

# Depression

Lifting the weight of the world off  
your shoulders – quickly and safely



Human Givens College

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“ Human givens therapists work with the fundamental truth that people do not develop mental illness when their innate emotional needs are being met well. Working with this organising idea they employ techniques from various therapies that have proven effective, plus they add new knowledge that shows the importance of vividly creating new expectations in the mind of the patient to ‘kick-start’ them again.

## Introduction

# What is Depression?



**Contrary to common belief, depression is not primarily a biological illness, inherited through the genes. Nor is it the setbacks, crises or tragedies in our lives that cause depression. It is our response to adverse events that determines whether we get depressed or not.**

Research shows that people most likely to suffer depression are those who react to adversity by taking it personally, seeing all areas of their lives as blighted by it, and the misery as going on forever. Depression is always a second and unnecessary problem, and just makes problematic circumstances worse. This is good to know because it means that, instead of feeling helpless or hopeless, people can learn to take back control over their lives. They may not be able to change certain circumstances but they always have options about how they react to them.

The symptoms of depression include low mood, loss of interest or pleasure in usual activities, loss of appetite and energy, sleep disturbance, feeling agitated or lethargic, worthless or guilty, difficulty in thinking straight, and having repeated thoughts about suicide. Antidepressant drugs may help some people because they lift levels of a ‘feel-good’ chemical in the brain; unfortunately, they do nothing to change the underlying circumstances or thinking patterns that led to the depression. Depression is always related to unmet essential emotional needs and that is why the human givens approach which focuses on helping people in distress find healthy ways to meet their emotional needs, is so successful.

Depressed people may seem deflated and flat but, in actual fact, they have raised levels of a stress hormone called cortisol, which means that they are in a state of constant high emotional arousal. When our emotions are aroused we can’t think rationally, so this is why people deep in the grip of depression can’t concentrate well or even make simple decisions. Learning simple relaxation techniques to calm themselves down will start reducing those cortisol levels.

The main reason that depressed people are so emotionally aroused is that they spend a vast amount of time worrying about the future or beating themselves up about past events. (All strong emotions focus and lock attention and, with depression, attention stays focused on all the bad things that seem to be happening to us, whether real or illusory.) Perhaps they still feel guilty about something that happened recently – or years ago; perhaps they are frightening themselves with dire ‘what if?’ scenarios (likely or unlikely), in which loved ones encounter dangers, or they themselves lose their jobs or their homes; perhaps they feel beaten down by chronic pain, or anger (“*Why did this have to happen to me?*” “*How could he have been so cruel?*”); or maybe they experience a combination. They also have a huge tendency towards negative thinking – “*I’ll never be good enough*”; “*I’ll never cope*”; “*nothing ever goes right*”; “*the pain will only get worse*”. All this kind of negative imagining and thinking saps an enormous amount of energy – and makes people utterly miserable.

“ Depression is always a second and unnecessary problem, and just makes problematic circumstances worse ”



“ Because our normal sense that life is meaningful comes from the actions we take, when our motivation levels are low, life quickly comes to seem meaningless ”

## Why depressed people are always tired

Far from feeling more refreshed after a night's sleep, most people with depression wake up next day still exhausted and feeling totally unmotivated. It is hard for them to get out of bed and do anything at all.

We now know why this happens. Psychologist and co-founder of the human givens (HG) approach Joe Griffin carried out research over many years which showed that, when we dream at night, we are discharging unexpressed emotional arousals from the previous day. If earlier we were upset about something our spouse did or didn't do, but kept it to ourselves, we would later dream that out, perhaps in the form of getting angry with someone else (dream content is never straightforward); that would have the desired effect of lowering our levels of emotional arousal, so that we can start next day afresh, even though we are unlikely to remember we had the dream. (If we did express our feelings with our spouse at the time, we wouldn't need to dream about it. And, of course, if we wake up and remember what our spouse did or didn't do, we may get emotionally aroused about it all over again, requiring more dream discharge that night, if we still don't resolve it.)

Research shows that depressed people dream much more than non-depressed people, distorting the balance between recuperative slow-wave sleep and energy-burning dream sleep. Clearly, because they spend so much time worrying and imagining, they have far higher amounts of unexpressed arousal to discharge. With so much energy spent on all the excessive dreaming they have to do, they wake up exhausted and lacking in motivation.

The extended dreaming is exhausting, not just because it deprives us of restful and restorative slow-wave sleep (which should make up three-quarters of our sleep time), but because it also stimulates the orientation response. This is a vital pathway in the brain that alerts us to interesting things in the day, generating motivation to act, but it can't do this so well if it has been over-used in dream-sleep the previous night. The next morning we awake feeling terrible because we haven't really slept, and we find it much harder to get motivated to get up and do anything because the brain mechanism that generates that interest in life is exhausted as well.

