Adlerian Theory and the Indivisible Self: A Holistic Approach to Treating Depression

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Abstract
This literature review is intended to show the importance of a holistic approach for treating women with depression. The approach discussed was the Indivisible Self model, which is directly related to the more popular Wheel of Wellness model. It discussed how the Adlerian concepts of belonging, social interest, and the life tasks fit directly with the Indivisible Self model. Because of the correlation between all of these concepts and depression, it was hypothesized that the Indivisible Self model is a useful framework for therapy to improve the symptoms of depression levels in women.
# Table of Contents

Introduction .......................................................................................................................... 4  
An Overview of Wellness ............................................................................................................... 4  
  Individual Psychology ............................................................................................................... 4  
  Wellness Counseling ............................................................................................................... 5  
  The Indivisible Self Model ...................................................................................................... 6  
Depression .................................................................................................................................. 7  
  Women and Depression ........................................................................................................... 7  
Adlerian View of Depression ......................................................................................................... 10  
Adlerian Theories Connected to Depression ............................................................................... 11  
Adlerian Life Tasks and the Indivisible Self Model ................................................................... 13  
  The Indivisible Self: The Social Self ...................................................................................... 14  
  Adlerian Life Task: Social Relationships ............................................................................... 14  
  Adlerian Life Task: Love and Marriage ................................................................................. 15  
  Adlerian Life Task: Work or Occupation ............................................................................... 16  
Life Task: Self ............................................................................................................................. 16  
  The Indivisible Self: The Physical Self ................................................................................. 16  
  The Indivisible Self: The Creative Self .................................................................................. 17  
  The Indivisible Self: The Essential Self ................................................................................ 18  
  The Indivisible Self: The Coping Self ................................................................................... 18  
Life Task: Spirituality .................................................................................................................. 19  
Summary ..................................................................................................................................... 19  
Conclusion ................................................................................................................................. 21  
References .................................................................................................................................. 23
Adlerian Theories and the Indivisible Self: A Holistic Approach to Treating Depression

Introduction

Depression is among the most significant causes of death worldwide in both developing and developed countries and it is twice as likely for women to be affected by depression as it is for men (Mayo Clinic, 2013). But using Adlerian concepts and the holistic framework of the Indivisible Self model (Myers & Sweeney, 2004) has the potential to greatly reduce the incidence of depression among that demographic.

An Overview of Wellness

Individual Psychology

Adler was strong in his belief in the indivisibility of and the unity of the self; observing that one is more than the sum of his or her parts and cannot be divided (Myers & Sweeney, 2007). The wellness principle known as holism is one of the core tenets of Individual Psychology (Myers & Sweeney, 2007). The term Individual Psychology came from Adler’s observation that clients should be viewed as whole individuals. Adler saw his clients as being embedded within dynamic social contexts including family and society, and that required a sense of purpose or movement towards achieving desired goals. Adler based his model on the presumption that human beings possess both an innate striving for mastery or superiority and a social interest in the development of other’s wellbeing (Ansbacher & Ansbacher, 1956). Adler specifically identified work, love, and community, otherwise known as the life tasks, as three primary domains that humans must address and integrate in order to achieve optimal wellbeing (Witmer & Young, 1996). These Adlerian concepts infuse the framework of the Indivisible Self model (Myers & Sweeney, 2004).
Wellness Counseling

Concepts related to holistic wellness continue to be connected to the best practices for mental health professionals (Linden, 1995). Mind-body connection research within the fields of integrative medicine and public health continue to positively support the principles of the holistic wellness theories (Shannon, Weil, & Kaplan, 2011). Medical and mental health clinicians have been encouraged to broaden their views on mental health, human functioning, and how to promote a client’s achievement of their respective treatment goals. There are multiple models of holistic wellness that exist. The reasoning is that different theories on mind, body, spirit and community exist, which comprise this multi-faceted concept, but not in the exact same way (Moe, Perera-Diltz, & Rodriguez, 2012).

