

A Model for Counseling the Significant Entourage in the Treatment of Depression

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Kurt Adler's article, "Depression in Light of Individual Psychology," (1961) is a classic exposition of the Adlerian approach to depression. The article presents a comprehensive theory of the nature, etiology, development, and treatment of depression consistent with Alfred Adler's theory of personality. The purpose of this paper is to elaborate on the Adlerian position by applying the concept of social embeddedness and the family counseling model to the treatment of depressed individuals. The following is presented as a brief summary of the Adlerian explanation of depression:

According to Adler's theory, most problems confronting the individual are problems of relations with others. All problems of life are answered by the individual with his tested methods, attitudes, and symptoms; and all his responses are in the service of his goals for self-enhancement. Depending on the degree of his developed social interest and courage, he will tend to face the problems of his social reality and attempt to solve them as best he can, or tend to evade them, seeking detours and distance from the expectations of the community, in order to escape a real evaluation of himself, which looms as a threat to his self-ideal . . . Whenever the feelings of inferiority are great, the goals of superiority are correspondingly high, in compensation. Then their achievement becomes increasingly difficult, and the individual becomes increasingly discouraged. If at the same time he has not learned to cooperate as a method of gaining satisfaction in life and, instead, exploits others, he will soon experience increasing opposition once he steps beyond his more tolerant family circle. The outside world will, therefore, seem to consist of enemies who frustrate his desires and thus threaten his hopes to

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achieve his goals. The individual then adopts alibis and evasions to safeguard his self-esteem. Adler called these "safeguarding devices;" others . . . called them "defense mechanisms." Adler says neuroses and psychoses have "the ultimate purpose of safeguarding a person from a clash with his life tasks, that is, with reality, and of sparing him the danger of having the dark secret of his inferiority revealed . . . What appear as discrete disease entities are only different symptoms which indicate how one or the other individual considers that he would dream himself into life without losing feeling of his personal value.

The special safeguarding device or symptom called depression has, of course, specific characteristics. To be sure, most cases encountered in practice will not show the clear-cut picture . . . Together with depression, the patients employ other defenses, such as hysterical, phobic, compulsive, or schizoid reactions which modify, each in their own way, the picture of the pure depression. (Adler, 1961, p. 57)

"Adler emphasized that every person was socially embedded in such a way that inevitably he developed a network of social relations with a large number of persons" (Gushurst, 1971). Depression then does not occur in isolation; it is a problem of "relations with others." To grasp the relevance of depression, it must be viewed in the context of society. The basic Adlerian proposition of social embeddedness then becomes important to consider when looking at the purpose of depressive behavior which Adler (1961) described as exploitation:

Actually, the patient exploits the greater social feeling and empathy of others; he forces them into his service, extorts the greatest sacrifices from them, compels them to express their devotion and love for him and to worry about him constantly. All this serves his hidden goal of superiority, for it places him in the center of attention, underlines his importance, gives him license to do whatever he wants, and relieves him of all obligations. Only in fairy tales can a prince or princess command such a privileged position. (p. 57)

When the privileged position of the depressed person is most threatened, Adler (1961) suggests that the suicide threat or suicide attempt is the final act of terrorization.

If the patient is still dissatisfied with the effect his illness has on some significant person in his entourage, a threat of suicide will usually terrorize his environment into compliance with his wishes. If this, too, fails, he may in his rage and in revenge go so far as to attempt or commit suicide. (p. 57)

It would seem imperative then that if we are to work effectively with the

“terrorist’s” use of depression for the purpose of controlling his environment, we must focus on the “significant entourage” as a means of ending the terrorist’s tactics. The entourage in the depressed person’s world often is comprised of family, friends, neighbors, fellow employees, business associates, police, probation officers, social workers, and other professional helpers. All of the individuals comprising the entourage are significant to the depressed person, in that they all have been trained to respond to his demands. The role of the group entrapped in the depression cannot be stressed enough. While recognizing that psychotherapy or counseling with the depressed client alone has proven to be somewhat effective, it is important to be aware that appropriate training of the entourage can prove helpful in facilitating the process.