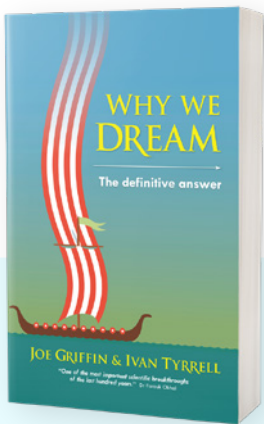
Because our normal sense that life is meaningful comes from the actions we take, when our motivation levels are low, life quickly comes to seem meaningless. The natural delight we take in being alive and doing things drains away.

It is necessary for people in depression to be helped to challenge their negative thoughts, imagine more realistic outcomes and futures, and to find ways to put meaning and purpose back into their lives. This could be through exercise, team sports, doing something for other people, learning a new skill, calling up old friends, and so on.

Very often, people who are depressed start to withdraw from their usual routines, stopping going out or phoning or seeing friends, and this makes them dwell on their misery even more. It is essential, therefore, that they are helped to start meeting their emotional needs again, in healthy and satisfying ways. If the de-



“ Learning how to fulfil these innate needs resolves depression and prevents relapses ”



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pression is due to post-traumatic stress, it is also necessary to stop the traumatic memory from continuing to interfere with life in the present. The HG version of the rewind technique, a simple, non-invasive method of detraumatization that all human givens practitioners learn, can achieve this quickly.

Dwelling on and digging up the past is dangerous. Neuropsychological research has shown that this has a physical effect on the brain, strengthening the neuronal connections with misery and negative thinking. We get better at piano or football with practice and, unfortunately, we get better at depression with practice too! So, it really is important to think to the future instead – to learn to shift unhelpful thinking patterns, take back control, find ways to bring meaning and purpose back into life, and to look forward with hope.

### Depression: some distortions of fact

To be deeply depressed is just about the most awful feeling we can experience, apart from sheer terror. It can disable anyone. But the topic is surrounded by false ideas: Depression, as experienced by the vast majority of sufferers for example, is **not** a biological illness; neither is it ‘anger turned inward’; it is not a ‘chemical imbalance in the brain’ and it is not usefully divided into ‘clinical depression’, ‘post-natal depression’ and ordinary ‘depression’; and is not, in most cases, hard to come out of.

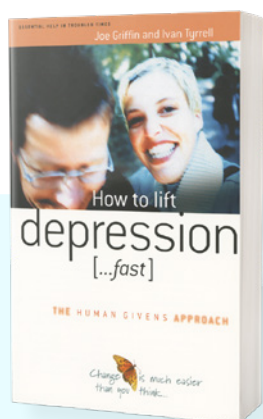
The term ‘endogenous depression’ is used to describe a low mood that is purely the result of biological factors, such as a brain disorder or neurological dysfunction affecting serotonin, dopamine or other neurotransmitter. Such specific brain damage is very rare.

**Note:** Depressed or anxious people should **not** have forms of counselling or psychotherapy that concentrate on the past and encourage introspection or emotional arousal. Research shows this is often unintentionally harmful.



## “Are you ok?” Don’t miss signs of depression

**Would you know if someone you care about has depression? Most people probably think that they would, but it isn’t necessarily as obvious as you might expect. Indeed, until some simple screening questionnaires were introduced for GPs to use, half of them were missing the diagnosis in patients that came to consult them.**



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Suppose, for instance, you have a friend who used to come to a class with you, perhaps sport or dancing or a fine art class. Then one week they don’t want to go. Perhaps they say they have strained a muscle or that they are working late more often. You believe them – why not? Time passes and maybe you call, or you run into them in the street and ask if they are going to come back to class. No, they say, they have kind of lost interest, or the injury is still a problem, or they don’t seem to have time. You suggest a meal out one evening. Money is tight right now, they say, but they promise to keep in touch. And more time passes and you suddenly realise that you haven’t spoken for quite a while. Perhaps you feel hurt and think it must be something you said. Or perhaps they have depression.

Very many people will not say that they are depressed, or may even deny it. They may manage a smile even though they are feeling deadened inside. But one important tell-tale sign is loss of interest in activities that someone used to enjoy. When people start to experience low mood (perhaps they have had a disappointment, or a bereavement, or have been made redundant, or for some other reason start not to feel good about themselves or their lives), they gradually tend to withdraw from social activities. The more time they spend alone, however, the more time they have to dwell on whatever is worrying or upsetting them. The more they dwell, the more hopeless they may feel. They are very often filled with feelings of worthlessness and guilt (because depression gets everything out of proportion) and, unbeknownst to you, may have fleeting or not so fleeting thoughts of killing themselves. They find it hard to get to sleep or to stay asleep, feel exhausted in the mornings and lack motivation to get going with their day. They may comfort eat or avoid eating – both are common symptoms of depression particularly in women, whereas males are more likely to cut off their feelings through drinking or other substance abuse.

