

# Techniques in the Treatment of the Unmotivated Client

*Nicolas S. Ionedes*

After twenty-five years as an Adlerian psychotherapist, I find that the stigma of treatment for mental illness is still with us. Additionally, those coming to therapy often have great difficulty in accepting responsibility for their problems, laying the blame for their confusion on people or events. Since these clients have little motivation to change themselves, great care must be exercised by therapists in the early stages of therapy or they may find that they lose the client by being confrontive too soon.

The therapist must use creative techniques to motivate these sensitive clients. Adlerians believe that people can change. It is important that the therapist remain flexible when working with the unmotivated client. The following brief examples involving three populations illustrate creative techniques I have used in the treatment process.

## **The Prison Population**

As director of the Legal Psychiatric Service in Washington, D.C., from 1960-1963, I worked with offenders in the prison system. I advised and consulted with judges, lawyers, probation and parole officers throughout the court system. Previous psychoanalytic treatment of the prison population was unsuccessful. The typical offenders believed that nothing was wrong with them, but that the fault was with the community-at-large. This, of course, included therapists.

Rather than trying to work solely with offenders, a different technique was used. A training program was instituted to help parole and probation officers understand the offender. After the specialized training, these officers organized their own offender groups. Employment agents were also taught to

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understand criminal behavior and rehabilitation in order to aid in finding jobs for former offenders. The general public was so educated via more than two hundred lectures.

It is extremely difficult to treat offenders on a one-to-one basis when they view the therapist as the “enemy” representing the community. Because of this fact, group therapy was found to be more helpful than individual therapy. Offenders who were willing to change were trained as co-leaders. They were instrumental in helping other offenders become more trusting and better able to understand their own problems and social responsibilities.

By using training programs and creative techniques, this unmotivated population was helped. The program was awarded the Bronze Award from the American Psychiatric Association for outstanding contributions to community welfare.

### **Foreign-Born Population**

Many of my first clients were Greek-born or European. Cultural differences produced unique problems which called for adjustments in therapeutic technique.

Rarely did a Greek client appear alone for therapy. Friends, relatives, and parish priests often showed up with the prospective client to offer advice. The clients often denied they had emotional problems. They complained of vague physical symptoms, seeking medicine for their “nerves.” The advice from their friends and relatives, by phone and in person, also centered around the necessity for nerve medicine. It appeared that there was a need to satisfy more than just the client.

I believed that prescribing pills would be a mistake. Once the client had pills to take home, everyone would consider the treatment finished. Instead, I gave injections which necessitated that the client show up at my office. The injections were simply sterile water. Having been administered a placebo, the client would then be willing to talk about problems during the ensuing regular fifty-minute session. Depending on the individual case, twenty to thirty placebos would be administered. Everyone became satisfied and relatives were glad to pay for this “miraculous” treatment.

This simple, creative technique — administering a placebo — enables the therapist to involve unmotivated clients. Slowly, they form insights and motivate themselves. Initially, everyone thinks that change occurs because of the

placebo. Even when clients finally understood what is truly happening, they may not openly admit it, protecting themselves from the potential stigma of “mental illness.” They remain content with simply having had a “nervous condition” which they can readily justify to their friends, relatives and to themselves.

### **The Highly Educated Population**

I find that most of my current clients are highly intelligent, sophisticated, and educated. These people do not blame their nerves, nor do they have hypochondriacal complaints. They don't ask for medication or injections and they do not blame the community for their problems. Instead, they seek help for relationship problems, family problems, sexual-marital problems, or problems with their children. They readily seek change, not for themselves, but for others — their partners, spouses, or children.

In the isolation of big city life, it is often the people closest to us with whom we fight and “have problems.” These people are identified as the source of our problems. In order not to alienate these clients, it is imperative to initially accept their own diagnoses. I also request to see the individuals who they claim are the source of their troubles.

It is my fervent belief, and it has worked repeatedly in practice, that treating these people separately is extremely important. Seeing them together leads to obscuring the reality of the individual person's problems. In the beginning of therapy, the client believes they are helping others to change, while I am actually concentrating on the client's problems. At the same time, I combine individual therapy with a variety of group psychotherapies for all my clients. This includes psychodrama, study groups, regular group psychotherapy, dance therapy and whatever else works to help patients grow in understanding and social interest (Lonedes, 1979).

Most of my clients soon accept this approach and learn that they must change before others can change. After this realization, they can then decide if they truly have relationship, sexual-marital, or child problems.

### **Summary**

In each of the above situations, different techniques were used to effectively motivate the client. However, I want to be clear that as an Adlerian, I do not deviate from the philosophy of Adler or Dreikurs, the latter of whom was primarily responsible for my being in this country.

I believe that it is extremely important to gather essential information from all my clients, beginning with a complete history of lifestyle analysis, including early recollections and family constellation, as well as a physical, work, and social-sexual history.

The primary purpose of my use of the various techniques is to help individuals better to understand themselves. The secondary goal is that with understanding, they can change and begin to apply what they know in the community. They see that they have a place in life through the useful contributions they make, learn to combine things in life — work, friendship, family life, and leisure activities — and adjust to the changes brought about by the democratic revolution so well predicted by Dreikurs.

#### References

Ionedes, N. S. Adlerian psychotherapy in practice: The case of Mr. and Mrs. T., *Journal of Individual Psychology*, 1979, 35(1), 70-78.

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*The domestication and subjugation of the mass of the people in most societies is accomplished through the creation of a variety of beliefs (myths) propagated in the schools, in traditions, through mass media, and by many institutions in an effort to maintain that status quo. Such myths, when acted upon as if true, generate the reality.*

— Paulo Friere

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