The concept of employing significant others is not a novel idea in Adlerian counseling, inasmuch as the family counseling model developed by Dreikurs (1959) deals with the entire family rather than the identified problem child. Other therapeutic approaches have developed similar ideas; for example, Schelfen and Ferber (1973) refer to “extraprofessional groups—extended family or peer support systems”; Speck and Atneave (1973a, 1973b) and Tulipan, Atneave, and Kingston (1974) refer to “network therapy,” “social network interventions,” and “family networks”; and Auerswald (1973) refers to “intersystems conference.” The therapeutic community notion has also been employed in institutional settings (Folsom, 1966, 1969; Folsom & Taubee, 1967; Lamm & Folsom, 1965) and has become well accepted on the American scene. It is also suspected that Adlerian counselors and therapists have for some time informally employed family members and significant others in the treatment support system. However, this is an attempt to apply the experience and insight gained specifically from the family counseling model to the role of the therapist as a trainer or educator for the significant entourage of the depressed person.

The primary aims of the significant entourage training are to educate the members of the depressed person’s entourage to understand the goals of the client’s depression and to provide them with techniques for disrupting the client’s neurotic use of depression in attaining his or her goals, as well as to assist the client ultimately to attain a higher degree of social interest and well-being. This procedure is not unlike the technique used in family counseling, where, in addition to providing the child with insight into his or her problems, significant others in the child’s life are also provided insight as well as instruction in appropriate interaction designed to assist the child in more effective social living. The analogy of the child to the depressed client is valid when one considers that the neurotic purposes of depression have their prototype in childhood. “This self-consistent personality structure . . . the style of life . . . becomes firmly established at an early age from which time on behavior that is apparently contradictory is only the adaptation of different means to the same end” (Adler, 1956, p. 2). Thus, strategies for coping with

significant others developed in childhood have their counterparts in adult life.

Individual Treatment of Depression

In order to be of therapeutic value to the client, the counselor must understand the dynamics of the individual's use of depression; therefore, the initial phase of the entourage model still relies heavily on the individual counselor meeting with the depressed client for the purpose of understanding and reeducating the client himself. For this reason, established Adlerian counseling procedures are employed.

It is the counselor's responsibility to establish an accepting atmosphere and to enhance the client's sense of belonging, thereby minimizing his discouragement. The very nature of the counseling encounter is a demonstration that the client is of value, at least in the company of the counselor. It is appropriate early in counseling for the counselor to establish his respect for the client by avoiding feelings of sympathy and, instead, to demonstrate empathy and understanding for the client's stated problems. It is imperative that the counselor avoid fighting or doing battle with the client; a power struggle at this point may well put the counselor in a position no different than any other member of the client's entourage. To avoid being enticed into a power struggle, the counselor must realize that the power for change resides in the client, not in the counselor. If the counselor has any investment in his own power to "make" the client respond, he is doing himself and his client a disservice, inasmuch as the client gains the power to control the counselor by not responding. By being aware that the responsibility for change resides in the client, the counselor avoids the further trap of being depreciated by the client. This can be best accomplished by indicating to the client that the counselor has no particular expectations of the client to change, that the client is free to do or not to do as he decides. This tactic has the additional advantage of preventing client sabotage and again keeps the counselor free from being included in the entourage.

Another essential element in developing an instructive relationship with a depressed client is an early demonstration that the counselor might possibly have some insight or expertise in dealing with the client's problem. One way to insure this happening is to proceed into significant data-gathering via lifestyle investigation (i.e., family constellation, early recollections, etc.) early in the therapeutic contact.

Differential Diagnosis

The differential diagnosis as portrayed by Dreikurs (1958) has tremendous potential in clarifying the client's use of depression. It is also essential to clarify the possibility of medical complications, such as brain tumor,

hypothyroidism, Addison's disease, hormonal imbalance, or other physiological conditions as the origin of the depression as opposed to the psychological purposive behavior. Dreikurs' (1958) use of "the question" is legendary among his students and offers a most useful tool in discerning purposive behavior:

The patient is asked what would be different in his life if he were well. The answer indicates against whom or against what condition or situation the symptom is directed. Sometimes the patient will answer immediately. If he were well, he might look for another job, do better on his present one, would get along better with his wife, or perhaps he would get married. All such answers are self-explanatory. They indicate why the patient is sick, if the illness is entirely neurotic, or that he uses a physical ailment for such purpose. Such neurotic superstructure may be revealed in the case of an actual organic pathology.

