for health workers* (WHO, 2021) stated:

*“Refugees and migrants are among the most vulnerable communities in many societies. All too often, they live insecurely on the fringes of society, in fear and without access to a reasonable level of essential services, including health services. They may face discrimination, social exclusion, negative attitudes, and stigmatizing stereotypes. The COVID-19 pandemic has disrupted health services across the world, putting these already vulnerable and marginalized communities at heightened risk. The pandemic has compromised the ability of*

*health systems to respond to the whole spectrum of health needs, exacerbating existing inequities. WHO believes that everyone should be able to enjoy the right to health and access to people-centred, high-quality health services without financial impediment, including refugees and migrants, as expressed by our commitment to universal health coverage". (WHO, 2021, p.v).*

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*"Personal health cannot be separated from social health, and social health cannot be separated from equitable access to health education and health services. Personal and social health cannot be effectively promoted without giving importance to environmental health."*

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The United Nations Refugees Agency (UNHCR) states that:

*"...by the end of 2021, 89.3 million people were forcibly displaced worldwide as a result of persecution, conflict, violence or human rights violations. This includes:*

- 27.1 million refugees*
- 53.2 million internally displaced people*
- 4.6 million asylum seekers*
- 4.4 million Venezuelans displaced abroad*

*As of May 2022,\* 100 million individuals were forcibly displaced worldwide.† This accounts for an increase of 10.7 million people displaced from the end of the previous year, propelled by the war in Ukraine and other deadly conflicts. **117.2 million people** will be forcibly displaced or stateless in 2023, according to UNHCR's estimations."*

The Invasion of Ukraine has produced heavy burdens to Ukrainians first but it has also reverberated around the world in many fields like food distribution, energy and logistics disruptions. The Organization for Economic Cooperation and Development estimates that Russia's invasion of Ukraine would cost the global economy \$2.8 trillion in lost output by the end of next year—and more if a harsh winter leads to energy rationing in Europe.‡

## 23. The Insecurity of Not Having Identity Papers

The Sustainable Development Goals Division of the UN Department of Economic and Social Affairs (UN DESA/DSDG) and the International Development Law Organization

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\* <https://www.unrefugees.org/news/unher-ukraine-other-conflicts-push-forcibly-displaced-total-over-100-million-for-first-time>

† Many other regions of the world are facing dramatic refugees problems. For a complete list consult the UNHCR website: <https://www.unhcr.org/globaltrends/report>

‡ <https://www.oecd.org/ukraine-hub/en>

(IDLO) pointed out during the Global Conference on the Implementation of SDG 16, held in Rome from May 27 to 29, 2019, that hundreds of millions of people worldwide, including 650 million children, still lack proof of their legal identity. Promoting legal identity is a prerequisite for achieving all SDGs, particularly targets 16.9 and 17.19. Legal identity for all—from birth—is a human rights issue, ensuring that everyone is recognized before the law and can exercise and claim their rights. The vast majority of people in the world who do not have proof of legal identity are children who have never been registered at birth.

## 24. Peace is Cost Effective

Research has shown that:

*“...improvements in peace can lead to considerable economic improvement in GDP growth, inflation and employment. The average economic cost of violence was three times higher for the countries with the largest deteriorations in the GPI, equal to 22.1 per cent of their GDP, compared to 6.7 per cent for the countries with the largest improvements in 2019. Over the last 20 years, countries with the biggest improvements on the GPI had 1.4 per cent higher GDP growth per annum than the countries with the largest deteriorations. Over a 20-year period, this additional growth would compound to an additional 31 per cent of GDP. Countries deteriorating in Positive Peace recorded more volatile GDP growth than the index average. Over the last 20 years, the ten countries with the largest improvements in Positive Peace average 2.6 percentage points greater economic growth per capita annually than the ten countries with the largest deteriorations. If all countries improved their peacefulness to the average of the 40 most peaceful countries, the reduction in violence would accrue to \$3.6 trillion in savings over the next decade. The impact of violence goes beyond the victim and perpetrator and has economic, social and political consequences (Institute for Economics & Peace. Economic Value of Peace (IEP, 2021 p.4).*

## 25. The Dividends of Positive Peace

Peace is a win-win solution for everybody and a prerequisite for growth and prosperity.