Despite the variations between the existing wellness models, two principles have been used to define and clarify the concept of holistic wellness in counseling. These two principles are **optimal functioning** and **holism**. Optimal functioning was defined as the ability of the human being to continually develop in resiliency across the related domains of living over the life-span (Sweeney & Witmer, 1991). The concept of optimal functioning supports the idea that health and overall life satisfaction should not be defined solely by the absence of illness, but also by the existence of health promoting factors and characteristics (Sweeney & Witmer, 1991). Research on resiliency and risk factors associated with the prevention or reduction of chronic health conditions (Shannon et al., 2011) and the philosophical paradigm of positive psychology (Myers & Sweeney, 2004) are both rooted in the importance of optimal functioning. The development of optimal functioning over the lifespan promotes wellbeing while also protecting against both physical and mental illness (Linden, 1995).
Holism refers to the concept that individual humans should each be viewed as a unified whole that are more than the sum of their parts (Sweeney & Witmer, 1991). This concept is based on the idea that although different aspects of functioning can be specified (such as mental or physical health) all aspects are part of a system that is interrelated and connected, where change in one part effects change in the whole. There has been evidence that documents the relationship between stress and physical health, social relationships and overall well-being, mental health and spirituality, and the impact of exercise on recovery from depression (Moe et al., 2012). These correlations illustrate the principle of holism. Commitment to the two principles of the holistic wellness theory promotes the adoption of a preventative, developmental, and strength based approach (Linden, 1995).

Adler believed that all humans need a sense of purpose in life in order to realize optimal functioning. He also proposed that holism and a sense of purpose were central to understanding human behavior (Myers & Sweeney, 2004). The concept that a sense of purpose is vital to wellness was found in the model created by Hettler, who defined wellness as the deliberate and purposive choice of an individual to live a successful and healthy existence (Hettler, 1984). Hettler theorized wellness as having six encompassing dimensions; physical, social, emotional, intellectual, occupational, and spiritual. Supporters of Hettler’s model stressed the use of preventative physical self-care measures to prevent illnesses, both medical and mental (Hettler, 1984).

**The Indivisible Self Model**

The idea for the Indivisible Self (IS) model was developed from the framework of the Wheel of Wellness model (Witmer & Sweeney, 1992). The first model was conceived as a developmental model largely based on tenets from Adler’s framework of Individual Psychology
(Witmer & Sweeney, 1992). The Wheel was a theoretical model which emerged from reviews of cross-disciplinary studies in which the authors sought to identify evidence based correlations of quality of life, health, and longevity. Individual Psychology provided the organizing principles underlying the model (Myers & Sweeney, 2004).

Spirituality was devised as the foundation of wellness and was expounded as purpose, meaning, a sense of connection, and optimism that one experiences in relation to their own lives (Witmer & Sweeney, 1992). The life tasks of the Wheel of Wellness included the development of high-level functioning in the domains of spirituality, self-regulation, work or occupation, and leisure, friendship, and love (Myers & Sweeney, 2004).

The term Indivisible Self evolved from research focused on gathering information and validating evidence for the Wheel of Wellness (Hattie, Myers, & Sweeney, 2004). The IS model was a theory based improvement on the Wheel of Wellness and was a direct result of the discovery through factor analysis of complete wellness (Myers & Sweeney, 2004). While the principles of optimum functioning and of holism still laid the framework for the IS model, the five factors of wellness theorized to comprise the new model were the Essential Self, the Coping Self, the Creative Self, the Physical Self, and the Social Self. Adlerian concepts such as social interest and the importance of choice are similarly important and integral parts of overall wellness and the IS model (Myers & Sweeney, 2004).

**Depression**

**Women and Depression**

Depression is among the most significant causes of death and disability worldwide (Blackburn & Moorhead, 2000). Beyond that, research has indicated that by the year 2020, clinical depression will be the second greatest international health burden when measured by
incidences of death, disability, or incapacity to work, and medical resources used (Blackburn & Moorhead, 2000). Available estimates suggest that at least 60% of individuals who have had one depressive episode will have another, 70% of individuals who have had two depressive episodes will have a third, and 90% of individuals with three episodes will have a fourth episode (Jaffe & Smith, 2015).

Depression is a serious condition that can impact every area of life (Jaffe & Smith, 2015). It can affect social life, relationships, career, and sense of self-worth and purpose. For women in particular, depression is common. In fact, according to the National Mental Health Association, about one in every eight women will develop depression at some point during her lifetime (Jaffe & Smith, 2015). The symptoms of depression in women include:

- little interest or pleasure in doing things
- feeling down, depressed or hopeless
- trouble falling or staying asleep
- sleeping too much, feeling tired or having little energy
- poor appetite or overeating
- feeling bad about oneself
- trouble concentrating
- moving and speaking much faster or slower than normal
- thoughts of suicide (Duckworth, 2009).

