

# Building Social Interest: An Adlerian in Private Practice



*Dr. Nicholas Ionedes*

**McAbee:** Having known you for several years, I am aware that your native country is Greece and that your birthplace was the Island of Cyprus. What chain of events led to your being introduced to the concepts of Individual Psychology?

**Ionedes:** I have been an Adlerian psychiatrist for many years. I was very lucky to be treated by an Adlerian psychologist when I was in Greece studying medicine. I came to this country to specialize in psychiatry under his guidance and at the invitation of Dr. Dreikurs.

**McAbee:** Where did you study in the United States?

**Ionedes:** I studied psychiatry at the University of Illinois, but I continued my training in Adlerian Psychology under the direction of Drs. Dreikurs, Shulman, Mosak, and Mrs. Redwin. I believed in Adler and Dreikurs from the beginning, but now I believe more than ever before. I finished my residency in psychiatry and I have been practicing psychiatry with an Adlerian orientation since 1955. I started practicing psychiatry with schizophrenics in a state hospital in Chicago and later worked in a VA hospital in Illinois with schizophrenics and alcoholics. I became the chief of the outpatient division of the hospital.

**McAbee:** What approaches to treatment of alcoholics and schizophrenics did you find when you first began in the VA hospitals? What approaches did you try?

---

**Editor's Note:** This article resulted from an interview with Nicholas Ionedes, M.D., an Adlerian in private practice in Washington, D.C. The interviewer was Hal McAbee, one of *The Individual Psychologist's* consulting editors.

**Ionedes:** I was the only psychiatrist in Chicago State Hospital and the VA hospital to try to do something else besides giving electric shock and tranquilizer drugs. All my patients were in groups, the relatives of my patients were in groups and all my alcoholic patients became members of Alcoholics Anonymous. I didn't stay with an individual approach to psychiatry, and I didn't try to help patients by trying to find out what was wrong with their parents.

**McAbee:** What led you to come to Washington, D.C.?

**Ionedes:** In 1960, when I became a certified psychiatrist, I came to this area to try something new. I became the chief of the legal psychiatric service, something that not many psychiatrists would enjoy. I worked with the criminal population, probation, and parole officers, and the courts. For a psychoanalyst, this would have been very discouraging because they don't believe there is any way out for the criminal population. For me, as an Adlerian, with the help of only two or three other psychologists, who were a little oriented toward Adler, we were able to develop a program that won the Bronze Award from the American Psychiatric Association. No analyst would even dream that a service like this would be selected from among four or five thousand clinics in the United States and Canada for such an award. But fortunately for me, I was an Adlerian, and for an Adlerian there is always hope.

**McAbee:** I understand that you left the government program and established a private practice. How has it gone for the only Adlerian psychiatrist in the city?

**Ionedes:** I have been in private practice since 1963 and I am doing very well, especially because I'm an Adlerian. Washington, D.C. is a very progressive city with many things going on. There are about, I may say, four or five thousand psychiatrists and psychologists in this area. This is not because the people are sicker than in any other city in the country, but because they are very intellectual, very educated, and whenever they have a problem they are not afraid to ask for help.

**McAbee:** What kinds of problems do you commonly encounter in your caseload?

**Ionedes:** My patients belong to the group of the neurotics. I don't have many schizophrenics or people who have many psychosomatic symptoms or individuals who have troubles with the law. I do not currently belong to any mental or psychiatric hospital and I don't use a lot of medication or many tranquilizer drugs. My referrals come from the people who know me, mainly my patients.

**McAbee:** Do most of your patients come for individual treatment? I understand that you use many groups in your practice. Could you explain how you combine individual and group work?

**Ionedes:** They come to me on an individual basis, but usually as couples because they feel at the beginning that they have a marriage problem. My private practice is a combination of individual and group psychotherapy based again on my Adlerian-Dreikurs orientation—I mention Dreikurs because he made a tremendous contribution to the Adlerian movement by talking about the Democratic Evolution of today. My patients are seen individually in the beginning for four to six appointments. This allows me to get some background on the person, his life style, his physical life, his social life and any other information. This individual therapy begins with the patient being seen two or three times a week and gradually goes down to once or twice a week. Later the patient is seen once every two to four weeks. At the same time patients start gradually to combine individual with group psychotherapy and they attend from one to three or four groups each week.

**McAbee:** Dr. Ionedes, I recall that you told me once that you asked your patients to read and study. What do you ask them to study and how does that work into your treatment plan?

**Ionedes:** It is a requirement at the beginning for everyone to join a study group where we study Adler and Dreikurs and other books from the Adlerian literature. We start with Adler's *What Life Should Mean to You*, then we go to Dreikurs' *The Challenge of Marriage*. Next we study *The Art of Loving* by Fromm and the fourth book which is now popular with me and my people is *Beyond Success and Failure* by the Beechers. We continue with other Adlerian books like *Social Equality*, *Children: The Challenge*, or *Maintaining Sanity in the Classroom* by Dreikurs or *Social Interest* by Adler. A variety of other books that are acceptable to Adlerians are also used by the groups. Although the study group may continue after completing the four introductory books listed earlier, these patients are also in a regular group where we discuss individual problems. Currently I have three groups of 8 to 12 patients that meet once a week. I don't see couples together in these groups because the idea is to concentrate on personal, not marital, problems.

