# The Social Identity Approach and Human Givens: a mapping exercise to inform practice to aid community resilience following mass casualty incidents

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## Abstract

In this paper, two separate psychological approaches to health and wellbeing are mapped onto one another to explore the efficacy of both within therapeutic practice. The Social Identity Approach to Health is based on the dominant paradigm of group dynamics in social psychology. The Human Givens approach is used effectively across multi-disciplinary specialisms with clear psychotherapeutic outcomes. A brief overview of both approaches is given, then a mapping exercise reveals how these approaches are complementary and how elements of both can be used to inform policy and enhance the therapeutic outcome for community resilience in groups and individual psychotherapy. The ways in which these approaches relate to trauma recovery and the emergency response following mass casualty incidents (Hobfoll et al., 2007, Drury et al., 2019) is also addressed. This paper is useful to practitioners and social psychologists as a stand-alone perspective and is also necessary to provide context to forthcoming research within this area.

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## The Social Identity Approach

The Social Identity Approach is comprised of two-related theories. The Social Identity Theory (Tajfel & Turner 1979, 1986) and Self-Categorization Theory (Turner 1985, Turner et al., 1987). Social Identity Theory (SIT) argues that in order to understand behaviour in various social contexts (especially where there is conflict, prejudice and discrimination) it is necessary to appreciate that individuals can define their sense of self in social rather than personal terms. Tajfel and Turner (1979) argued that people are motivated to enhance a positive sense of social identity and thus being part of an esteemed group leads to feelings of higher self-esteem. Intergroup differentiation is key to this process, as *"groups are not islands; they become psychologically real only when defined in comparison to other groups"* (Hornsey, 2008, p. 207).

These ideas were refined and extended within Self-Categorization Theory (SCT). This theory suggests that at any given time, we will define ourselves using different levels of abstraction (from individual, to a specific group, to all humanity) and this has direct implications for how we act with other people. Contextual factors will shape which identity is relevant or 'salient' at any one time and when this occurs the group identity (e.g. as a nurse) then shapes behaviour within defined parameters (e.g. the workplace in hospital).

In more recent years, the Social Identity Approach has been expanded upon and applied to health and health psychology (Jetten et al., 2012) in an approach known as the Social Identity Approach to Health (SIAH) or 'social cure'. The core element of the social cure is that social groups can provide their members with psychological and

social resources which in turn have significant positive health-related outcomes (Jetten et al., 2012; Haslam et al., 2018). These effects are cumulative, so that the more positive social identities an individual has access to, the better this will be for their health and wellbeing (Haslam et al., 2018). Haslam et al. (2018) purport that a social cure model of health places groups as central to health and wellbeing.

**The Human Givens approach**

The Human Givens (HG) approach to psychotherapy was developed during the 1990s by psychologists Ivan Tyrrell and Joe Griffin as a core set of principals necessary for human beings to function effectively throughout their lives with a sense of wellbeing and purpose. The core aims of the Human Givens Approach, as it applies to psychotherapy, is the alleviation of symptoms of distress and unhelpful psychological patterns through the development of clients' Human Givens (so-called as these are accepted 'givens' for human beings, Griffin & Tyrrell, 2013). All humans have a core set of emotional needs, which are the need for a sense of security, ability to give and receive attention, a sense of autonomy and control, emotional intimacy, feeling part of a wider community, privacy, a sense of status within social groups, a sense of competence and achievement, and meaning and purpose (Griffin & Tyrrell, 2003).

In addition to these emotional needs, Griffin & Tyrrell (2003) assert that in most cases, humans are born with the capability to develop a set of 'innate resources' that enable them to be able to get their emotional needs met. This is as long as the resources are being used effectively and the social environment is conducive to optimal functioning. These innate resources are described as the ability to develop long-term memory,

ability to develop rapport, empathy and connection with others, ability to use imagination, emotions and instincts, a conscious, rational mind, the ability to 'know' the world, an observing self and a dreaming brain. One of the aims of HG therapy is to work with the individual to help them to appraise and develop their own innate resources in order to overcome obstacles to their wellbeing.