*“Positive Peace is a transformational concept. It is defined as the attitudes, institutions and structures that create and sustain peaceful societies. The Institute for Economics & Peace. Economic Value of Peace (IEP) has empirically formulated the Positive Peace Index (PPI) through the analysis of almost 25,000 economic and social progress indicators to determine which ones have statistically significant relationships with peace as measured by the Global Peace Index (GPI).*

*The PPI shifts the focus away from the negative to the positive aspects that create the conditions for a society to flourish. Due to its systemic nature, improvements in Positive Peace are associated with many desirable outcomes for society including stronger economic outcomes, higher resilience, better measures of*

*wellbeing, higher levels of inclusiveness and more sustainable environmental performance. Therefore, Positive Peace creates an optimum environment in which human potential can flourish.*

*Positive Peace can be used for empirically measuring a country's resilience, or its ability to absorb and recover from shocks. It can also measure fragility and help predict the likelihood of conflict, violence, and instability. There is a close relationship between Positive Peace and violence as measured by the internal peace score of the Global Peace Index (GPI).*

*For this reason, the greater the improvements in Positive Peace, the greater the economic performance. The countries with the largest improvements in Positive Peace have averaged higher rates of economic growth per capita relative to the countries that recorded the largest deteriorations by more than 2.6 percentage points” (Institute for Economics & Peace. *Economic Value of Peace*, 2021 p. 50).*

Economic Nobel Prize recipient Joseph E. Stiglitz and Harvard professor Linda Bilmes showed in their famous book that the governmental calculations can be quite wrong in minimizing the true economic burden of war, in the case of the Iraq War the Administration officials estimates were 5000 billion US dollars and Stiglitz and Bilmes calculated that the actual costs were amounting to 3 trillion US dollars (Stiglitz & Bilmes, 2008).

## **26. Effective Ways to Promote Change: Person- and People-Centered Approaches**

There is ample scientific evidence that people- and person-centered approaches produce more effective results and are more cost effective in the medium and long term than the other traditional approaches. Person- and people-centered approaches (PCA) are scientifically validated, interdisciplinary and inter-sectorial approaches designed to foster the protection and promotion of human capital and at the same time offer the maximum level of effectiveness in protecting and promoting human ecologies and natural ecosystems, promoting sustainable change. The PCA is a value-oriented approach based on equal rights, empowerment strategies, deep respect for each person's culture and tradition. The PCA promotes empathic understanding, mutual respect and effective communication and collaboration among different stakeholders with actions of empowerment, recovery and resilience with the creation of solid working alliances based on mutual trust. The applications of the people-centered approaches are showing excellent results in many fields and disciplines; they can be found in different parts of the world and are constantly expanding.

## **27. Person- and People-Centered Education and Training**

To survive, every life form depends on learning effectively and quickly to adapt its behavior to changes in the environment. We need to retool and improve all levels of our education. Formal and informal education at all levels must provide us with the knowledge, skills, and attitudes that will enable us to survive and even thrive in today's changing times by

learning the skills necessary to build sustainable relationships with ourselves, others, and the planet. (Morin, 2001, 2007; Zucconi 2021). In education, person-centered or student-centered learning is more effective than traditional teaching (Rogers, 1967, 1969, 1971, 1977, 1983; Zimring, 1994; Thorkildsen, 2011). Research shows that educational goals are better met, attendance is better, students are more satisfied, morale is better, self-image is better, critical thinking is better, problem solving is better, relationships between students in the classroom and outside of school time are better, and there is less destructive behavior when students drop out; (Pintrich, 2000; Cornelius-White & Harbaugh, 2010). Person/student-centered education has positive effects on all levels of education (Knowles, 1984; Kember, 2009) and also shows excellent results when applied to fields such as molecular biology, biochemistry, pharmacology, etc. (Knight & Wood, 2005; Kemm & Dantas, 2007; Costa, 2014) or when hybrid or e-learning forms of education are used (Motschnig-Pitrik & Derntl, 2002).

