



INTRODUCTION

Counseling students can begin to acquire a counseling style tailored to their own personality by familiarizing themselves with the major approaches to therapeutic practice. This book surveys 11 approaches to counseling and psychotherapy, presenting the basic concepts of each approach and discussing features such as the therapeutic process (including goals), the client–therapist relationship, and specific procedures used in the practice of counseling. This information will help you develop a balanced view of the major ideas of various therapists and the practical techniques they employ. I encourage you to keep an open mind and to seriously consider both the unique contributions and the particular limitations of each therapeutic system presented in Part 2.

You will not gain the knowledge and experience needed to synthesize various approaches merely by completing an introductory course in counseling theory. This process will take many years of study, training, and practical counseling experience. Nevertheless, I recommend a personal synthesis as a framework for the professional education of counselors. The danger in presenting one model to which all students are expected to subscribe is that it could limit their effectiveness in working with future clients. Valuable dimensions of human behavior can be overlooked if counselors are restricted to a single theory.

An undisciplined eclectic approach, however, can be an excuse for failing to develop a sound rationale for systematically adhering to certain concepts and to the techniques that are extensions of them. It is easy to pick and choose fragments from the various therapies that merely support one's biases and preconceptions. By studying the models presented here, you will learn how to integrate concepts and techniques from different approaches when defining your own personal synthesis and framework for counseling.

Each therapeutic approach has useful dimensions. It is not a matter of a theory being "right" or "wrong," for every theory offers a unique contribution to understanding human behavior and has unique implications for counseling practice. Accepting the validity of one model does not necessarily imply rejecting seemingly divergent models. There is a clear place for theoretical pluralism, especially in a society that is becoming increasingly diverse.



WHERE I STAND

My own philosophical orientation is strongly influenced by the existential approach. Because this approach does not prescribe a set of techniques and procedures, I draw techniques from the other models of therapy. I particularly like to use role-playing techniques. When people can reenact scenes from their lives, they often become far more involved than when they merely report anecdotes about themselves. In addition, many techniques I use are derived from cognitive behavior therapy.

I respect the psychoanalytic emphasis on early psychosexual and psychosocial development: One's past plays a crucial role in shaping one's current personality and behavior. Although I challenge the deterministic notion that humans are the product of their early conditioning and, thus, are victims of their past, an exploration of the past is essential, particularly to the degree that the past continues to influence present-day emotional or behavioral difficulties.

I value the cognitive behavioral focus on how our thinking affects the way we feel and behave. These therapies also give weight to current behavior. Although thinking and feeling are important dimensions, it can be a mistake to overemphasize them and not explore how clients are behaving. What people are doing often gives us a good clue to what they really want. I also value the emphasis on specific goals and on encouraging clients to formulate concrete aims for their own therapy sessions and in life. "Contracts" developed by clients are extremely useful, and I frequently either suggest specific "homework assignments" or ask my clients to devise their own.

More approaches have been developing methods that involve collaboration between therapist and client, making the therapeutic venture a shared responsibility. This collaborative relationship, coupled with teaching clients ways to use what they learn in therapy in their everyday lives, empowers clients to go into the world and take an active stance. Although I accept the value of increasing clients' insight and awareness, I consider it essential that they put into practice what they are learning in therapy.

A related assumption of mine is that clients can exercise increasing freedom to choose their future. Although we are surely influenced by our social environment and much of our behavior is a product of learning and conditioning, an increased awareness of these forces enables us to transcend them. Most of the contemporary models of counseling and therapy assume that clients are able to accept personal responsibility and that their failure to do so has largely resulted in their present emotional and behavioral difficulties.

This focus on acceptance of personal responsibility does not imply that we can be anything that we want. We need to recognize that social, environmental, cultural, and biological realities limit our freedom of choice. It is crucial to learn how to cope with the external and internal forces that limit our decisions and behavior. Feminist therapy has contributed an awareness of how external conditions contribute to the problems of women and men and how gender-role socialization leads to a lack of gender equality. Family therapy teaches us that it is not possible to understand the individual apart from the context of the system. Both family therapy and feminist therapy are based on the premise that to understand the individual it is essential to take into consideration the interpersonal dimensions and the sociocultural context, rather than focusing primarily on the intrapsychic domain. Thus, a comprehensive approach to counseling goes beyond focusing on our internal dynamics by addressing those environmental realities that influence us. Those therapies that focus exclusively on intrapsychic dimensions have limited utility in working with culturally diverse populations.