Although some of the signs and symptoms of depression are the same for both men and women, women tend to experience certain symptoms more often than men (Jaffe & Smith, 2015). For example, seasonal affective disorder, depression in the winter months due to lower levels of sunlight, is more common in women. Also, women are more likely to experience the
symptoms of atypical depression. In atypical depression, rather than sleeping less, eating less, and losing weight, the opposite is seen: sleeping excessively, eating more, and gaining weight. Feelings of guilt associated with depression are also more prevalent and pronounced in women (Jaffe & Smith, 2015). Other symptoms that women are more likely than men to report are anxiety, outwardly expressing anger and hostility, and the physical expression of mental illness (Duckworth, 2009). The explanation for the gender gap in susceptibility to depression most likely lies in a combination of biological, psychological, and social factors.

The gender difference in rates of depression is found in most countries around the world (Mayo Clinic, 2013). There are a number of theories that attempt to explain the higher incidence of depression in women. One theory is the biological and hormonal differences between men and women. The biological and hormonal causes of depression in women include premenstrual problems, pregnancy and infertility, postpartum, perimenopause, menopause (Mayo Clinic, 2013) and other health problems, such as chronic illness, injury, or disability can lead to depression in women, as can crash dieting, or quitting smoking (Jaffe & Smith, 2015). Some psychological causes of depression in women include: focusing on and rehashing negative feelings, overwhelming stress at work, school, or home, and body image issues (Duckworth, 2009). Similar to depression in men, social factors can also play a part in causing depression in women, as can lifestyle choices, relationships, and coping skills. These social factors may include marital or relationship problems, balancing the pressures of career and home life, family responsibilities such as caring for children, spouse, or aging parents, experiencing discrimination at work or not reaching important goals, losing or changing a job, retirement, persistent money problem, death of a loved one, or other stressful life events that leave an individual feeling useless, helpless, alone, or profoundly sad (Jaffe & Smith, 2015).
Adlerian View of Depression

Adler asserted that mental illness was not a disease in the medical sense but rather a mistaken way of living and being (Ansbacher & Ansbacher, 1956). As such, clients are not viewed as victims of their symptoms, but instead, the client’s symptoms are purposeful and chosen relative to an unconscious goal. The individual's unique goals and lifestyle determine the type of emotion that will serve one's purposes. Both conjunctive and disjunctive emotions are possible choices (Waller, Carlson & Englar-Carlson, 2006). Conjunctive emotions are used to bring people together, while disjunctive emotions are to distance one from others. In the case of depression, symptoms are chosen from an Adlerian lifestyle predisposition that meets life challenges. It was postulated that depression is a disjunctive emotion that distances the individual from others, supports his or her lifestyle goals, and proves the inferiority of his or her belonging to no one or no group (Waller et al., 2006). Maintaining a sense of belonging, connection, and encouragement with others and an awareness of one's own private logic or cognitive schema could prevent other episodes of depression (Ansbacher & Ansbacher, 1956).

In the classic Adlerian sense, depression results from the exaggeration of inferiority feelings and an insufficiently developed feeling of community (Waller et al., 2006). Depression is experienced when inferiority feelings seem so overwhelming and feelings of community are so underdeveloped that the individual retreats to protect a fragile yet inflated sense of self (Ansbacher & Ansbacher, 1956). This process creates an environment in which depression becomes an excuse to avoid life task responsibilities. In addition, the environment shifts responsibility for one's own feelings and behaviors on others. Individuals use their symptoms as protection from perceived or actual failure in their social living. Rather than being blatant,
conscious manipulations, these symptoms are unconscious and are more typically learned strategies for avoiding inferiority feelings associated with life task failures (Waller et al., 2006).

**Adlerian Theories Connected to Depression**

The feeling of belonging is crucial for the mental health of an individual, and at the societal level it is crucial that all members of the community feel belonging (Adler, 1991). All humans feel the need to belong. For many years, Adlerians have cautioned that both rejection and being pampered diminish the need to belong (Adler). In both cases the person does not feel valued as an equal member of the group. Both rejection, in terms of exclusion or being treated in a demeaning way, and being pampered lead to the likely feeling that he or she is inadequate and does not belong as an equal and valued member of the community (Ansbacher & Ansbacher, 1956).