Research has suggested that three quarters of clients whose therapists adopted an HG approach in order to assist with depression and anxiety reported a significant reduction in their symptoms within one to six sessions (Andrews et al., 2011, Minami et al., 2013). However, some researchers have been critical about the usefulness of the approach by citing the limited evidence base for Human Givens therapy (Corp et al., 2008). Nonetheless, HG principles are a useful addition to clinical practice, as research findings so far are promising (Burdett & Greenberg, 2019, Tsaroucha et al., 2012, Adams & Allan, 2019, Yates & Atkinson, 2011, Minami et al., 2013, Attwood & Atkinson, 2020).

**The HG and SI approaches**

As a psychologist who uses the HG approach with clients and as a researcher who has explored the SIAH in relation to community resilience following the Manchester Arena bomb, it became apparent that these approaches shared similarities. It can be demonstrated that the HG and SI approaches map onto one another very clearly. Information showing the overlaps between these two approaches in relation to emotional needs and innate resources is presented in Tables 1 and 2:

Table 1: Similarities between HG and SI approaches

| **HG Emotional Needs** | **Basic Principles of SIAH** |
|---|---|
| Security of environment | Identification with one's social group provides a sense of security and safety |
| Attention | Membership of and identification with one's social group provides a context for giving and receiving attention |
| Autonomy & Control | Being part of and identifying with a social group is empowering |
| Emotional Intimacy | Connection to others who are perceived to have shared identity leads to interpersonal intimacy and deeper care and affection |
| Community membership | Identification with one's community provides a sense of 'us' and 'we' |
| Privacy | Groups can provide a safe space to permit/protect the individual freedoms of people to seek solace alone when required |
| Status in social groups | Being recognised as a valuable member of one's social group is empowering |
| Competence & achievement | Being an active and useful part of one's social group enables growth |
| Meaning & purpose | Helping those within our identified social groups and taking action as part of our groups provides a sense of meaning and purpose |

Table 2: HG Innate Resources and impact of the SIAH

| **HG Innate Resources** | **How SIAH can assist with these** |
|---|---|
| Complex, long-term memory system | Through group experiences – being a part of groups helps one gain different experience and a sense of collective identity |
| Rapport, empathy and ability to connect | Through our different group memberships and roles |
| Emotions and instinct | Emotions can be developed and experienced through collective experiences, such as grieving together |
| Sense of imagination | Development of shared narratives from our group's experiences allows us to share and re-tell metaphorical, symbolic stories |
| Conscious, rational mind | Appraisal of events can be from a group perspective, not just individual (recognising how appraisal may be different from each perspective) |
| Ability to 'know' | Development of shared narratives from our group's experiences helps us to learn from previous experiences (recognising there may be competing narratives from different groups) |
| An observing self | Self-reflection and insight from the perspective of group membership, not just individual |
| A dreaming brain | Group membership can foster hope which can be enhanced through the dreaming brain |

As indicated in Tables 1 & 2, it is evident that both the HG and SI approaches share core elements that focus on the importance of identification with groups outside of the immediate family. The addition of the SIAH to HG practice provides the practitioner with a psychological theoretical basis for applied practice which is both clinically reassuring and assists with providing direction in sessions. From this perspective, the benefits of both approaches can be harnessed within clinical practice and used to develop policy.

**Implications for policy and practice**

This mapping exercise has set the scene for the ongoing development of specific guidance to aid psychotherapeutic practice from a Social Identity/Human Givens perspective. Such guidance is already in use (Hart et al., 2024a, in preparation.) and has been effective in guiding clinical practice to help alleviate distress associated with trauma following the Manchester Arena bomb in 2017. In addition, ongoing strategies to strengthen community resilience following community-wide trauma have also been able to draw upon such knowledge.

Hobfoll et al., (2007) identified that trauma intervention in mass casualty incidents should reflect five empirically supported elements. These relate to promoting a sense of safety, encouraging calm, encouraging self and community efficacy, encouraging connectedness and encouraging hope. This mapping exercise has revealed that these five elements are encompassed within the SI and HG approaches. Table 3 demonstrates the ways in which Hobfoll's criteria are covered.