And they find it hard to think straight, so that even making unimportant decisions feels overwhelming. Perhaps you notice that they seem less sharp or more tearful. Or maybe you don’t get the chance to notice much at all. So, the first alarm bells that should ring are when the person you care about stops engaging in and enjoying whatever used to give them pleasure. This is especially often the give-away for adolescents in whom symptoms of depression can manifest as negativity, irritability, not feeling understood, behaving antisocially, etc, which may easily be mistaken for ‘normal’ adolescent behaviour.

Depression is a horrible, and too often hidden, condition. But the good news is that, once recognised, there are simple, speedy, straight-forward ways to treat it that don't require medication.



“ When we explain all this to our depressed patients, after calming them down to access their higher cortex, it is as if a light clicks on in a dark room. For the first time, they see why they are locked into a cycle of negative thinking and are so exhausted. They intuitively realize this explanation correctly explains their condition and recognize that, if they can stop the worrying, the depression will lift.

”

Article 1

# How to lift depression quickly and safely



**Joe Griffin and Ivan Tyrrell explain how and why the human givens approach can help therapists and counsellors shift depression in just a handful of sessions.**

Depression kills people – in every country in the world suicide rates are increasing.<sup>1</sup> At all age levels depression rates in the population are rising quickly.<sup>2</sup> Although not a biological illness, it appears to be ‘contagious’.<sup>3</sup> Moreover, people’s understanding of it is confusingly coloured by myths: it is caused by a chemical imbalance in the brain; it is anger turned inward; it takes a long time to come out of; it stems from childhood events that have to be explored before progress can be made, etc.

It has now clearly been shown that neither non-directive counselling nor cognitive behavioural therapy is more effective as a treatment for depression than a few short visits to a GP over a twelve month period.<sup>4,5</sup> Extensive research shows that psychodynamic therapy deepens depression and makes it last longer.<sup>6</sup> And, now that antidepressants are being shown to be an unsafe treatment, the need for health workers, counsellors and psychotherapists to understand depression and be trained in treating it effectively has never been greater.

The rapid increase in the incidence of depression revealed by epidemiological studies is one of the reasons we know that depression is not a genetic disease. A large body of evidence, published over the last three decades, shows that most depression is learned, brought about by the way we interact with our environment.<sup>7</sup> It is not caused as a result of the specific events we experience – the majority of people exposed to adverse life events do not develop depression – but by the way we respond to them. Further support for this view comes from evidence that depression responds well to certain kinds of therapy or counselling<sup>6,8</sup> – that which is active, time limited, focused on current problems and aimed at symptom resolution, not personality change.<sup>9</sup>

## The human givens approach

The human givens approach to counselling works with what we are all born with – our genetic endowment: the innate physical and emotional needs programmed into us by evolution. These needs seek their fulfilment through our interaction with the environment. We also possess innate resources provided to help us meet those needs. When emotional needs are not met or when our resources are used incorrectly, we suffer considerable mental distress – most commonly anxiety and depression. Therapy based on the human givens approach looks for what is missing in people’s lives and works towards enabling their needs to be met.<sup>10</sup>

The resources which are available to help us do this include the ability to build rapport, empathise and connect with others. Imagination is a resource: one that

“Imagination is a resource: one that can allow us to focus our attention away from our emotions in order to solve problems more objectively”



can allow us to focus our attention away from our emotions in order to solve problems more objectively. We have a conscious, rational mind that can question, analyse, and develop the ability to ‘know’ – understand the world unconsciously through metaphorical pattern matching.

Central to all these abilities and functions, and in many ways perhaps paramount, is the dreaming brain which preserves the integrity of our genetic inheritance every night. The role of dreaming is key to a full understanding of depression, and why practical therapies help.

### **Depressed by dreams**

Normally, we all dream for about two hours a night, even though we often don’t recall having done so when we wake up the next morning. There is evidence to show that the function of dreaming, which occurs predominantly during REM sleep, is the metaphorical acting out of unexpressed, emotionally arousing preoccupations, so that the arousal can be discharged and the brain freed up to deal with the concerns of the following day.<sup>11</sup> The process of discharging, and thus completing, patterns of arousal in this way preserves the integrity of our core personality.

In depression, however, this process goes dramatically wrong. Instead of having about 25 per cent (REM) sleep (which burns up energy) and 75 per cent slow wave sleep (which boosts energy levels in the brain), these proportions become inverted, with the depressed person having far too much REM sleep and too little slow wave sleep. The prolonged negative self examination and introspection which tends to characterise depressed people creates higher than average arousal levels and greater need for discharge during dreams. The first period of REM sleep occurs much earlier in depressed people, because the pressure for discharge is so great. The first REM sleep period is also more prolonged and shows an especially high rate of discharge. However, so much discharge activity not only reduces the arousal levels in the brain but also depresses and exhausts it, leaving the dreamer likely to lack motivation the following morning. Indeed, very many depressed people say they wake up from sleep feeling exhausted.