A unique and major contribution made by Adler was the conclusion that the fundamental motivation of human beings is the need to belong (Ferguson, 2010). When the individual from early childhood experiences a sense of belonging as an equal and contributing member of the family and later feels belonging to the wider community, the person actualizes the need to belong with striving to contribute to the community. The goal of contribution is strengthened when the individual feels belonging, and that goal is diminished when the person does not feel belonging (Curlette & Kern, 2010). When the person feels inferior compared to other people, the person strives for goals other than contribution.

As a person feels a greater sense of belonging, the person is more likely to reach out to others, which has a cyclical affect. The more the person reaches out to others, the more the person is likely to feel belonging (Dreikurs, 1991). Adler’s Individual Psychology is concerned with helping people understand the transactional nature of social living involving choices,
consequences, and a value system oriented around social interest. Current research is finding continuous support for the crucial role that the need to belong plays in human life (Curlette & Kern, 2010).

This feeling of belonging and that one has a place in the larger system, is achieved when an individual is encouraged and appreciated for his or her special talents and creative abilities. For instance, an individual who feels belonging feels valued and significant, and the person will contribute his or her best to society. The contribution represents social interest (Adler, 1991), defined as, a concern for and commitment to the welfare of the community.

Adler connected the wellbeing of the individual with the wellbeing of the community (Ansbacher & Ansbacher, 1956). This means, mental health increases when individuals feel belonging and when all individuals in the community feel belonging. Further, equality extends to relations between groups (Ansbacher & Ansbacher). In turn, as wellbeing increases, groups feel equal. When a group feels equal, it builds belonging to the larger circle of the human community.

To feel belonging, an individual needs to feel equality with others. Those who strive for superiority and those who feel a sense of inferiority will always lack a feeling of equality (Ferguson, 2010). Adler's concept of social interest, which he sometimes also called social feeling, is tied with both the feeling of belonging and the sense of equality with other human beings. Adler pointed out that children and adults have social interest, or community feeling, which refers to a commitment to contribute to the welfare of the human community. Social interest, or community feeling, is inextricably tied to the feeling of belonging (Ferguson, 2010).

Social interest, or Gemeinschaftsgefühl, is community feeling in action (Curlette & Kern, 2010). For Adler, the development of social interest or a sense of social responsibility is a goal
A HOLISTIC APPROACH TO TREATING DEPRESSION

of therapy for many clients (Curlette & Kern, 2010). As an individual’s social interest develops, so does the capacity for empathy and altruism. In turn, psychologically healthy individuals are those who feel a sense of social meaning with others and who strive to take action to help other humans (Mosak, 1991).

**Adlerian Life Tasks and the Indivisible Self Model**

In Adler's Individual Psychology, everybody is born with the need to belong and with an innate ability to connect with others (Ansbacher & Ansbacher, 1956). Sometimes, acquiring the methods of connection involves a learning process. This kind of learning is the key for wellbeing. Adler thought that it was essential that one belongs and is connected to three significant groups in one's circle of life (Ansbacher & Ansbacher). These significant groups are defined as being family, friends, and work associates, and they are also referred to as Adler’s life tasks (Sommers & Sommers, 2004). Feeling a sense of belonging to these groups is the primary universal issue of mental health. Individuals with psychological disorders can increase their psychological health by learning more effective methods to belong (Dreikurs, 1991). Adler claimed that all individuals must face the three interrelated life tasks or challenges that include work or occupation, social relationships, and love and marriage (Sommers & Sommers, 2004). And later, Dreikurs and Mosak, both of whom worked directly with Adler, created two additional life tasks within the Individual Psychology framework. These included self and spirituality (Sommers & Sommers, 2004). These five tasks constitute the challenges of life.

The difficulties within the life tasks arise from inaccuracies, mistaken beliefs and maladaptive perceptions associated with their lifestyles (Sommers & Sommers, 2004). The overall goal of therapy; therefore, is to help clients adjust or modify their lifestyle in ways that help them more effectively engage in the life tasks (Ansbacher & Ansbacher, 1956). The life
tasks are not a mirror image of the Indivisible Self model, but they are intertwined through the same basic principles laid out in Individual Psychology.