My philosophy of counseling does not include the assumption that therapy is exclusively for the “sick” and is aimed at “curing” psychological “ailments.” Such a focus on psychopathology severely restricts therapeutic practice, mainly because it stresses deficits rather than strengths. Instead, I agree with the postmodern approaches (see Chapter 13), which are grounded on the assumption that clients have both internal and external resources to draw upon when constructing solutions to their problems. Indeed, therapists will view clients quite differently if they acknowledge that clients have competencies rather than viewing them as being passively labeled in pathological ways.

Psychotherapy is a process of engagement between two persons, both of whom are bound to change through the therapeutic venture. At its best, this is a collaborative process that involves both the therapist and the client in co-constructing solutions to concerns. Perhaps one of the most significant characteristics of an effective therapist is the quality of *presence*, which is discussed in some detail in Chapters 6, 7, and 8.

Therapists are not in business to change clients, to give them quick advice, or to solve their problems for them. Therapists are able to facilitate healing through a process of genuine dialogue with their clients. The kind of person a therapist is remains the most critical factor affecting the client and promoting change. If practitioners possess wide knowledge, both theoretical and practical, yet lack human qualities of compassion, caring, good faith, honesty, realness, and sensitivity, they are merely technicians. In my judgment those who function exclusively as technicians do not make a significant difference in the lives of their clients. It seems essential to me that counselors explore their own values, attitudes, and beliefs in depth and that they work to increase their own awareness. Throughout the book I encourage you to find ways to personally relate to each of the therapies. By applying this material to yourself personally, you can go beyond a merely academic understanding.

Therapists must be willing to remain open to their own growth and to struggle in their lives if their clients are to believe in them and the therapeutic process. Why should clients seek therapists who are “finished products” and who do not do in their own lives what they expect clients to do in theirs? In short, practitioners teach clients by the behavior they model.

With respect to mastering the techniques of counseling and applying them appropriately and effectively, it is my belief that you are your own very best technique. Your reactions to your clients, including sharing how you are affected in the relationship with them, can be the most useful catalyst in the therapeutic process. It is impossible to separate the techniques you use from your personality and the relationship you have with your clients.

Administering techniques to clients without regard for the relationship variables is ineffective. Techniques cannot substitute for the hard work it takes to develop a constructive client–therapist relationship. Although counselors can learn attitudes and skills and acquire certain knowledge about personality dynamics and the therapeutic process, much of effective therapy is the product of artistry. Counseling entails far more than becoming a skilled technician.

It implies that you are able to establish and maintain a good working relationship with your clients, that you can draw on your own experiences and reactions, and that you can identify techniques suited to the needs of your clients.

I encourage students and those with whom I consult to experience a wide variety of techniques themselves *as clients*. Reading about a technique in a book is one thing; actually experiencing it from the vantage point of a client is quite another. If you have practiced relaxation exercises, for example, you will have a much better feel for how to administer them and will know more about what to look for as you work with clients. If you have carried out real-life homework assignments as part of your own self-change program, you will have a lot more empathy for your clients and their potential problems. Your own anxiety over self-disclosing and confronting personal concerns can be a most useful anchoring point as you work with the anxieties of your clients. The courage you display in your therapy will help you appreciate how essential courage is for your clients.

The human qualities of a therapist are of primary importance, but it is not sufficient to be merely a good person with good intentions. To be effective, a therapist also must have supervised experiences in counseling and sound knowledge of counseling theory and techniques. Further, it is essential to be well grounded in the various *theories of personality* and to learn how they are related to *theories of counseling*. Your conception of the person affects the interventions you make. Another factor, of course, is the individual characteristics of the client. Some practitioners make the mistake of relying on one type of intervention (supportive, confrontational, information giving) for most clients with whom they work. In reality, different clients may respond better to one type of intervention than to another. Even during the course of an individual's therapy, he or she may need different interventions at different times. Practitioners should acquire a broad base of counseling techniques that are suitable for individual clients rather than forcing clients to fit one specialized form of intervention.