**McAbee:** What do you do with the groups after they have discussed the books?

**Ionedes:** As soon as the study group is over and the people understand something about Adler and Dreikurs, as well as something about

themselves, they join another group where we practice psychodrama. The group meets the first and second Wednesdays of every month. I don't practice psychodrama myself, I observe my group during the psychodrama session. I am working with Dr. Ennis who is the chief psychodramatist at St. Elizabeth's Hospital. He is becoming more of an Adlerian than I expected him to be when we first started working together.

**McAbee:** Many therapists are beginning to use psychodrama techniques—what has been your experience with this form of therapy? Do you find it effective and what problems, if any, do you encounter in its use?

**Ionedes:** I have had this psychodrama group for five years now. During the first two years we were not as successful as we are today because we tried to use psychodrama in the original or regular form. We had spontaneity and everyone who had a problem could easily talk about it in the group. There was no direction or control of the group. This kind of group didn't last long because the group got tired of having the same people taking advantage of the spontaneity and the free expression and becoming the center of attention all the time. As a result of this, the shy or passive ones and the people who had problems but didn't want to open their mouths used to stay out of the group and listen to the same problems over and over again. The number of participants went from 25 down to 5 and it was time for me to change the orientation and direction of the group. I arranged for a person to present his/her problem. The persons whom I felt, from what I had observed in individual therapy, would be interesting subjects and stimulate others were asked to "volunteer." As a result of this, the sessions became extremely interesting and we are now back to 30-35 patients. We meet the first two Wednesdays of the month and on the third Wednesday we get together without the psychodramatist to discuss the case. Everyone actively participates and gives interpretations, explanations, and advice to the patient.

**McAbee:** Is it possible for other people to observe psychodrama in action?

**Ionedes:** In this psychodrama group, we don't accept patients from the outside. The people in the group are all my patients. Because they talk about their personal problems, they don't want anyone from the community to participate in this group.

**McAbee:** Do you have other types of group activities in addition to study groups and psychodrama?

**Ionedes:** As I have described, patients are in a study group, then in a regular group, then in a psychodrama group twice a month with an additional time for discussion. There is a group that meets the fourth Wednesday of the month to discuss a movie or a play. For example, one month we met to discuss the five movies that were nominated for the Oscar and about 25 people participated. At this session members of the community are invited as we don't talk about specific problems of individuals in the group. Sometimes we have prominent therapists who have been invited to give demonstrations of their techniques which are followed by discussions. My patients have found this is a beneficial activity.

**McAbee:** One of the most commonly discussed types of patient problems seems to be that of depression. Do you, as an Alderian, have a special approach with clients who are depressed?

**Ionedes:** For some of my depressed patients, I had a very successful dancing group. I hired a good professional dancer and we had modern dancing in my home once a week. For other depressed patients who don't like dancing I have had a bowling group once a week and a Journal Club where everyone was asked to read a book, article, or see a movie, and present it to the group. Often I find an opportunity to organize a party where I invite my patients and members of the community for food and recreation. I have a place close to the ocean and sometimes my patients are asked to come and visit me on Sundays as part of their therapy. We go for bicycle rides or for a walk and then have dinner. I let them know from the beginning that these activities are not free and I don't want them to think that anything I do is useless or I do it just to fill my time, they must know this is part of the program for change.

**McAbee:** It seems to me that you keep your patients busy with many activities. What is the purpose for that?

**Ionedes:** The purpose of my private psychiatric practice is for my patients to learn something about themselves and their life style. But to have them only learn something about themselves is not enough. My idea is to have them use what they know and what they learn about themselves and their culture in their community and to practice what they know. I want them to learn to participate in the community, to be active and to combine their own interests with the interests of others.

**McAbee:** It seems obvious that you attempt to "move" the patient to be active at all the tasks of life which Adler identified.

**Ionedes:** Yes, I know that life is not only work, or recreation. Life is a combination of many things, you have to be well rounded and

combine your interests with the interests of others. You have to enjoy your work with having fun, know how to enjoy your life today, know something about the past but not live with the past—use the past for the present. You have to know that you live to improve yourself for the future, but mainly learn how to enjoy life today. You have to know that you cannot live alone, that isolation does not go with life today, and you have to know that you can do many things, use your intelligence in order to be happy—in the correct way, in the socially acceptable way.

**McAbee:** And these activities, then, encourage them to develop their social interest?

**Ionedes:** Hopefully, yes. As a result of their therapy, my patients learn to combine things in life, organize parties, go to movies and socialize and travel more. The best time of the day for my patients is after the group session when they go out together for coffee or dinner or just for fun. They learn to help each other and in case of an emergency, if I am out of town, they can call a member of the group and know that someone is going to be there to help.

**McAbee:** And that is social interest! Thank you, Dr. Nicholas Ionedes, for sharing your experiences with us.