**The Indivisible Self: The Social Self**

The Social Self from the Indivisible Self is comprised of the sub-domains of friends, love or intimate relationships, and family (Myers & Sweeney, 2004). Friendship involves the creation and maintenance of stable and caring relationships outside of the immediate family. Love entails the experience of close and functional relationships with one’s immediate family or with a romantic partner (Ansbacher & Ansbacher, 1956). It is important to note here that the developers of the IS do not specify what types of social relationships are or should be more important (Myers & Sweeney, 2004); as with the components of the other domains, exploring the elements of the Social Self creates a space where the values of the client determine discussion and facilitate the identification of therapeutic goals. This area of the IS is directly related to Adler’s original life tasks; social relationships, love and marriage, and work or occupation (Myers & Sweeney, 2008). It has been proven that positive relationships do enhance the quality and length of one’s life and isolation, separation or alienation are all associated with poor health conditions. Positive mental health over the lifespan is directly related to positive social support (Myers & Sweeney, 2004).

**Adlerian Life Task: Social Relationships**

Adler was a strong proponent of positive social relationships (Sommers & Sommers, 2004). Adler felt that establishing healthy social relationships was the key to solving the work or occupational problem. In essence, humans are interdependent and whole. It is only when we accept this interdependence and develop empathy and concern for others that social relationships can prosper. The importance of belonging is extremely important in social relationships
Everyone needs to belong to some social group, no matter what that group of people is based upon. This need mimics the reality that everyone is a member of the human race. Some clients choose therapy because they have social relationship problems. This fact is the cornerstone of many therapeutic approaches. From the Adlerian perspective, the client’s social problems stem from inappropriate beliefs, expectations, and interpersonal habits imbedded in their individual lifestyle (Sommers & Sommers, 2004).

**Adlerian Life Task: Love and Marriage**

Adler’s writing and speaking about love and marriage were quite popular during his lifetime (Sommers & Sommers, 2004). Adler’s original work in this area was considered accessible and even romantic. Successful love and marriage is based on the premise that each partner must be more interested in the other than in oneself (Curlette & Kern, 2010). If each partner is to be more interested in the other partner than in themselves, there must be equality. If there is to be so intimate a devotion, neither partner can feel subdued or overshadowed. Equality is only possible if both partners have this attitude. It should be the effort of each partner to ease and enrich the life of the other. In this way each will be safe and feel worthwhile. According to Adler, the fundamental guarantee of marriage, the meaning of marital happiness, is the feeling that an individual is worthwhile, that he or she cannot be replaced, that a person’s partner needs them, that the individual is acting well, and that a partner is also a true friend (Ansbacher & Ansbacher, 1956). Many clients request help with intimacy problems, both sexual and nonsexual. For Adlerians, one solution is to modify the lifestyle, develop empathy for others, and take decisive action by thinking and acting differently in everyday life (Sommers & Sommers, 2004).
Adlerian Life Task: Work or Occupation

Adler believed the best way to solve the life task of work or occupation was by solving the second life task, social relationships (Sommers & Sommers, 2004). Adler chose to solve the occupation issues by working through friendship, social feeling, and cooperation issues (Ansbacher & Ansbacher, 1956). This way of solving occupational issues shows the holistic nature of the life tasks. Moreover, if a person is unable to work cooperatively, divide labor responsibilities, and maintain friendly relations, he or she is likely to struggle in the area of work (Sommers & Sommers, 2004).

Life Task: Self

The life task of self emphasizes that everyone has a relationship with oneself that is established during childhood (Mosak & Maniacci, 1999). There are four dimensions of the self life task. The sub-categories of self include: the physical self, the psychological self, the social self, body image, and the opinion of self (Sommers & Sommers, 2004). To evaluate questions about self, Adlerians often ask clients to complete the incomplete sentence, “I am” (Mosak & Maniacci, 1999). Some clients have various extreme perspectives of the self, either positive or negative. The optimal resolution of the self task is characterized by good self-care, an accurate perception and expectations of one’s body, an accurate and positive opinion of oneself, and a balanced view of oneself as not overly good or overly bad (Sommers & Sommers, 2004).