## 28. People-Centered Participatory Leadership

In leadership development, person-centered, sustainable leaders are people who excel at listening rather than inflammatory rhetoric. They are champions of empowerment and take pride in helping their people gain confidence and self-esteem, develop their potential, and serve their communities. (Jacobs et al, 2020; Zucconi & Wachsmuth, 2020).

## 29. Person- and People-Centered Health

In health protection and promotion, person-centered medicine empowers people and communities to protect and promote their health and well-being where they live and work by promoting knowledge, self-awareness, and self-determination and preventing iatrogenic harm. (WHO, 2008, 2010, 2012; Zucconi, 2008, 2019). Personal health cannot be separated from social health, and social health cannot be separated from equitable access to health education and health services. Personal and social health cannot be effectively promoted without giving importance to environmental health. When all these variables are considered and managed within a bio-psycho-social-spiritual framework, and interventions are intersectoral and interdisciplinary, protecting and promoting human and environmental health leads to prosperity. (Zucconi & Howell, 2003; Zucconi & Wachsmuth, 2020). In the green and blue economies, circular economies are much more effective than traditional economies (Pauli, 2010; UNU-IHDP and UNEP, 2012; WHO, 2020e).

*“Modern science is characterized by its ever-increasing specialization, necessitated by the enormous amount of data, the complexity of techniques and of theoretical structures within every field. Thus science is split into innumerable disciplines continually generating new sub disciplines. In consequence, the physicist, the biologist, the psychologist and the social scientist are, so to speak, encapsulated in their private universes, and it is difficult to get word from one cocoon to the other... ..It is necessary to study not only parts and processes in isolation, but also to solve the decisive problems found in the organization and order unifying them, resulting from dynamic interactions of parts, and making the behaviour of parts different when studied in isolation or within the whole...*



*In short, “systems” of various orders are not understandable by investigation of their respective parts in isolation”. (Von Bertalanffy, 1969 p. 30).*

### **30. People- and Person-centered Approaches to Protect and Promote Human Security for All**

In the past, when the United Nations proposed the concept of Human Security, it was met with some criticism, of being vague, something that should be bestowed from above. Nowadays the concept of human security has been creating more awareness on the social construction of reality, the importance of citizens’ consciousness, and has become a bio-psycho-social-spiritual paradigm as a right of every human being—a right to be demanded, defended and promoted with person- and people-centered actions of empowerment. The right to human security refers to the security of people and communities. There are several dimensions related to the sense of security, such as freedom from fear, freedom from want, and freedom from humiliation. There are several reasons why the people-centered approach is one of the approaches of choice for protecting and promoting human security. Human security is a right to be demanded, defended and promoted by people, through self-empowerment measures.

For the last 80 years researchers have shown that person- and people-centered approaches are more effective in promoting change in the fields of health, education, management etc. In the last 20 years the United Nations and several UN agencies and International bodies have realized the importance of a paradigm change, from the traditional top-down approaches to holistic/systemic circular participatory approaches. (Zucconi & Howell, 2003; Zucconi, 2008; Karlsrud, 2015; Zucconi & Wachsmuth, 2020; Sedra, 2022; WHO 2006, 2007, 2010, 2012, 2016a, 2019, 2020, 2022c, 2022e; WHO/Europe, 2013, United Nations, 2015; United Nations Development Programme, 2021)

The UN is changing its traditional leadership role and embracing a participatory leadership approach as it recommends to all the nations and to all the stakeholders the implementation of person- and people-centered approaches to promote change including the defense and promotion of Human Security with actions of empowerment. Awareness of the failures of traditional approaches and a new cultural and scientific awareness that everything is connected is necessary considering the damages inflicted by learned passivity from authoritarian styles of government and management. Person- and people-centered approaches are effective and have a positive cost/benefit ratio and promote the empowerment and responsibility of all the stakeholders. (Zucconi & Howell, 2003; Zucconi 2008, 2019, 2020, 2021; WHO 2006, 2007, 2010, 2012, 2016, 2019, 2020, 2022c, 2022e; WHO/Europe, 2013, United Nations 2015; United Nations Development Programme, 2021)

