

# The human givens approach to smoking

NHS smoking cessation services are offered across England to provide counselling and/or nicotine replacement or pharmaceutical therapies for people who want to stop smoking. To improve coverage and effectiveness, advice and brief interventions are also provided by other health professionals opportunistically. General Due to smoking's association with chronic disease, particularly vascular and respiratory conditions, smoking cessation is given a high priority in the Quality and Outcomes Framework of the new GMS Contract (British Medical Association and NHS Employers, 2006). Patients often have a high degree of trust in their practice nurse or GP, who can offer low-key and timely interventions in a non-stigmatizing way.

An understanding of what motivates a person to smoke, and what might motivate him/her to stop, can help nurses develop strategies for quitting that will suit an individual patient's lifestyle, needs and wishes. The human givens approach to psychotherapy is one way to understand an individual's motivations and encourage behaviour change.

## The human givens approach

The term 'human givens' refers to two ideas: that humans have a common set of emotional needs that should be met in order to feel mentally healthy; and that humans are born with the resources to meet those needs effectively (Griffin and Tyrrell, 2004).

## Emotional needs

Emotional needs include the need to feel in control, have a sense of meaning and purpose to life, be connected to other people, and be able to give and receive attention. If these needs are met well, people can avoid undue and prolonged mental distress (Table 1).

Griffin and Tyrrell (2008) argue that addictions such as smoking generally occur when important emotional needs are not being met. The habit of smoking may seem to meet a need, but it does so in a way that is detrimental to physical and emotional health. For example, people may smoke to relieve stress or boredom, to connect with others socially,

or to gain privacy or time out from a busy life. One of the aims of smoking cessation interventions is therefore to help patients meet their needs for stress relief, social contact and time out or privacy in a healthier and more satisfying way (Table 2).

## Emotional resources

Humans are born with resources to help them survive in the world. These include the capacity for long-term memory to enable learning and development; the ability to connect with others socially; imagination to seek out new experiences; and a rational mind to solve problems so that we can develop our potential. The brain can be regarded as a pattern-matching organ that seeks to complete innate and learned templates through its experience of the external environment (Griffin and Tyrrell, 2004).

Humans have an observing self that makes it possible to step back and see ourselves objectively; emotions and instincts that help us to connect and bond with others or escape from danger, and the ability to dream so that we can discharge unspent emotions, allowing

**Table 1. Emotional needs**

To feel secure in all major areas of life (such as home, work, environment)
To receive enough attention
To give other people enough attention
To feel in control of your life most of the time
To feel part of the wider community
To obtain privacy when you need to
To have an intimate relationship in your life, i.e. one where you are totally physically and emotionally accepted for who you are by at least one person (this could be a close friend)
To feel an emotional connection to others
To feel you have status that is acknowledged
To be achieving things and competent in at least one major area of your life
To be mentally and/or physically stretched in ways that give you a sense of meaning and purpose
From: Griffin and Tyrrell, 2004.

*Caroline Forrest explains some of the principles of the 'human givens' approach to psychotherapy and how they can be used to motivate patients to give up smoking during routine consultations in general practice*

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Submitted for peer review 24 January 2009; accepted for publication 23 February 2009

**Key words:** Smoking cessation, human givens, motivation, behaviour change

**Table 2. Suggestions to encourage patients to think of healthier ways to meet their needs**

- Explain that most people smoke for a reason, e.g. to relieve boredom or manage stress. Ask patients how smoking helps them (i.e. what need smoking meets)

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- Suggest thinking about other ways to meet that need

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- Introduce doubt into the idea that smoking effectively meets a need, e.g. explain that nicotine increases heart rate, and that smokers only feel relaxed because they expect to or because they have taken time out from a stressful situation

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- Explore the use of possible coping strategies based on a patient's previous successes in any area of life

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- Ask if things are particularly stressful at the moment. Many people reflect that things are not too bad and that changes might therefore be possible

**Table 3. Activating personal resources**

- Emotions change behaviour; so engage the patient's imagination in visualizing a better future after giving up smoking

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- Make a distinction between instant gratification and what the patient may want from his/her future, e.g. so that continuing to smoke is incompatible with other desires, such as for a long, healthy life

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- Encourage patients to use their own interests, motivation, previous successes and new ideas to plan for success: many patients uncover a desire to stop smoking that has been hidden by stubbornness, apathy or force of habit

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- Reframe failed quit attempts in the past as successful in demonstrating that the patient can stop

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- Listen to what patients say and do not argue with their beliefs; patients become resistant if they feel attacked

us to wake up without the burden of unresolved emotional distress. All of these resources are available to us and can be developed further to address our emotional needs. In addictions, these are important because they can be re-directed and used to tackle the addiction problem (*Table 3*).

**The trance state of addiction**

Trance states occur every day as part of a normal life. Trance simply means a state of focused attention. It can be positive or negative. When people are in a trance state, they are oblivious to other things happening around them. Examples include watching a film or television, watching a football match, learning, daydreaming, and dreaming at night.

Addiction can be regarded as a negative trance state, a state of locked attention. The 'addiction trance state' that develops creates an ongoing illusion that the addictive behaviour is meeting a person's unfulfilled needs. For example, a smoker carries the illusion that a cigarette will help him/her relax, when, in fact, it is the brain's expectation of feeling relaxed that generates that feeling. It is difficult to control the 'black-and-white' thinking of the addictive trance while affected by it, but when feeling calm, such as in the context of a consultation with a nurse, it may be possible to begin to overcome it by considering it objectively and learning to understand it.