The Indivisible Self: The Physical Self

The Physical Self of the IS model is connected to the task of self. This domain includes the health components of exercise and nutrition (Myers & Sweeney, 2004). The wellness models as well as the paradigm of integrative medicine, all incorporate focus on exercise and nutrition as preventative healthcare behaviors that individuals can engage in to reduce the risk of morbidity
throughout the lifespan (Shannon et al., 2011). Not surprisingly, data shows that individuals, who live the longest, attend to both exercise and nutrition within their lifestyle (Myers & Sweeney, 2004). While discussing the components of the Physical Self may seem better left to physicians and other healthcare practitioners, the principle of holism encourages counselors to consider how exercise and nutrition impact mental health and wellness (Myers & Sweeney, 2007). Unfortunately, the components of the Physical Self are often over-emphasized at the expense of the whole self, but still are an important part of overall health and wellness. Clients are encouraged to identify physical activities and foods that they find to be enjoyable, articulate how exercise and nutrition affects their mood, and explore connections between the aspects of the Physical Self and other components of the IS framework (Myers & Sweeney, 2004).

**The Indivisible Self: The Creative Self**

The Creative Self is the domain composed of the thinking, feeling, and working self and includes activities that sustain life, facilitate participation in multiple life contexts, afford an individual a sense of control, and contribute to feelings of general self-efficacy and usefulness (Myers & Sweeney, 2008). Exploring themes related to the Creative Self helps clients make or voice their perspective regarding the connections between emotions, thoughts, and their sense of being effective and resourceful individuals. In the area of work, clients are encouraged to review the perceived meaning of work and to relate this holistically to the other life tasks (Myers, 2003). The components of the Creative Self are viewed as the building blocks of talents or strengths that a person relies on in order to contribute to an individual’s respective social worlds and to create the kind of life that he or she finds meaningful. The Creative Self contributes to making a unique place among others and this is where one’s emotions connect with the body (Myers & Sweeney, 2004).
The Indivisible Self: The Essential Self

The Essential Self of the IS framework is related to the life task of self, but it is also connected to the task of spirituality and includes spirituality, gender and cultural identities, and self-care behaviors (Myers & Sweeney, 2008). Spirituality, when related to the IS framework includes the ability to ascribe and interpret life events as having meaning (Savolaine & Granello, 2002), a sense of interconnectedness between oneself and others, the possibility of the existence of a transcendent reality. It may also include the formal practices related to organized religious affiliation, but is not required (Myers & Sweeney, 2008). Reflection upon gender and cultural identities improve the perception of an individual. Self-care behaviors include efforts undertaken by clients to achieve and maintain optimal functioning over the lifespan. Lack of self-care behavior or lack of validating connections to spirituality, gender, and cultural identities may result in feelings of hopelessness or purposelessness that attention to wellness concepts helps to address. The Essential Self is positively connected to longevity and improved quality of life (Myers & Sweeney, 2004).

The Indivisible Self: The Coping Self

The Coping Self domain incorporates realistic beliefs, stress management strategies, a sense of self-worth, and leisure activities that promote a sense of fun, enjoyment and flow (Myers & Sweeney, 2004). Flow or learning to become absorbed in an activity is where time stands still is helps greatly with coping and transcending all of the requirements of life (Myers & Sweeney, 2004). The Essential Self consists of a set of coping skills individuals use on a day-to-day basis (Myers & Sweeney, 2004). Threats to the components of the Essential Self are more likely to be experienced as crisis, while lack of attention to the Coping Self could lead to gradual increase in daily stress and related concerns. Exploring themes related to the Coping Self help
can bring light to specific skills that clients can use in order to negotiate stressful life events across different environments, situations, and contexts (Myers & Sweeney, 2004).

**Life Task: Spirituality**

Much of Adler’s writing focused on the need for community feeling, social interest, and cooperation (Sommers & Sommers, 2004). With regard to some of Adler’s writing about religion, his opinion was that the most important task imposed by religion was always to love thy neighbor. Mosak and Maniacci (1999) described specific issues related to the spirituality task. One issue is a relationship to God and what kind of God. Another related issue is religion and addressing the issue of organized religion and one’s relationship to the universe (Mosak & Maniacci, 1999). The life task of Spirituality is interwoven with religious beliefs, but it can also be somewhat separate. While most individuals have beliefs about heaven, hell, reincarnation, karma, and salvation, how individuals view these issues is a function of lifestyle, and an individual’s lifestyle must conform to beliefs in this area. Another goal of addressing this task is the meaning of life. Special emphasis is placed on the importance of finding meaning in life for the client. Adlerians believe that healthy individuals lead meaningful lives in cooperative relationship to other members of the human community (Sommers & Sommers, 2004).