SUGGESTIONS FOR USING THE BOOK

Here are some specific recommendations on how to get the fullest value from this book. The personal tone of the book invites you to relate what you are reading to your own experiences. As you read Chapter 2, "The Counselor: Person and Professional," begin the process of reflecting on your needs, motivations, values, and life experiences. Consider how you are likely to bring the person you are becoming into your professional work. You will assimilate much more knowledge about the various therapies if you make a conscious attempt to apply their key concepts and techniques to your own personal growth. Chapter 2 can also help you think about how to use yourself as your single most important therapeutic instrument, and it addresses a number of significant professional issues in counseling practice.

Before you study each therapy in depth in Part 2, I suggest that you at least skim Chapter 15, which provides a comprehensive review of the key concepts from all 11 theories presented in this textbook. I attempt to show how an integration of these perspectives can form the basis for creating your own personal synthesis to counseling. In developing an integrative perspective, it is essential to think holistically. To understand human functioning, it is imperative to account for the physical, emotional, mental, social, cultural, political, and spiritual dimensions. If any of these facets of human experience is neglected, a theory is limited in explaining how we think, feel, and act.

To provide you with a consistent framework for comparing and contrasting the various therapies, the 11 theory chapters share a common format. This format includes a few notes on the personal history of the founder or another key figure; a brief historical sketch showing how and why each theory developed at the time it did; a discussion of the approach's key concepts; an overview of the therapeutic process, including the therapist's role and client's work; therapeutic techniques and procedures; application of the theory to the case of Stan; applications of the theory from a multicultural perspective; a summary and evaluation; suggestions of how to continue your learning about each approach; and suggestions for further reading.

Refer to the Preface for a complete description of other resources that fit as a package and complement this textbook, including *Student Manual for Theory and Practice of Counseling and Psychotherapy*, *Case Approach to Counseling and Psychotherapy*, and the CD-ROM for *Integrative Counseling*.



OVERVIEW OF THE THEORY CHAPTERS

I have selected 11 therapeutic approaches for this book. Table 1-1 presents an overview of these approaches, which are explored in depth in Chapters 4 through 14. I have grouped these approaches into four general categories.

First are the *analytic approaches*. *Psychoanalytic therapy* is based largely on insight, unconscious motivation, and reconstruction of the personality. The reason for including the psychoanalytic model (and placing it first) is its major influence on all of the other formal systems of psychotherapy. Some of the therapeutic models are basically extensions of psychoanalysis, others are modifications of analytic concepts and procedures, and still others are positions that emerged as a reaction against psychoanalysis. Many theories of counseling and psychotherapy have borrowed and integrated principles and techniques from psychoanalytic approaches.

Adlerian therapy differs from psychoanalytic theory in many respects, but it can broadly be considered an analytic perspective. Adlerians focus on meaning, goals, purposeful behavior, conscious action, belonging, and social interest. Although Adlerian theory accounts for present behavior by studying childhood experiences, it does not focus on unconscious dynamics.