The most basic type of trance state is that which is generated by strong emotions. When we are highly emotional—be that due to anger, fear, depression or even love—our attention is locked on whatever has generated that feeling. We then increasingly ignore other things around us and begin to perceive reality from a specific viewpoint. In other words, we find it impossible to consider alternative interpretations of our current situation and lose our sense of perspective. With smoking,

the focus is on the next cigarette to the exclusion of other things that are happening that might offer more satisfying ways to nourish the patient's emotional needs.

One of the most effective tools of psychological influence is reframing, i.e. attaching different meaning to events. Reframing allows the patient to see reality in a different way as O'Hanlon and Weiner-Davis (2003) have explained. It may involve turning a negative self-comment into a more positive statement about the self. An example, a patient may reflect that smoking does not offer the solace it seems to, but costs money and is making him/her ill.

A trance state may be briefly induced in the patient if their attention is focused exclusively towards you. They will go in and out of trance if you have good rapport and you can recognise it by a fixed and open gaze—this moment is your opportunity to convey helpful therapeutic suggestions. Offering an alternative view to the patient's unchallenged ideas can have a profound effect and make it difficult to continue the behaviour in the same way. The nature and importance of trance states is discussed further by Griffin and Tyrrell (2006) (*Table 4*).

**Table 4. Explaining and understanding the trance state**

- First, build rapport with body language, tone of voice, choice of words and humour. A relaxed patient who feels accepted can view situations more objectively

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- Start to suggest alternatives to a patient's fixed views about his/her smoking habit and question their convictions

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- Separate the person from the problem, i.e. talk about the addiction as something distinct from the individual, rather than as an integral part of the person's identity. Avoid referring to someone as 'a smoker'; talk instead about what smoking does to the person in behaviour and effects

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- Observe patients' body language while talking and notice when they are feeling defensive or relaxed, e.g. an open gaze, looking at you intently indicates a receptive state (a learning trance) that can be used to reinforce positive ideas

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- Most smokers believe they ought to stop. In a relaxed state, many respond to the suggestion that stopping successfully can put them back in control psychologically

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- Explain that the key to change is to break the addictive trance and shift that behaviour pattern

## Developing a strategy for change

Marlath and Gordon (1985) found that most relapses are due either to strong negative emotions such as frustration, anger, anxiety or depression, or to conflict within relationships or peer pressure. The NHS Stop Smoking literature (DH, 2007) offers helpful guidance on preparing to manage smoking 'triggers' when they arise without smoking. It also explains how to review a relapse objectively and learn from it to stop smoking again. Someone who regularly uses setbacks in life as a trigger for smoking may need more help with managing their frustrations.

Addictive behaviours such as smoking are entrenched patterns reinforced thousands of times over many years. Habits are generally associated with specific people, places and situations. Many smokers admit that there are times when they never smoke, e.g. at work or a relative's house, and they resume smoking only when they return to other situations or company associated with smoking (Table 5).

## Conclusions

The human givens approach provides a useful framework for helping patients address addictions such as smoking. It offers a set of skills of psychological influence that can be learnt and readily applied in routine consultations to help bring about effective behav-

### Table 5. Coping with high-risk situations

Explain that the urge to smoke in specific situations can be strong but is often short-lived, and that choosing to focus on something else may overcome the urge to smoke

Help patients find new responses to the triggers, e.g. people, places, situations not related to smoking

Where peer pressure or conflict in personal relationships is a trigger factor, it will help if the patient can begin to feel more confident in themselves and in their self-competence – you can help by getting them to recall positive experiences where they felt secure and in control

Aim to reframe a relapse as a 'blip'—a response to a specific trigger that is due to learned patterns of behaviour, so that the goal of not smoking remains

Help people learn from a relapse by remaining calm and reminding themselves of their desire to stop smoking

Stopping smoking while exercising more and eating more healthily can shift the focus away from something that is being lost and contribute to the momentum for positive change

our change. Having the skills to quickly build rapport is an essential part of being able to help people. Nurses who can effectively engage with their patients can help them feel relaxed and better able to view their situation objectively. The key to making changes is to see the reality of the smoking habit when the person is in a relaxed state—not in the trance state of addiction—and to make plans for high-risk situations.

Some patients attend appointments with the practice nurse thinking that they have heard it all before. They expect a telling-off for still smoking. This kind of experience is not helpful as people need to feel listened to and should expect support and understanding from health professionals without being judged. A well-directed reframing of someone's beliefs about smoking or a chance remark may be enough to get the momentum of positive changes started. In many cases, patients have already thought about stopping smoking and respond well to considering their habit in the context of their lives and to the possibilities of using their own resources to take back control of their emotions.

*Conflict of interest:*

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## KEY POINTS

➤ Please write 3 phrases to summarise your main points



## Further information

### Go Smoke Free

[www.nhs.uk/gosmokefree](http://www.nhs.uk/gosmokefree) for information and support related to smoking cessation

### Human Givens Institute

[www.hgi.org.uk](http://www.hgi.org.uk)

### Lift Depression

[www.lift-depression.com](http://www.lift-depression.com)  
Practical strategies to beat depression and explanations related to the human givens approach

### Mindfields College

[www.mindfields.org.uk](http://www.mindfields.org.uk)  
Offers courses on the human givens approach