In experiments in the sleep laboratory, if depressed people are woken every time they go into REM sleep, their depression lifts.<sup>12</sup> Antidepressants also reduce REM sleep, and this is thought to be why they can help to lift depression.<sup>12</sup> Only those patients whose REM sleep goes back to normal stay out of depression. (However, there are ways to bring this about without using drugs, as we will shortly show.)

### **The black and white emotional brain**

By spending too long on worrying and emotionally arousing rumination (a simple saliva or blood sample from a depressed person will show elevated levels of the stress hormone cortisol<sup>13</sup>), depressed people are misusing the tool of imagination. Unfortunately, all this emotionally arousing introspection not only leads to excessive dream sleep, it also prevents people seeing their life situations objectively. High emotional arousal inhibits the higher cortex, the rational part of the brain, and blocks rational thought.<sup>14,15</sup>



“ To the emotional brain, everything is either black or white, good or bad, right or wrong, safe or dangerous ”



To the emotional brain, everything is either black or white, good or bad, right or wrong, safe or dangerous. This is because high arousal locks us into a trance state, a confined viewpoint. It is only the higher cortex that can inject the shades of colour and see the bigger picture.

People who are not habitual black and white thinkers can snap out of this emotional trance state fairly quickly. But those who have a tendency towards endlessly analysing the negative aspects of their lives, catastrophising every little setback and conjuring up more, are more likely to stay locked in their depressive trance.<sup>16</sup> It has been shown that those who take events most personally (blaming themselves for everything that goes wrong), have a highly pervasive view of how negative an event will be (losing a job or a lover means that their whole life is ruined) and also consider its impact permanent (there will never be another job or lover) are the most likely to suffer from depression.<sup>17</sup>

With a clearer picture of what depression is and what causes it, we can set about lifting it more rapidly.

### How to lift depression

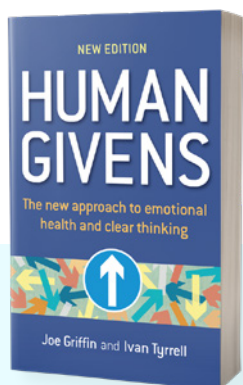
The main task in any counselling for depression, which is very commonly accompanied by anxiety, is to lower emotional arousal and help patients stop their negative introspection as quickly as possible. This can be done by drawing on the human givens in realistic, practical ways.

We routinely find that, using a variety of appropriate approaches that are attuned to the human givens, we can make, in one session, much faster progress, even with severe depression, than if we slavishly follow one particular model of therapy. (Practitioners working from the human givens approach will always want to see a person who has been deeply depressed a number of times to make sure that progress is maintained and that the patient is taking steps to change their expectations. Most cases of postnatal depression can be treated very effectively using the human givens approach.)

This approach to treating depression has been demonstrated publicly and filmed for training purposes many times (also see: "*I went away with so many ideas*").

Therapists working from the human givens will integrate behavioural, cognitive and interpersonal approaches with relaxation and visualisation techniques, to motivate people to widen their life view, raise their self esteem and solve problems. We can work alongside patients giving practical guidance for breaking problems down into manageable chunks (focusing outwards on resolution rather than inwards on non-productive worrying). We can use humour to jerk them out of their black and white thinking; we can reframe their negative comments in a novel, positive way; we can inform, set tasks, get patients to exercise, engage again in fun activities or involve themselves in helping others (again, to direct their attention outwards), rouse their curiosity, and so on.

Above all, we use their imagination in guided imagery to help them vividly see



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themselves making the changes they need to make in order to overcome their difficulties. This works on the time honoured principle that the human brain tries to bring about what it focuses on. Only then can we be sure of getting commitment from a patient to take the action they need to take to bring themselves out of their exhausted state.

### Speedy results

This organic mind/body approach can bring about the remission of a depressed state in a fraction of the time taken by cognitive or behavioural or interpersonal therapy.<sup>18</sup> In our experience, when patients know that their negative ruminations are causing their poor nights' sleep and their exhausted days, they are quickly motivated to work to break the cycle of depression.

“ This organic mind/body approach can bring about the remission of depression in a fraction of the time taken by cognitive or behavioural or interpersonal therapy ”

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Article 2

# Lifting depression is easy to do – when you know the cause



The following article about the human givens approach appeared in the major American publication, *Family Therapy Magazine*.