TABLE 1-1 Overview of Contemporary Counseling Models

<i>Psychoanalytic therapy</i>	Key figure: Sigmund Freud. A theory of personality development, a philosophy of human nature, and a method of psychotherapy that focuses on unconscious factors that motivate behavior. Attention is given to the events of the first 6 years of life as determinants of the later development of personality.
<i>Adlerian therapy</i>	Key figure: Alfred Adler. Following Adler, Rudolf Dreikurs is credited with popularizing this approach in the United States. This is a growth model that stresses taking responsibility, creating one's own destiny, and finding meaning and goals to give life direction. Key concepts are used in most other current therapies.
<i>Existential therapy</i>	Key figures: Viktor Frankl, Rollo May, and Irvin Yalom. Reacting against the tendency to view therapy as a system of well-defined techniques, this model stresses building therapy on the basic conditions of human existence, such as choice, the freedom and responsibility to shape one's life, and self-determination. It focuses on the quality of the person-to-person therapeutic relationship.
<i>Person-centered therapy</i>	Founder: Carl Rogers. This approach was developed during the 1940s as a nondirective reaction against psychoanalysis. Based on a subjective view of human experiencing, it places faith in and gives responsibility to the client in dealing with problems.
<i>Gestalt therapy</i>	Founders: Fritz and Laura Perls. An experiential therapy stressing awareness and integration, it grew as a reaction against analytic therapy. It integrates the functioning of body and mind.
<i>Behavior therapy</i>	Key figures: B. F. Skinner, Arnold Lazarus, and Albert Bandura. This approach applies the principles of learning to the resolution of specific behavioral disorders. Results are subject to continual experimentation. This technique is always in the process of refinement.
<i>Cognitive behavior therapy</i>	Key figures: Albert Ellis founded rational emotive behavior therapy, a highly didactic, cognitive, action-oriented model of therapy that stresses the role of thinking and belief systems as the root of personal problems. A. T. Beck founded cognitive therapy.
<i>Reality therapy</i>	Founder: William Glasser. This short-term approach focuses on the present and stresses a person's strengths. Clients learn more realistic behavior and thus achieve success.
<i>Feminist therapy</i>	This approach grew out of the efforts of many women. A central concept is the concern for the psychological oppression of women. Focusing on the constraints imposed by the sociopolitical status to which women have been relegated, this approach explores women's identity development, self-concept, goals and aspirations, and emotional well-being.

TABLE 1-1 Overview of Contemporary Counseling Models (continued)

<i>Postmodern approaches</i>	A number of key figures are associated with the development of these various approaches to therapy. Social constructionism, solution-focused brief therapy, and narrative therapy all assume that there is no single truth; rather, it is believed that reality is socially constructed through human interaction. These approaches maintain that the client is an expert in his or her own life.
<i>Family systems therapy</i>	A number of significant figures have been pioneers of the family systems approach. This systemic approach is based on the assumption that the key to changing the individual is understanding and working with the family.

The second category comprises the *experiential and relationship-oriented therapies*: the existential approach, the person-centered approach, and Gestalt therapy. The *existential approach* stresses a concern for what it means to be fully human. It suggests certain themes that are part of the human condition, such as freedom and responsibility, anxiety, guilt, awareness of being finite, creating meaning in the world, and shaping one's future by making active choices. This approach is not a unified school of therapy with a clear theory and a systematic set of techniques. Rather, it is a philosophy of counseling that stresses the divergent methods of understanding the subjective world of the person. The *person-centered approach*, which is rooted in a humanistic philosophy, places emphasis on the basic attitudes of the therapist. It maintains that the quality of the client-therapist relationship is the prime determinant of the outcomes of the therapeutic process. Philosophically, this approach assumes that clients have the capacity for self-direction without active intervention and direction on the therapist's part. It is in the context of a living and authentic relationship with the therapist that this growth force within the client is released. The final experiential approach is *Gestalt therapy*, which offers a range of experiments to help clients focus on what they are experiencing now.

Third are the *action therapies*, which include reality therapy, behavior therapy, rational emotive behavior therapy, and cognitive therapy. *Reality therapy* focuses on clients' current behavior and stresses developing clear plans for new behaviors. Like reality therapy, *behavior therapy* puts a premium on doing and on taking steps to make concrete changes. A current trend in behavior therapy is toward paying increased attention to cognitive factors as an important determinant of behavior. *Rational emotive behavior therapy* and *cognitive therapy* highlight the necessity of learning how to challenge dysfunctional beliefs and automatic thoughts that lead to behavioral problems. These cognitive behavioral approaches are used to help people undermine their faulty and self-defeating assumptions and to develop new patterns of acting.

The fourth general approach is the *systems perspective*, of which feminist therapy and family therapy are a part. The systems orientation stresses the

importance of understanding individuals in the context of the surroundings that influence their development. To bring about individual change, it is essential to pay attention to how the individual's personality has been affected by his or her gender-role socialization, culture, family, and other systems.