Table 3: Hobfoll et al., (2007) elements of effective trauma intervention mapped onto HG and SIA approaches

| **HG Innate Resources** | **How SIAH can assist with these** | **Hobfoll et al. criteria for trauma intervention** |
|---|---|---|
| Complex, long-term memory system | Through group experiences – being a part of groups helps one gain different experience and a sense of collective identity | Promote a sense of safety<br>Encourage calm |
| Rapport, empathy and ability to connect | Through our different group memberships and roles | Promote a sense of safety<br>Encourage calm<br>Encourage self/community efficacy<br>Encourage connectedness<br>Encourage hope |
| Emotions and instinct | Emotions can be developed and experienced through collective experiences, such as grieving together | Encourage calm<br>Encourage connectedness<br>Encourage hope |
| Sense of imagination | Development of shared narratives from our group's experiences allows us to share and re-tell metaphorical, symbolic stories | Encourage calm<br>Encourage connectedness<br>Encouraging hope |
| Conscious, rational mind | Appraisal of events can be from a group perspective, not just individual (recognising how appraisal may be different from each perspective) | Promote a sense of safety<br>Encourage calm<br>Encourage self/community efficacy<br>Encourage connectedness<br>Encourage hope |

| | | |
|---|---|---|
| Ability to 'know' | Development of shared narratives from our group's experiences helps us to learn from previous experiences (recognising there may be competing narratives from different groups) | Promote a sense of safety<br>Encourage calm<br>Encourage self/community efficacy<br>Encourage connectedness<br>Encourage hope |
| An observing self | Self-reflection and insight from the perspective of group membership, not just individual | Encourage self-efficacy<br>Encourage hope |
| A dreaming brain | Group membership can foster hope which can be enhanced through the dreaming brain | Encourage hope |

Table 3 offers further clarity on the ways in which the SIA and HG approaches can be used effectively to assist communities following a traumatic incident. Additionally, Drury et al., (2019) who undertake research from the social identity perspective have developed twelve recommendations for the public, practitioners and policy-makers involved in emergency planning and responding. These recommendations are structured around the three main phases of emergency management in the UK: preparedness, response, and recovery. These are presented in Table 4.

Table 4: Twelve Actionable Recommendations for Emergency Responders (Drury et al., 2019)

| | |
|---|---|
| Preparedness Phase | Understand group psychology<br>Work with, not against group norms<br>Develop pre-tested communication strategies |

| | |
|---|---|
| | Form a community group |
| Response Phase | Prioritise risk and crisis communication<br>Do not underestimate shared identity<br>Use language and instructions to facilitate shared identity<br>Accommodate the public urge to help<br>Recognise “group prototypes” for influence during an incident |
| Recovery Phase | Maintain active communication with recovering communities<br>Keep the disaster community alive<br>Mobilise wider solidarity |

Table 4 presents information which is of relevance to this paper as it can be used to support communities and individuals impacted upon by traumatic incidents. It is argued that using these twelve recommendations within sessions and community support from a Human Givens perspective will help individual clients and the wider community in their recovery.

The aim of both individual therapy and community support with those affected by mass casualty incidents is to develop their innate resources through focusing on practical community and group strategies, as well as the use of personalised psychological techniques. Hart et al’s (2024a, in preparation) practical guidance for therapists aims to implement all of this information, as well as findings from other research, (Hart et al., 2024b, in preparation). With regards to policy development for local governments

and community groups, it is imperative to develop ways to enhance a sense of local place belonging, social identity and action-oriented engagement. Barriers to such engagement need to be addressed, especially within disenfranchised groups and sub-communities.

## Conclusion

This paper has sought to apply the theoretical parameters of the Social Identity approach to the Human Givens approach, with the aim of bolstering the clinical utility of both approaches to address trauma following mass casualty incidents. Ongoing research within this area will focus on the use of the emerging clinical guidance with communities and individuals affected by trauma. We welcome contact from researchers and practitioners interested in applying this guidance to practice to aid further development.

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