Depression is a fascinating route into understanding how the brain works: it raises so many questions. Depressed people, for example, will often ask, “*Why am I so exhausted all the time?*” They might not be working, perhaps hardly getting out of bed or spending their time slumped in front of the TV. It doesn’t seem to make sense. Surely they’re not expending much energy; so why do they feel so dreadfully tired? We will explain why, offering an understanding that, in our experience, dramatically improves therapeutic outcomes for depressed patients.

New insights are typically rare, but here is one from human givens psychology: The symptoms of depression arise when excessive worrying upsets the balance between the amount of energy burned during REM sleep and recuperative slow-wave sleep. The result of this imbalance is that depressed people wake up tired and unmotivated.

Three factors generated this insight: Discovering what naturally motivates people; the causes of worrying; and the expectation fulfilment theory of dreaming. We will look at each in turn and show how they are linked.

## The Universal Law of all living things

The healthy feeling that life has meaning and purpose comes from being motivated to actively engage with the world. Only when we lose the motivational energy that promotes action does the sense that life is meaningful drain away. Human givens psychotherapy grew out of a desire to find out why this should be so (Griffin & Tyrrell, 2003).

As with the start of any scientific endeavour, we had to begin by establishing an undeniable truth that everyone could affirm. Since we are living beings, we asked the question: What does it mean to be alive?

The answer, clearly, is that we are an animate life form and what all life forms have in common, and distinguishes them from inanimate forms such as a rock, is that they are complex orderings of matter that must continuously rebuild themselves, or they cease to exist. A lump of granite will pretty much stay a lump of granite for millions of years if you leave it alone, but a living thing will quickly degenerate, disintegrate and die unless it is continually rebuilt. So the first law of life is that a living thing, whether rose, maggot or horse, has to take in nourishment from its environment so it can continually rebuild and maintain itself as it takes its allotted form throughout its life cycle. We are all subject to this universal law; it’s as fundamental as the law

“ The healthy feeling that life has meaning and purpose comes from being motivated to actively engage with the world ”





of gravity and equally capable of being observed: When we are nourished and our innate needs are met, we flourish; when we are not nourished, we wither away. If you drop a rock, it falls to the ground; if a living organism doesn't get nourishment, it quickly deteriorates.

That was our starting point: Every baby, like every other living thing, must take in nutriment in order to survive and grow in ways appropriate to our species. The knowledge of how to do this is given to us at conception from our parents' genes. Because our genetic knowledge patterns are innate, we call them human givens. They evolved from the collective experience of all mammalian species over millions of years and include our core instincts and reflexes, such as how to breathe, suckle, swallow, grasp, build rapport with our mother, swim, learn the language we hear, and, when the time comes, procreate. Throughout our lives, this wisdom of the phylum works day and night to help us survive.

### **Our innate knowledge motivates us to engage with the world**

We all continually experience the effect of this innate knowledge as “needs.” Our physical needs (air, water, food and sleep) are obvious because, if they are not met, we quickly die. But many psychologists and psychotherapists before us, indeed, throughout the ages, have observed that emotional needs are equally crucial for human wellbeing. These include the need for:

- **Security** – safe territory in the home and outside where we can live without experiencing excessive fear and anxiety
- **Volition** – a sense of autonomy and control over what is happening around and to us
- **Attention** – receiving it, but also giving it – an essential nutrition that fuels the development of each individual, family and culture
- **Emotional connection** to other people, both individually (friendship, love, intimacy) and in the wider community (respect, status)
- **Privacy** – time to reflect and consolidate our experiences
- **A sense of competence and achievement** (ensuring we don't feel low self-esteem)
- **The need for meaning and purpose** that comes from being stretched mentally or physically (or both).

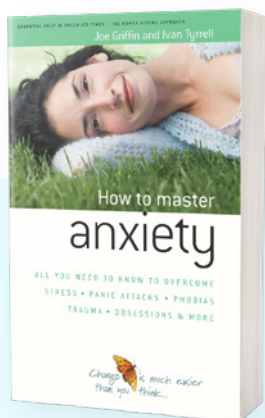
There are three main ways we achieve meaning:

Serving, or being responsible for, other people (as in childrearing, caring for the sick and elderly, managing or employing people); pushing oneself to learn and do more (as in developing our career, business, art, craft, music, sport, developing new skills or in an academic sense); and having a belief framework (religious, spiritual, political or philosophical). These help us focus our fragmented consciousness on a bigger picture.

By definition, an innate need is incomplete; a partial pattern that motivates us to complete it by matching up to something that it recognizes as “answering” its call

“ When we are nourished and our innate needs are met, we flourish; when we are not nourished, we wither away ”

“ Nature also gave us resources to help us get our needs met ”



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in the world – as when a baby knows how to suckle on its mother's nipple and does so. This instinctive pattern matching process is happening from the moment we are born and continues throughout life, determining many aspects of our personality and character. If this process goes well, life is good to us. If not, we soon feel frustrated and stressed, and that can quickly lead to disturbing psychological states; anger or anxiety disorders, depression, addictive behaviour, or psychotic breakdown. Then, as if that were not bad enough, our disturbed behaviour impacts on those around us – family, friends, and colleagues – and puts a strain on the wider community.