Fifth are the *postmodern approaches*: social constructionism, solution-focused brief therapy, and narrative therapy. These newer approaches challenge the basic assumptions of most of the traditional approaches described here.

In my view, practitioners need to pay attention to what their clients are *thinking, feeling, and doing*. Thus, a complete therapy system must address all three of these facets. Some of the therapies included here highlight the role that cognitive factors play in counseling. Others place emphasis on the experiential aspects of counseling and the role of feelings. Still others emphasize putting plans into action and learning by doing. Combining all of these dimensions provides the basis for a powerful and comprehensive therapy. If any of these dimensions is excluded, the therapy approach is incomplete.



INTRODUCTION TO THE CASE OF STAN

I am convinced that you will learn a lot by seeing a theory in action, preferably in a live demonstration or as part of experiential activities in which you function in the alternating roles of client and counselor. Many of my students find the case history of the hypothetical client, Stan, helpful in understanding how various techniques are applied to the same person. Stan's case, which describes his life and struggles, is presented here to give you significant background material to draw from as you study the applications of the theories. Each of the 11 theory chapters in Part 2 includes a discussion of how a therapist with the orientation under discussion is likely to proceed with Stan. We will examine the answers to questions such as these:

- What themes in Stan's life merit special attention in therapy?
- What concepts explain the nature of his problems?
- What are the general goals of his therapy?
- What possible techniques and methods would best meet these goals?
- What are some characteristics of the relationship between Stan and his therapist?
- How might the therapist proceed?
- How might the therapist evaluate the process and outcomes of therapy?

In Chapter 16 (which I recommend you read early) I present how I would work with Stan, suggesting concepts and techniques that I would draw on from many of the models (forming an integrative approach).

A single case can illustrate both contrasts and parallels among the approaches. It will also help you understand the practical applications of the 11 models and will provide some basis for integrating them. A summary of the intake interview with Stan, his autobiography, and some key themes in his life

are presented here to provide context for making sense of the way therapists with various theoretical orientations might approach working with Stan. Try to sharpen your focus on certain attributes of each approach that can be incorporated into a personalized style of counseling.

Intake Interview and Stan's Autobiography

The setting is a community mental health agency where both individual and group counseling by qualified staff are available. Stan is coming to counseling because he got into trouble because of drinking. He was convicted of driving under the influence of alcohol, and the judge determined that he needed professional help. Because of a course that promoted introspection and self-awareness, Stan recognizes that he does have problems, although he is not convinced that he is addicted to alcohol. Stan arrives for an intake interview and provides the counselor with this information:

At the present time I'm working in construction. I like building houses, but I'm pretty sure I don't want to stay in construction for the rest of my life. When it comes to my personal life, I've always had a rough time getting along with people. I suppose you could call me a "loner." I like having people in my life, but I just don't seem to know how to go about making friends or getting close to people. Probably the reason I sometimes drink a bit too much is because I'm so scared when it comes to mixing with people. Even though I hate to admit it, when I've been drinking, things don't seem quite so overwhelming. When I look at others, they seem to know the right things to say. Next to them I feel so dumb. I'm afraid that people will be bored with me and that, if they really knew me, they wouldn't want anything to do with me. Sure, I'd like to turn my life around, and I'm trying, but sometimes I just don't know where to begin. That's why I went back to school. Besides my work in construction, I'm also a part-time college student majoring in psychology. I want to better myself. In one of my classes, Psychology of Personal Adjustment, we talked about ourselves and how we wanted to change, and we also had to write an autobiographical paper. Should I bring it in?

That is the essence of Stan's introduction. The counselor says that she very much wants to read his autobiography. Stan hopes it will give her a better understanding of where he has been, where he is now, where he would like to go, and what he wants for himself. Stan brings his autobiography in, and it reads as follows:

Where I am currently in my life? At 25 I feel that I've wasted most of my life. By now I should be finished with college and into a good job, but instead I'm only a junior. I can't afford to really commit myself to pursuing college full time because I need to work to support

myself. Even though construction work is hard, I like the satisfaction I get when I look at what I helped build.