**Summary**

Women are about twice as likely as men to be affected by depression (Mayo Clinic, 2013). But Adler considered depression to be a mistaken way of living, not a disease in the medical sense (Ansbacher & Ansbacher, 1956). Symptoms of depression can be used in a purposeful way and chosen relative to an unconscious goal, but that can be unhealthy. In the classic Adlerian sense; therefore, depression results from underdeveloped feelings of community (Waller et al., 2006) and can be treated by developing stronger feelings of community.
Thus, belonging is the key to healing depression. A major contribution made by Adler was the conclusion that the fundamental motivation of human beings is the need to belong (Ferguson, 2010). When an individual experiences a sense of belonging as an equal and contributing member of the family from early childhood, they later feel a sense of belonging to the wider community. The person actualizes the need to belong with striving to contribute to the community. The goal of contribution is strengthened when the individual feels belonging, and that goal is diminished when the person does not feel belonging (Ansbacher & Ansbacher, 1956).

Social interest is one way to create the necessary sense of belonging. To feel belonging, one needs to feel equality with others and individuals who strive for superiority and those who feel a sense of inferiority will always lack the feeling of equality. Adler's concept of social interest is tied with both the feeling of belonging and the sense of equality with other human beings (Ferguson, 2010).

Depression affects each life task and every area of the IS. It is crucial that one belongs and is connected to Adler’s three significant groups in one's circle of life (Ansbacher & Ansbacher, 1956) also known at the life tasks of family, friends, and work associates. Feeling a sense of belonging to these groups is the primary universal issue of mental health. Individuals with psychological disorders can lessen their psychopathology by learning more effective methods to belong within the life tasks (Somers & Sommers, 2004).

Depression, for some individuals, becomes an excuse to avoid life task responsibilities and for putting the responsibility for one's own feelings and behaviors on others. Individuals may use the symptoms to protect themselves from perceived or actual failure in their social living. Rather than being blatant, conscious manipulations, these symptoms are unconscious and are more typically learned strategies for avoiding inferiority feelings associated with life task
failures (Waller et al., 2006). This is why the IS Model is a relevant and productive framework for working women with depression. The IS model includes each of the life tasks and can be used to improve social interest, thus creating belonging and lessening depression.

Wellness counseling using the IS model has been used as the basis for individual, group and couples counseling. There are four phases when using the IS model: orientation to wellness, assessing wellness, wellness planning, and evaluation and follow-up (Moe et al., 2012). Within the framework of the IS model, interventions are always based on the needs of the client and their own personal desire for change (Myers & Sweeney, 2007). The concepts of holism, life tasks and social interest make up the framework for the IS model, the five factors of wellness theorized and discussed include: the Essential Self, the Coping Self, the Creative Self, the Physical Self and the Social Self. Each of these sections of oneself have many sub-sections: spirituality, self-care behaviors, gender and cultural identity, realistic beliefs, stress management, self-worth, and leisure activities, thinking, emotions, sense of control, humor, and work, exercise and nutrition, family, friendship, and love. Creating health within each of the areas of the IS improves mental health, including but not limited to depression. Other Adlerian concepts such as belonging and the importance of choice are similarly important and an integral parts of this holistic wellness model (Myers & Sweeney, 2004).

Conclusion

Belonging is the key to treating women with depression. It is essential for them to have connection to the world. Humans are social beings and need connections to others. Without those connections and the feeling of belonging, one can become isolated. Isolation can lead to mental health disorders and unhealthy striving. The IS Model can be used to change that unhealthy striving and help one to move towards usefulness. Being useful can slowly lessen
depression and help one to regain significance; therefore, the IS model can build social interest, create belonging, improve usefulness and ultimately lessen depression in women.
References


A HOLISTIC APPROACH TO TREATING DEPRESSION