*“In 1994 the UNDP Human Development Report New Dimensions of Human Security coined the term “human security” within the UN system. The report highlighted four characteristics of human security: universal, people-centered, interdependent and early prevention. It further outlined seven interconnected*



*elements of security: economic, food, health, environmental, personal, community and political. In human security, in order to be effectively implemented a People Centered Approach has to be successful in encouraging local ownership; balancing top-down and bottom-up approaches; managing hybridity; fostering inclusion; and advancing conflict prevention” (Sedra, 2022, p.25).*

The UN Secretary-General appointed a high-level independent panel to comprehensively review peace operations. The panel published its report in June 2015 and made four recommendations, one of which stated:

*“...the UN Secretariat must become more field focused and UN peace operations must be more people-centred (UN 2015: viii). On the shift to more people-oriented peace operations, the panel argued for ‘a renewed resolve on the part of UN peace operations personnel to engage with, serve and protect the people they have been mandated to assist. [...] Placing people at the center of peace operations also carries the potential to mitigate some of the impacts of the robust and state-centric mandates that peace operations are furnished with, by helping other, more vulnerable and less privileged actors to find a seat at the table, and supporting the development of more responsive, accountable and legitimate institutions.*

*The ultimate aim should be to foster a resilient society, and by extension, resilient state-society relations”. (UN 2015: viii)*

The people-centered security (PCS) approach was defined in response to criticism of the human security agenda. It continued to focus on meeting the diverse security needs of men, women, boys, and girls, but sought to engage rather than oppose the state in pursuit of this goal. It narrowed the definition of security and justice to an essential core of issues and saw the role of donors as facilitating dialog between the state and civil society and balancing top-down and bottom-up reforms.

*“At its core the PCS approach, which was firmly cemented in UN orthodoxy by the 2010s, aims to renew the social contract between the state and the population it serves ..... the tremendous potential of the PCS approach as a driver of positive change in the peace and security field ...” (Sedra, 2022, p.4)*

*“While the 2030 Agenda reaffirmed the centrality of the PCS approach and established benchmarks for its realization, the capacity of UN agencies to apply it still requires some strengthening. UN security programs are characteristically rooted to language on people-centeredness, but many practitioners lack the tools, time, or experience to apply this to project implementation. Reflecting this disjuncture, it is very common for security programming designed and framed as people-centered and locally owned to evolve into state-centered, externally driven processes” (Sedra, 2022 p. 6).*

The Last Report on SDG 16+ states:

*“Ultimately, the aim of stakeholder engagement in the 2030 Agenda is to ensure responsive, inclusive, participatory and representative decision-making at all levels of society. Ensuring participation and inclusiveness in decision-making is valuable from a human rights perspective. It also adds a procedural dimension to the principle of “leaving no one behind” by ensuring that those at risk of being overlooked have a voice in government decisions that affect them. Finally, people-centered service delivery is critical to all the SDGs: from accessing education and health, to reducing inequality, to ensuring security, justice and the rule of law. In all of these policy spheres, the role of transparency and access to information are pre-conditions for the implementation of the 2030 Agenda and the SDGs as a whole.” (SDG 16+ Report p. 34)*

How much is imperative to implement effective approaches to human security for all is underlined in a 2021 UN Peacekeeping unit report that stated:

*“...under our most pessimistic scenario, a 25% increase in effectiveness of conflict prevention would result in 10 more countries at peace by 2030, 109,000 fewer fatalities over the next decade and savings of over \$3.1 trillion. A 50% improvement would result in 17 additional countries at peace by 2030, 205,000 fewer deaths by 2030, and some \$6.6 trillion in savings. Meanwhile, under our most optimistic scenario, a 75% improvement in prevention would result in 23 more countries at peace by 2030, resulting in 291,000 lives saved over the next decade and \$9.8 trillion in savings”. \**