Although I'd like to build things as a hobby, I want to get into some profession where I could work with people, if I can ever get over my fears of what people think of me. Someday, I'm hoping to get a master's degree in counseling or in social work and eventually work as a counselor with kids who are in trouble. I feel I was helped by someone who cared about me, and I would like to have a similar influence on young people.

At this time I live alone, have very few friends, and feel scared with people my own age or older. I feel good when I'm with kids, because they're so honest. But I worry a lot whether I'm smart enough to get through all the studies I'll need to do before I can become a counselor.

One of my problems is that I drink heavily and frequently get drunk. This happens mostly when I feel alone and when I'm scared that I'll always feel as lonely and isolated as I do now. At first drinking makes me feel better, but later on I really feel rotten. I used to do drugs heavily, and once in a while I still use drugs.

People really scare me, and I feel overwhelmed when I'm around strong and attractive women. I feel all cold, sweaty, and terribly nervous when I'm with a woman. Maybe I think they're judging me, and I know they'll find out that I'm not much of a man. I'm afraid I won't measure up to being a *man*—always having to be strong, tough, and perfect. I'm not any of those, so I often wonder if I'm adequate as a man. I really have trouble seeing myself as sexually adequate. When I do have sex, I get uptight and worry that I won't be able to perform, and then I really feel terrible.

I feel anxiety much of the time, particularly at night. Sometimes I get so scared that I feel like running, but I just can't move. It's awful, because I often feel as if I'm dying at times like this. Then I fantasize about committing suicide, and I wonder who would care. Sometimes I see my family coming to my funeral feeling very sorry that they didn't treat me better. I even made a weak attempt to do myself in a couple of years ago. Much of the time I feel guilty that I haven't worked up to my potential, that I've been a failure, that I've wasted much of my time, and that I let people down a lot. I can really get down on myself and wallow in my guilt, and I feel *very depressed*. At times like this I think about how rotten I am, how I'll never be able to change, and how I'd be better off dead. Then I wouldn't have to hurt anymore, and I wouldn't want anything either. It's very difficult for me to get close to anyone. I can't say that I've ever loved a person, and I know that I've never felt fully loved or wanted.

Everything is not bleak. I did have enough guts to leave a lot of my shady past behind me, and I did get into college. I like my

determination—I *want* to change. I'm tired of feeling like a loser, and I know that nobody is going to change my life for me. It's up to me to get what I want. Even though I feel scared a lot, I like it that I can *feel* my feelings and that I'm willing to take risks. I hate being a quitter.

What was my past like? What are some significant events and turning points in my life? A major turning point was the confidence my supervisor had in me at the youth camp where I worked the past few summers. He helped me get my job, and he also encouraged me to go to college. He said he saw a lot of potential in me for being able to work well with young people. That was hard for me to really believe, but his faith inspired me to begin to believe in myself. Another turning point was my marriage and divorce. This "relationship" didn't last long before my wife left me. Wow, that really made me wonder about what kind of man I was! She was a strong and dominant woman who was always telling me how worthless I was and how she couldn't stand to get near me. We met in a gambling casino in Las Vegas, and we tied the knot shortly after that. We had sex only a few times, and most of the time I was impotent. That was hard to take—a real downer! I'm so afraid to get close to a woman. I'm afraid she'll control me. My parents never got a divorce, but I wish they had. They fought most of the time. I should say, my mother did most of the fighting. She was dominant and continually bitching at my father, whom I always saw as weak, passive, and mousy next to her. He would *never* stand up to her. There were four of us kids at home. My folks always compared me unfavorably with my older sister (Judy) and older brother (Frank). They were "perfect" children, successful honor students. My younger brother (Karl) and I fought a lot, and he was the one who was spoiled rotten by them. I really don't know what happened to me and how I turned out to be the failure of the bunch.