Sometimes it is not easy to get an answer to the question. The patient does not know. Then he may have to be prodded. We may ask him to imagine what would happen if we could give him a pill that would remove all his symptoms and make him completely well as soon as he left the office. What would then change in his life, what would he do differently than before? Eventually, some statement is forthcoming. It is of utmost significance. It indicates whether the symptoms have psychological significance or not, and if they have what their meaning is. Naturally, a patient with a broken leg would act differently if he were well. By and large, it is not too difficult to evaluate in case of a physical ailment whether a disturbed function is in accordance with it or exceeds it. In the latter case, the psychological implications are obvious. (p. 125)

The psychological implications of the client's response are indeed obvious and become the focal point of the strategy for reorienting the individual toward nondepressive behavior. It is not necessarily an effective technique to confront the client with the neurotic purpose of his depression too early in the counseling contacts. The counselor may need to increase the client's readiness for confrontation or to gain a greater insight to interpret the significance of the neurotic purpose of the depression within the client's lifestyle and current life situation.

Developing a Lifestyle Statement

Techniques for ascertaining lifestyle have been described at great length elsewhere (Dreikurs, 1958; Eckstein, Baruth, & Mahrer, 1975; Gushurst, 1971). In essence, the lifestyle statement is the individual's unique expression of his biased apperceptions of life and his fictive goals. Once the lifestyle statement has been determined, the significance of the neurotic use of the depression is clarified.

Insight into the Purposiveness of the Symptoms

At this point, confrontation concerning the use of depression is feasible; the client's ability to grasp the significance of the insight has a direct relationship to the counselor's ability to express it. While insight in itself can in rare instances be enough to cause significant behavior change, it is not typically the case. Inasmuch as education for the client in terms of attitudes and behaviors implies new social relationships and interactions, specific training in new interpersonal skills and new interpretations is warranted. In light of developing new social skills and interpersonal relationships, implications for retraining the significant entourage as well as the client come into focus.

Entourage Treatment of Depression

Identifying the Significant Entourage

Assuming that individual counseling has proceeded according to schedule and the goals of the client's depression are known, the next step is to determine the significant entourage or the significant others of the client's depressional tyranny. The process is similar to that employed by a graduate student pursuing bibliographic data for a research study. One bibliographic reference suggests others; therefore, the logical starting point is the client himself and his enumeration of the people involved in his depression. Although this can be carried to an extreme, one would assume that when the list of 10 or so people provided by the client are contacted, there will be a geometric progression in terms of others who are also affected by the client's depression. Assuming that such a group has been compiled, it is ethically imperative that the client agree to their involvement in the counseling process. His prior use of these people suggests that he will be more than willing to cooperate in once again placing them in his service. This assumption seems especially true since they have been part and parcel of his domination for the period of time that the depression has existed. Therefore, it is reasonable to expect that the client will be all too willing to cooperate with their involvement.

Involving the Significant Entourage

Each member of the entourage must then be contacted and convinced of the importance of his or her involvement. The next step is to engage each individually or together in small groups to determine the extent and nature of each person's interaction with the client. This process is where familiarity with Dreikurs' family counseling model is very beneficial, since the same interviewing process used with parents regarding interactions with their children is employed with each member of the entourage.

Not only is an account asked of the actions of the depressed client, but in every instance where the entourage member reports the client's specific

behavior, the counselor asks, "And what did you do?" The response provides the interaction which enables the counselor to understand the dynamics of *both* participants in the transaction. To know only what the *client* did or how the client behaved in a given situation is like reading a play with all of the characters deleted except one; one may grasp the gist of the story, but real understanding is possible only when one reads the parts that all of the characters played. In each example provided by the entourage member, the counselor not only asks for client and entourage member behavior in the interaction; but, at the conclusion of each sequence, asks the entourage member to report his feelings as a result of the interaction. While the four goals of misbehavior (Dreikurs, 1964) are designed for children's behavior, this procedure can be used to elicit the entourage member's response, thereby demonstrating the impact of the client's behavior on the other person. The rationale underlying the use of the four goal model is that, while the four goals of children's misbehavior are accurate goals of children, they become descriptions of interaction for adults. The most frequent, expected responses are *anger* or *hurt*, indicating that the depression itself served the purpose of either control over the entourage member or revenge toward the entourage member for supposed noncooperation. This data not only serves the purpose of confirming the goal as ascertained by the lifestyle and the differential diagnostic procedure, but, further, gives the counselor a starting point for reeducating the entourage member in appropriate responses to the client's maladaptive behavior.