### **31. SDG 16+ is Instrumental in Protecting Fundamental Freedoms and Ensuring that No One is Left Behind**

*“Governance institutions and decision-making processes rooted in a human rights-based approach to development are critical to the achievement of SDG 16+ and to ensuring that no one is left behind. Bold reforms in making governance institutions more people-centered, responsive, effective and accountable in line with SDG 16+ principles will increase the resilience of societies to conflict by better integrating minority and marginalized voices. Institutions must not only be accountable and transparent, but also more participative, inclusive, responsive and representative. They must operate in accordance with the rule of law and human rights principles of non-discrimination and equality”. (SDG 16+ REPORT, p. 34).*

### **32. Scientifically Reliable Person-centered Participatory Research Methods**

Over the past 40 years, researchers have developed scientifically reliable, person-centered participatory research methods. They offer advantages over traditional research because the

\* [https://peacekeeping.un.org/sites/default/files/estimating\\_future\\_conflict\\_risks\\_and\\_conflict\\_prevention\\_implications\\_by\\_2030.pdf](https://peacekeeping.un.org/sites/default/files/estimating_future_conflict_risks_and_conflict_prevention_implications_by_2030.pdf)

use of a participatory research approach allows for the integration of stakeholder perspectives and the exploration of issues that are considered priorities by communities and often not considered by researchers.

Participatory research involves community stakeholders in working with researchers at all stages of the research process, from problem identification to research question development to dissemination of findings. Relevant stakeholders are full partners in all phases of the research. This requires relationships based on trust and respect, regardless of the partners' education or experience in science and research (Woolf et al., 2016). Involving communities in the design of studies helps produce data that is more appropriate and relevant to them, and promotes empowerment and capacity building (Prior, Mather & Ford, 2020; Duea et al. 2022).

### **33. Being People-Centered for the Future Generations**

Another wise and ethical way to be people-centered is to consider that the way we behave is not only irresponsible for us, but even more so for future generations. Kenneth Stokes, WAAS Fellow and President of the World Sustainability Forum, has written a Universal Declaration on the Responsibilities of the Present Generations Toward Future Generations and presented it to the United Nations hopefully to be discussed in the next general Assembly in 2023.\*

### **34. Existential Threats: Risks of Human Extinction or Civilizational Collapse**

Scientists have advised us that our current lifestyles are not only negatively impacting our planet's ecosystems, but that we are rapidly reaching a tipping point where mitigation and/or reversal of trends is no longer within our reach (IPCC, 2014). In other words: if we do not act promptly and effectively, we will face not just threats, but existential threats that threaten the survival of the self-proclaimed intelligent species of planet Earth.

At present, the Doomsday Clock shows only 100 seconds to midnight. The Bulletin of the Atomic Scientists was founded in 1945 by Albert Einstein, one of the founders of WAAS, and some scientists from the College of Chicago who were involved in the development of the first nuclear weapons as part of the Manhattan Project. The Bulletin uses the symbolism of the apocalypse (midnight) to refer to the threat to humanity and the planet. The Doomsday Clock is set each year by the Bulletin's Committee in consultation with the Board of Sponsors, which includes 11 Nobel Laureates. The clock has become a widely recognized indicator of the world's vulnerability to catastrophe from nuclear weapons, climate change, and breakthrough technologies.

*The Clock in 2015 was indicating a worrisome 180 seconds to midnight, it was at 120 seconds in 2019 and in 2022 it was at 100 seconds to Midnight. Indicating that our destructive behaviors keep it ticking faster and faster.... while we try to escape responsibility, we*

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\* [https://www.worldsforum.org/universal\\_declaration.html](https://www.worldsforum.org/universal_declaration.html)

effectively castrate ourselves, disempowering ourselves and sabotaging our potentialities for effective coping with the manmade rising emergencies. *Michael Marien and David Harries, both fellows of WAAS, are respectively Senior Principal and principal of the Sustainability Guide (www.securesustain.org ) their website is housing many important reports and lists more than 50 organizations focused on Security and Sustainability.\**