Nature also gave us resources to help us get our needs met.

These givens include:

- **Long-term memory**, so we can learn new skills, improve our understanding, absorb language and pass our learning on to the next generation.
- **Imagination**, which enables us to focus our attention away from our emotions and problem solve more creatively and objectively.
- The ability to **build rapport**, empathize and connect with others.
- The ability to “know” the world through metaphorical **pattern matching** – hence our delight in discoveries, exceptions, resonances, harmony, music, biographies, stories and jokes.
- **A brain that dreams**; as we shall see, dreaming is nature's way of metaphorically discharging the autonomic nervous system of accumulated expectations we got worked up about during the day but did not deactivate by taking action in the real world to do so.

So another fundamental law: If our innate needs are met well, we are mentally healthy – we cannot be otherwise. When they are not being met, however, our anxiety levels rise and we start to worry. This is the beginning, not only of depression, but of all mental illness.

### Why do we worry?

Misusing our imagination by worrying is a human vulnerability and the short answer to why we do it is, we become emotional when one or more of our innate physical or emotional needs are not satisfied. All strong emotions, positive or negative, focus and lock our attention to prepare us for action. (As a consequence, because they narrow our viewpoint and prevent us from seeing a bigger context, they also lower our intelligence.) Depression is a strong emotion and, when we feel there is nothing we can do about a situation, the low mood becomes even stronger, unrealistically biasing our view of the world and our life. Because our attention is locked, this state of affairs can seem permanent and all pervading.

What stops people from getting physical and emotional nourishment? It seems there are three possibilities.





### 1. The environment is sick and unable to provide it properly

Crops don't grow in a drought. Fish die when the water dries up, as do people when there is nothing to eat and drink. Equally, anything that prevents us from matching up our innate emotional needs in the world makes us anxious and threatens our mental health. For many people, some aspects of modern living – in the family, the workplace and wider culture – are disrupting their ability to use their internal guidance systems effectively. The working practices of some large government or corporate institutions, for example, create high levels of stress that are palpable and affect huge swathes of the population. Clearly, we can no longer take for granted, as past generations did, that our existing family, neighbourhood, religious, educational or government institutions can ensure social stability – those days are over. Things will only improve when more flexible responses become available to these institutions so they can adjust their procedures

to work in harmony with a shared understanding of the human givens. Only then might we reduce the damage being done to people.

### 2. A person doesn't know how to operate their "Internal Guidance System" to get their emotional needs met

This can occur when one wasn't properly socialized in the early years, or failed to learn how to engage and disengage their attention at will, or they misuse their imagination by worrying, which leads, as we've seen, to depression. The more complex an animal organism, the more learning input from the environment it needs to survive, over and above what it inherits from its genes. Higher mammals that hunt, like wolves, learn how it's done from older members of the pack. But our capacity for learning is vast and requires far more input from the surrounding culture than a wolf does, and the input has to be sufficient and of the right quality for healthy development. For many it is not.

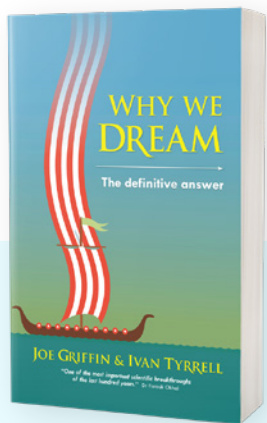
### 3. An individual's "Internal Guidance System" is damaged

When things go wrong in the transmission of genetic knowledge, children, unfortunately, can be born damaged. In addition, damage can be done to us by direct physical assaults on the brain due to attack, accident or poisoning by drug or alcohol use later in life. But these represent a comparatively small number of cases. Overwhelmingly, the harm to human guidance systems today arises from three sources: insufficient intake of nourishing food to rebuild the actual physical apparatus itself; psychological damage due to trauma; and unhelpful conditioning. Fortunately, enough information is widely available about what food we should eat to be healthy. Fortunately too, effective psychotherapists know how to treat psychological trauma quickly, even the most severe symptoms of PTSD. But the way our culture conditions us, and the harm this can cause, is more problematic and less widely known. We lack enough objectivity to recognize our own conditioned behaviour and responses, so we don't examine them consciously (Griffin & Tyrrell, 2007).