In high school I got involved with the wrong crowd and took a lot of drugs. I was thrown into a youth rehabilitation facility for stealing. Later I was expelled from regular school for fighting, and I landed in a continuation high school, where I would go to school in the mornings and have afternoons for on-the-job training. I got into auto mechanics and was fairly successful and even managed to keep myself employed for 3 years as a mechanic.

Back to my parents. I remember my father telling me: "You're really dumb. Why can't you be like your sister and brother? You'll never amount to anything! Why can't you ever do anything right?" And my mother treated me much the way she treated my father. She would say: "Why do you do so many things to hurt me? Why can't you grow up and be a man? You were a mistake. I wish I hadn't had you! Things are so much better around here when you're gone." I recall crying myself to sleep many nights, feeling so terribly alone

and filled with anger and hate. And feeling so disgusted with myself. There was no talk of religion in my house, nor was there any talk about sex. In fact, I always find it hard to imagine my folks ever having sex.

Where would I like to be 5 years from now? What kind of person do I want to become, and what changes do I most want in my life? Most of all, I would just like to start feeling better about myself. I would really like to be able to stop drinking altogether and still feel good. I have an inferiority complex, and I know how to put myself down. I want to like myself much more than I do now. I hope I can learn to love at least a few other people, most of all, women. I want to lose my fear that women can destroy me. I would like to feel equal with others and not always have to feel apologetic for my existence. I don't want to suffer from this anxiety and guilt. And I hope that I can begin to think of myself as a good person. I really want to become a good counselor with kids, and to do this I know I'm going to have to change. I'm not certain how I'll change or even what all the changes are I hope for. I do know that I want to get free of my self-destructive tendencies and learn to trust people more. Maybe when I begin to like myself more, I'll be able to trust that others might find something about me that is worth liking.

Effective therapists, regardless of their theoretical orientation, would pay attention to suicidal ideation. In his autobiography Stan says, "I fantasize about committing suicide, and I wonder who would care." At times he also doubts that he will ever change and wonders if he'd be better off dead. Before embarking on the therapeutic journey, the therapist would certainly make an assessment of Stan's current ego strength, which would include a discussion of his suicidal thoughts and feelings.

Overview of Some Key Themes in Stan's Life

A number of themes appear to represent core struggles in Stan's life. Here are some of the statements we can assume that he may make at various points in his therapy and themes that will be addressed from the theoretical perspectives in Chapters 4 through 14:

- Although I'd like to have people in my life, I just don't seem to know how to go about making friends or getting close to people.
- When I'm with other people, I'm afraid of looking stupid.
- I'd like to turn my life around, but I don't know where to start.
- I'd like to find a career working with people so that I can make a difference in their lives.
- I worry about whether I'm smart enough to complete my studies and do what's needed to become a counselor.

- I know when I feel alone, scared, and overwhelmed, I drink heavily to feel better.
- When I'm around a woman, I feel nervous. I'm sure she's judging me and will think I'm not a real man.
- I'm so afraid of getting close to a woman. If I were to get close, my fear is that she would overwhelm me.
- My divorce made me wonder what kind of man I am.
- Sometimes at night I feel a terrible anxiety and feel as if I'm dying.
- There have been times when I've fantasized committing suicide, and I wondered who would care.
- I often feel guilty that I've wasted my life, that I've failed, and that I've let people down. At times like this, I get really depressed.
- I like it that I have determination and that I really want to change. I hate being a quitter.
- I remember hearing from my parents that I couldn't do much of anything right.
- My parents compared me unfavorably with my older sister and brother. I've never felt that I could measure up!
- I've never really felt loved or wanted by my parents.
- I'd like to feel equal with others and not always have to feel apologetic for my existence.
- I'd like to get rid of my self-destructive tendencies and learn to trust people more.
- Although I put myself down a lot, I'd like to feel better about myself.

In Chapters 4 through 14, you can assume that a practitioner representing each of the theories has read Stan's case and is familiar with key themes in his life. Each therapist will illustrate the concepts and techniques of the particular approach as it applies to working with Stan. In addition, in these chapters you are asked to think about how you would continue counseling him from the different perspectives. In doing so, you may find it useful to refer to the introductory material given here and to Stan's autobiography as well.