Training the Significant Entourage

In teaching the significant entourage member appropriate responses to the client's depressive action, the counselor relies on the client's already being aware of the purpose of the depressed behavior, thus permitting the response of the significant entourage member to serve as a cue to the client for an "ah-hah" experience or a "soup spitting" encounter. For example, the wife in a marriage of 1 year employed depressed behavior in order to draw her husband to her for comfort and physical intimacy. The husband's response to her depression was anger and disgust, followed by acquiescence. By instructing the husband to respond to her depression in the following manner, both the "ah-hah" experience was stimulated and to a certain extent a humorous "soup spitting" episode would ensue. The husband was instructed that, when the wife exhibited depressed behavior, he was to stand on the opposite side of the room and hold out his arms to her, giving her the option of fulfilling her goal of physical closeness and pampering but at the same time forcing her to move the distance of the room to accomplish the task. Both participants reported that, after the first encounter, the ensuing three encounters ended in giggles by the time the wife had gone half way across the room.

While the foregoing example is a relatively simplistic, two-party encounter, it does demonstrate the effectiveness of the significant person's

response to the depressed individual's behavior. It also suggests the attitude which the entourage member must assume in order to effectively carry out the suggested responses to the depressed person's maladaptive behavior. This attitude could probably be summed up in the phrase "warm, firm humor." Certainly the "warm firmness" can be maintained, but it is often difficult for the entrapped person to feel, much less express, the humor that is frequently an integral part of the transaction once the depression has been unmasked and its purpose understood. However, as simplistic as it may appear, it is very difficult to maintain depressive behavior when the humor of the situation can be seen, especially when everyone is aware of the entrapment and is verbally and/or behaviorally telling the client that they will not be entrapped. Also inherent in the encounter described above is the assumption of the husband's *empathy* rather than sympathy. Sympathy for the depressed person is generally demeaning and suggests that the person is of little value, fragile, and incapable. Empathy, on the other hand, allows the person in the entourage to "understand" or to "feel with" the client in his desire to obtain his goals. However, the entourage member's demonstration of respect is in not permitting the client to attain these goals through depressed behavior. The husband in the example indeed empathized in wishing to fulfill his wife's desire for physical affection, but he did not sympathize by moving toward her and feeling sorry for her. In this interaction the client did indeed obtain the physical closeness desired, but only by *her* movement toward her husband.

Monitoring the Significant Entourage

Monitoring the entourage and the success and the failure of their attempts to work successfully with the client can be accomplished most effectively in a group setting with the client present. In the example above, it was the wife who reported the success of the husband's efforts; further, she reported how her employer used the recommendation in the context of the business world. When the employer was confronted with her depression, he would walk past her station and simply suggest, "Oh, come here, and I will pick you up," which she reported was sufficient to trigger a self goal disclosure, the "ah-hah" experience, and to end the depression-provoking thought process which had been already exposed by individual counseling. An interesting aside is the ability of the counselor to assist the depressed person to monitor his own techniques for becoming depressed. The counselor can teach the client to catalog the predepressed thought sequence by asking him to write a diary of the way he thinks himself into depression; for example, how the kitten was run over by the steam roller; how he was criticized when reading aloud in the second grade; how mother used to make him feel inadequate; the time he passed gas at the senior prom—all leading to the current felt slight or unpleasantness. It becomes important again in the monitoring process to become more aware of the use of humor in encouraging both the client and the members of the significant entourage. Once

all of the participants are able to laugh *with* the situation, the counselor can feel confident that progress is being made.