It follows that depression is always secondary to another problem: a signal that there are obstacles preventing a need, or group of needs, from being met, and

“ ... anything that prevents us from matching up our innate emotional needs in the world threatens our mental health ”





**For more information, case histories and the story of this important discovery, see: ‘Why We Dream’**

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the person is worrying about this. Clearly, the feeling that life has meaning and purpose comes from being motivated to actively engage with it to get our needs met. When we lose motivational energy and cease to engage, meaning quickly drains away. Naturally enough, the additional distress this causes compounds the worrying, which further depresses mood and can even lead a person to think of killing themselves. We now need to explain why worrying causes excessive REM sleep and how this leads to exhaustion and anomie.

### **Why we evolved to dream**

Dreaming takes place in the stage of sleep known as REM (rapid eye movement). All mammals and some birds show REM sleep. The other stage of sleep, non-REM slow wave sleep, is the vital recuperative period when the brain is reinvigorated and the immune system boosted so we feel refreshed when we wake up. For many years, one fact puzzled sleep scientists – the finding that depressed people have proportionally more REM sleep than non-depressed people, and that their REM sleep was more intense. To explain this, we need a little diversion into biology.

When warm-blooded mammals evolved, they consumed five times more energy than reptiles, so a means had to be found to conserve energy. But, from a physiological perspective, any emotional arousal of their autonomic nervous system was an expectation that action was required. And action burns up energy. Moreover, every arousal is only a part of a larger cycle that includes taking the action to de-arouse the expectation and, since not all expectations are fulfilled, and some had to be suppressed for expedience sake, this raised a problem: To conserve energy and not be driven manic, mammals had to find a way of dealing with unfulfilled expectations left over in the autonomic nervous system, otherwise they could not maintain the integrity of their instinctive responses. Nature’s solution was to translate these expectations into dream scenarios during REM sleep and metaphorically act them out. That’s why dreaming deals with the whole gamut of emotions – any anticipations not fulfilled before we slept – so dreams can be happy, sad, angry, anxious, fearful, loving, sexy, etc. This is known as the expectation fulfilment theory of dreaming (Griffin & Tyrrell, 2003).

### **The dreams of the depressed are never happy**

Depression, of course, is a very powerful emotion, and incessant worrying about things that the person believes can’t immediately be solved generates a huge number of unfulfilled negative expectations, every one of which gets added to the list and has to be deactivated in order to complete the autonomic nervous system’s arousal/dearousal circuit. This puts enormous pressure on the brain’s dreaming process as it furiously fires off the orientation response, causing excessive autonomic arousal discharge in REM sleep, burning up energy and reducing the amount of recuperative slow wave sleep, leading, in turn, to physical exhaustion, loss of motivation to do things and subsequent depression.

So waking unrefreshed, and with no motivation, occurs because one’s sleep pattern is unbalanced, which is physically exhausting due to the





“The human givens approach draws no artificial boundaries between mental, physical and social problems, but aims for a seamless service that helps address all of a person’s needs”

decreased amount of restorative slow-wave sleep, and mentally draining due to the increased firing of the orientation response (which normally fuels our daytime motivation and attention capacities, which is why depressed people find concentration so difficult) during dreaming. Motivation drains away, as if the brain’s battery is flat when our orientation response is overused.

This also explains other symptoms, and why so many depressed people have nightmares! Not being able to fall asleep, for example, is the worry circuit – catastrophic thoughts going round and round in their heads, preventing them from doing the hemispherical switch that normally precedes falling asleep. And waking up early is a sort of survival mechanism for the brain, a response to energy depletion in the glial cells, which are not getting enough sugar to compensate for the energy being used up by the excessive dreaming. When we lose motivational energy and cease to engage, meaning quickly drains away. Naturally enough, the additional distress this causes compounds the worrying, which further depresses mood.

### Breaking the cycle of depression

When we explain all this to our depressed patients, after calming them down to access their higher cortex, it is as if a light clicks on in a dark room. For the first time, they see why they are locked into a cycle of negative thinking and are so exhausted. They intuitively realize this explanation correctly explains their condition and recognize that, if they can stop the worrying, the depression will lift.

Two factors are crucial to getting them to this point: helping them understand that our genes are driving us to get our innate needs met, and the expectation fulfilment theory of dreaming. We then reach agreement with them as to what they must do to stop the worrying and rebalance their sleep pattern and, using guided imagery, rehearse the actions they need to take. In other words, we harness their imagination to solve problems instead of worrying about them. This last step is vital because, whatever the brain focuses attention on, it tries to bring about (Griffin & Tyrrell, 2004).

Of course, those who are depressed because of traumatic experiences, we de-traumatize. They usually recover quickly after that. And if the environmental pressures need addressing, other agencies might be brought in to help. The human givens approach draws no artificial boundaries between mental, physical and social problems, but aims for a seamless service that helps address all of a person’s needs. We are also developing techniques for helping depressed people with Asperger’s syndrome, because they don’t respond well to guided imagery.