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*“We lack a systemic and interdisciplinary understanding of how barriers to change arise and how they can be effectively addressed or mitigated.”*

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To summarize: People-Centered Approaches (PCA) are scientifically validated, interdisciplinary, and cross-sectoral approaches that aim to support the protection and enhancement of human capital while maximizing effectiveness in protecting and enhancing human ecology and natural ecosystems to promote sustainable change. PCA is a values-based approach grounded in equity, empowerment strategies, and deep respect for all life forms, cultures, and traditions. PCA promotes empathetic understanding, mutual respect, and effective communication and collaboration among diverse stakeholders with empowered action and resilience interventions. The application of the person-centered approach has produced excellent results in many fields and disciplines; it can be found in different parts of the world and is constantly expanding. To survive, every life form depends on learning effectively and quickly to adapt its behavior to changes in the environment. We need to transform and improve our education system at all levels. Formal and informal education at all levels must provide us with the knowledge, skills, and attitudes that will enable us to survive and even thrive in the current era of change by learning the skills necessary to build sustainable relationships with ourselves, others, and the planet. We need people-oriented, participative leaders, people who shine more through listening than inflammatory rhetoric, who are masters of empowerment and take pride in helping their people gain confidence and self-esteem, develop their potential, and serve their communities (Jacobs et al, 2020); (Zucconi & Wachsmuth, 2020).

Effectively communicating these important issues to various stakeholders and decision makers is a difficult task as we must effectively consider the multiple variables that influence each other: We lack a systemic and interdisciplinary understanding of how barriers to change arise and how they can be effectively addressed or mitigated. Most currently proposed roadmaps for addressing the Anthropocene era focus primarily on financial and technological variables and pay little attention to psychological, social, political, cultural, organizational, and institutional variables (Ekstrom, Moser, & Torn. 2011).

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\* <https://securesustain.org/global-risks-and-challenges/>

Marien and Harries are also part of the WAAS working group on Existential Risks to Humanity (ER2H) chaired by two WAAS fellows, Bob Horn [hornbob@earthlink.com](mailto:hornbob@earthlink.com) and Jo Nurse [drjonurse@gmail.com](mailto:drjonurse@gmail.com). The group is preparing a “WAAS Polycrisis Report” which will describe different definitions of current multiple crises and their interactions that lead to widespread calamities and existential risks to nations or humanity.

### 35. Promoting Sustainable Change and Governance

Because everything is interconnected, we must think globally and act locally to achieve sustainable governance that puts people at the center (Morin 2007). We need to act systemically as well as across disciplines and sectors to promote health, awareness, and resilient people, healthy relationships, healthy communities, effective education, healthy workplaces, a healthy economy, a healthy environment, and healthy and sustainable growth.

Promoting change toward sustainable governance is a multi-level, circular, continuous action of psychosocial and cultural change of the individual, the organization, the community, society, and vice-versa. Sustainable change must be protected and promoted at all different and interconnected levels that form an epistemic web of sustainable and synergistic relationships that are simultaneously socio-cultural, economic, political, environmental, educational, scientific and psychological.

As mentioned in this paper, there is a solid body of research on effective applications of person- and people-centered approaches in the field of psychology, psychiatry, health, education, training, management, research, organizational development, leadership, community and city planning, sustainable development, nonviolent communication, conflict prevention and resolution, peace work, human security protection and promotion etc. To get out of the current quagmire, people need to develop their innate abilities to relate effectively to themselves, others, and the world, and relearn to form emotional bonds with all life forms. This is necessary to promote sustainable change at all levels.

We need to realign education because we urgently need more effective education models that enable us to diagnose and mitigate worsening man-made challenges. We need to empower people and communities, promote awareness and transparency, and make explicit what is often implicit. We need to foster a more transparent, resilient, and congruent society where values and power imbalances are as visible as biases, denials, and outdated ways of knowing and doing. Understanding these processes, which is a compass for the resilient citizen, should be available to all stakeholders to promote recovery, agency, and resilience.

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