Resolving Special Problems and Critical Issues

There are some very important considerations concerning the direct service to the client being expressed here. For example, a frequent interference to the counseling is when one or more of the members of the significant entourage have a vested interest in maintaining the client's depression. In this situation, the focus of the counseling shifts to the saboteurs in order to understand the purpose of their sabotage. Frequently, the very disclosure of the saboteur's goal is sufficient to permit the client and the sabotaging member to make the behavior changes appropriate to the situation. If this is not the case and therapeutic changes do not occur, then group confrontation becomes extremely effective. The power of the entire group can be exerted toward the resolution of the problem of interference by the offending entourage members. Rather than a private interaction between the saboteur and the client, it now becomes an affair of state. By informing the group of the effects of the sabotage and the implications, not only for the client, but for the other members of the entourage, the full power of the larger group is brought to bear in order to sustain the counselor's efforts. One of the concerns that becomes apparent in the counseling process is both an immediate and global issue; in essence, it is the concern for whether the counselor's role is to assist the client to adjust to the existing conditions or for the counselor to attend to the environmental conditions in order to adjust them to the client. Frequently, in the process of working with the significant entourage and the client, it often becomes apparent that some aspects of the environmental setting are highly contributory to the client's lack of adjustment, or are indeed inappropriate themselves. It may be possible at this point to use Dreikurs' (1964) four-step method of conflict resolution often employed in family counseling. This process may provide a more appropriate appraisal of the existing counselor-client-significant entourage direction rather than relying only on the counselor or the client or the entourage members to establish goals for the resolution of the client's dilemma. Occasionally, some of the immediate excuses used by the client to justify depression are indeed justifiable and in the light of group consensus are seen as conditions or situations about which the client should be concerned. These cases strongly suggest changes in those environmental and interpersonal realities related to the client's depression.

Environmental situations may exist, however, where change is indeed impossible. Under these conditions the counselor's function is to assist the client to recognize the inability of change and to develop strategies for coping most effectively with the existing conditions. This procedure has the dual effect of relieving the client of the responsibility for conditions that are beyond his or her control and at the same time providing him or her with power over

the conditions by learning to live with, beside, or in spite of them, but not to use them to control others.

Developing Social Interest and Maintaining Nondepressive Behavior

One of the therapeutic strategies employed by Adlerian counselors is to involve the client in processes which will heighten his or her awareness of and involvement in experiences that facilitate developing social interest. One of the side effects of entourage group counseling is that the very process of involving significant others in the client's therapeutic process allows problems and aspirations of other group members to come to the surface; therefore, an effective counselor strategy is to enlist the services of the depressed client in assisting the other member or members of the entourage to attain their goals. The purpose of this exercise is to demonstrate to the client the self-actualizing nature of social interest-oriented activities. Additionally, as the client becomes more engaged in assisting others, emphasis on his or her own maladaptive concerns lessen. This method is consistent with Adler's practice of having the depressed individual do something to please someone every day on the assumption that "as soon as he can connect himself with his fellow men on an equal and cooperative footing, he is cured" (Adler, 1956). When, in the client's and the counselor's judgment, with cooperation from the members of the significant entourage, the use of depression has lessened significantly and the involvement in social interest activities has increased, termination of regularly scheduled appointments can be arranged with the option of supportive contacts in the future.

The problem of maintaining the nondepressed status can be approached in several different ways. Regularly scheduled meetings of the client and the entourage with or without the counselor may be held bimonthly or semiannually as needed; however, an innovative possibility for structured maintenance is employing the client and one or several members of the significant entourage as trainers of another depressed client and his entourage. The use of the client as the teacher/educator of others involved in similar concerns solidifies his or her awareness of his or her own processes and creates a situation which allows the client to experience the heightened sense of usefulness from contributing to the welfare of others—a mark of social interest. Ideally, the client becomes the co-therapist or co-teacher for future groups. Indeed, the process of teaching is perhaps the most effective means of learning, thereby moving toward self-knowledge, self-actualization, and, most important, a greater degree of social interest.

Summary

Kurt Adler (1961) emphasizes that depression can be understood only in its social embeddedness. It is within this context that the depressed person is

able to exploit the greater social feeling of others and force them into his or her service. The final terrorist tactic employed by the "tyrant" is the threatened, attempted, or completed suicide, one more act to keep the entourage of significant others under his or her domination. The significant entourage is defined to include all those persons who are affected by the client's use of depression, i.e., parents, children, spouse, neighbors, business associates, employees, etc.

Since the use of depression has its prototype in childhood and developed in the social context of the family, it logically follows that corrective measures might also best take place in the social context of the significant entourage. The interesting similarities between the significant entourage and the extended family constellation suggests employing techniques derived from Dreikurs' family counseling model. This paper is an attempt to provide a rationale for entourage counseling based on Adlerian concepts as a supplement to individual counseling for depression.

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