## The Therapeutic Protocol for Lifting Depression

### Step one

Build rapport. Lower arousal – calm the depressed person down so his or her higher cortex can come into play. Find out what emotional needs are not being



met (what are the causes of worry). Find out about his or her good qualities, achievements, abilities, etc. Don't just history-take.

### Step two

Use any means to stop the worry cycle and help create new, positive expectations to replace the old, negative ones. (Depressed or anxious people should not have forms of counselling or psychotherapy that encourage introspection or emotional arousal since this tends to increase the number of worries a patient can ruminate about and is therefore unintentionally harmful.)

### Step three

Refocus attention away from negative expectations towards getting needs met (encourage physical activity, getting pleasure back in life, improving relationships, solving the problems that cause worry and challenge negative thinking).

### Step four

Stimulate the imagination (using guided imagery) to appreciate his or her resources, see how things can be different, build hope and rehearse new behaviours. Include helpful metaphors, stories, etc.

As much as possible all this should be attempted in the first session in order to bring about sufficient improvement to give the client hope that he or she can get better if treatment is continued. Treat postnatal depression in the same way.

Down the ages, whenever the environment failed to provide healthy, balanced and appropriate physical and emotional nourishment, children and adults became mentally unstable or insane, just as is happening now. It follows from what we have outlined that the only answer there ever will be to mental distress is to create a culture where as many people as possible get their innate needs met on an ongoing basis.

In the UK, human givens psychotherapy is often referred to as “the missing heart of positive psychology” and recognition of its contribution to mental health and education is growing. As well as psychotherapy, where it leads the field in gathering robust, practice-based outcome data, the human givens approach is influencing parenting, education, social work, back-to-work programs and management skills training. Americans, however, are unlikely to have heard of it because it arose in the 1990s in the UK and Ireland, and the resources to spread it beyond those shores are not available. We would like, therefore, to thank Michael Yapko for suggesting we contribute our ideas about depression to this issue of *Family Therapy Magazine*.

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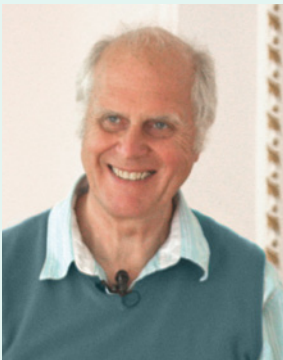
“ Use any means to stop the worry cycle and help create new, positive expectations to replace the old, negative ones ”



## About the authors



**Joe Griffin** is social psychologist with many years' experience both in psychotherapeutic practice and in training psychotherapists – for more than 20 years thousands of health professionals have enjoyed his practical workshops and seminars on effective psychotherapy for treating anxiety related disorders, depression, trauma and addiction. He is widely recognised as one of the most informed and entertaining speakers on human behaviour and is also co-author with Ivan Tyrrell of numerous best-selling titles including *How to lift depression – fast*; *How to Master Anxiety*; *Release from Anger*; *Why we Dream*; *Human Givens: The new approach to emotional health and clear thinking*, and *Godhead: The brain's big bang*, which explores the origins of mental illness and how consciousness evolved. He is co-founder, with Ivan Tyrrell, of the human givens approach.



**Ivan Tyrrell** worked for many years as a psychotherapist (specialising in brief therapy for depression and anxiety) and now spends most of his time lecturing and writing. He is Principal of *Human Givens College*, which teaches a wide range of psychotherapeutic skills to health and welfare professionals across the UK (including psychotherapists, counsellors, social workers, psychologists, nurses, doctors, psychiatrists, teachers, youth workers, occupational therapists and NHS staff). He is editorial director of the *Human Givens Journal*, a Director of the Human Givens Institute and co-founder of *The Conciliators Guild*.



**Denise Winn** is a journalist, editor and author specialising in psychology who has also practised as a human givens therapist since 2000.

She is a tutor for *Human Givens College*, editor of the *Human Givens Journal*, and for over 25 years was a regular contributor at different times for the *Sunday Times*, *Observer*, *Guardian*, *Independent*, *Daily Mirror* and *Daily Mail*. For 12 years she was also *Cosmopolitan's* medical writer as well as a contributor to a variety of other national magazines. She is former editor of a magazine produced by Mind, the mental health charity, and the UK edition of *Psychology Today*.

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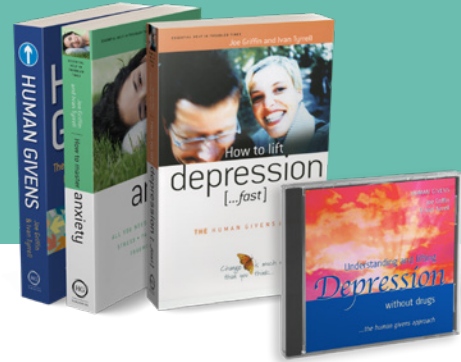
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