Abstract

This article reviews the importance of personality theory in the foundation and development of therapy in mental health system. It also encapsulates the possible role eclectic-integrative approach plays in promoting effective and efficient mental health treatment methods. Human personality systematizes the manner in which behavior is formed, how it develops, and how it influences an individual’s characteristics in a given situation. Through the theory of human personality, researchers seek to describe, explain, predict, and control the facts about human behavior and their influences upon effective cognitive and social function and adaptation. From the earliest time to the most recent formalized psychotherapeutic methods, the theory of personality has played a significant role in their scientific development. Theories such as conditioning, motivation, stimuli-reaction, autonomy, cognition, self-actualization, violent, aggression, and mental well being, are factors on which psychological treatment methods were formulated. These theories are based on the principles of scientific inquiry, but because of diversity in concept and different styles in treatment procedures that have been brought about by many schools and systems of psychology with their applications to treatment modalities have given rise to many types of therapies. Today there are hundreds of different psychotherapeutic models, but only one treatment goal. To determine the manner in which this change affects treatment plans in clinical psychology is the goal of this paper and the following questions will be addressed: a discuss basic principles of personality theories and state two case scenarios where the following therapeutic techniques can be used: Psychotherapy, Rational Emotive Therapy, Reality Therapy, Existential/Humanistic Therapy, Structural/Systemic Therapy, and

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1 Cyriacus C. Ajaelu, PhD, CHES, MS, MFTh is a Catholic priest, clinical neuropsychologist with specialization in Behavioral Medicine, a public health researcher and trainer, executive clinical director with Mental Health Initiative for Africans in Crisis (MHI International) and the founder of Medical and Behavioral Health Initiative (MHINigeria).
Cognitive-behavioral Therapy; b) What is the merit and demerit of the eclectic method in psychotherapy?

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**Key Words:** Cultural Issues, Personality Theories, Psychoanalytic therapy perspective (PT), Rational Emotive Behavior Therapy (REBT), Reality Therapy Perspective, Existential/Humanistic Therapy, Perspective, Structural/Systemic Therapy Perspective, Sexual Behavior, Eclectic Methods.

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**Introduction**

**Personality Theories in the Development Of Mental Health Procedure**

Although the term “personality” is widely used in psychiatry and psychology disciplines, surprisingly little attention has been paid to its clear definition and meaning. This attitude, however, is quite different in the field of clinical psychology. It can be recalled that as early as 1937, Allport (1937/1961) came up with more than 50 definitions and means of personality, thereby becoming the first psychologist to vest a lot time in the study of human personality. Since then, the field of psychology has been invaded by many different definitions of personality. Initially, such proliferation was a stumbling block to qualitative research and understanding of the relationship between normal and abnormal personality. Meanwhile, many researchers have concentrated on the essential elements of human personality, and to understand those elements responsible for personality disorders or other dysfunctions and delinquencies associated with human cognitive and mental behaviors (Mandell, 1995; Williams, Michie, & Pattani, 1998).

What psychology studies, however, is not human abnormality, but the totality of human behavior. But pathologically, the field of clinical psychology and psychiatry studies human personality in the realm of disorder or disease inhibits normal mental and social function of the individual person. First, the term “personality” refers to aggregate of regularities or inconsistencies in behavior and forms of experience of humans and other living organisms (Weinberg & Creed, 2000; Williams, Michie, & Pattani, 1998). Strictly speaking, the scientific study of human pathological personality does not necessarily pertain to occasional or arbitrary swings in mood and behaviors, but, rather, concerns itself to “abnormal” behaviors that recur across situations and occasions. This type of study takes into account the inconsistency in
thought process, thinking, perceiving, and feeling of the individual within a prolonged length of time (Weinberg & Creed, 2000).

Based on these concepts of personality, personality theorists attempt to conceptualize theories that best interpret human nature and why mental disorders occur. The important task in this attempt, however, “is to understand how and why integrative process fail and to develop methods to help individuals to construct a more coherent and authentic sense of self and the world that gives stability to their behavior and experience and more control over their live” (Stansfeld, Fuhrer, Head, Shipley et al, 1999). Therefore, personality can be studied from two perspectives. Objectively, it is studied as an observable characteristic of individual behavior composed of interpersonal relationships, and subjectively, as an existence or reality outside the realm of observation and an entity capable of eluding the awareness of both the observer and the observed (Stansfeld, Fuhrer, Head, et al, 1997; Paterniti, Niedhammer & Lang et al, 2002). Human personality studied from these two perspectives is defined as a character, quality, or trait within the individual manifested in a corporate or unique entity (Stansfeld, 2002; Parkes, Mendham & Von Rabenau, 1994). Thus, all humans are characterized by one common personality trait, but each individual is uniquely endowed with different ways of expressing behavior regardless of any common genetic and biological composition (Niedhammer, Goldberg & Leclerc et al, 1998). It might as well be confirmed that no two persons are the same, since personality can be extensively influenced by internalized (indoctrination) and externalized (environment) factors. In order to understand what motivates behavior, or why people differ extensively notwithstanding family, genetic, and historic qualities. Mausner-Dorsch & Eaton, (2000), Minoand colleague (1999), Parkes, Mendham & Von Rabenau (1994), and Stansfeld (2002) believe that investigation into the structure, development, further application, and evaluation of personality is essential. Obviously, it is very difficult to fully understand a person’s action by a mere glance.

In his play MacBeth, William Shakespeare, by effectively stating that the human mind is not easily interpreted by an individual’s behavior, alluded to the coverture of human behavior, and the danger it may create if left unchecked. As a science, psychology is not interested in underscoring the content of the mind. Instead inductive and deductive methods are used to explore an individual’s motivation or propensity to a particular behavior. Therefore, psychology, unlike the psychic network, is not interested in forecasting the content of the mind or the future. On the contrary, it studies the mechanism of human mental processes through tests, observational, and correlational studies of the individual’s physical, cognitive, and external environmental conditions in order to arrive at a prognosis or diagnosis (Mandell, 1995; Luchins, 1989). Among persons of the same parents, it is common to notice that one may conform to the rules; maintain good relationships, be altruistic and sociable, while the other excels in
rebelliousness, antisocial behaviors, selfishness, and laziness (Luchins, 1989; Kitchener & Jorm, 2002). In psychology, these discrepancies are studied as human temperaments (Livesley, 2001) and in personality theories researchers try to conceptualize how temperaments can affect personality and subsequently affect the total wellbeing of the individual. Some researchers advocate for professional orientation to a single therapeutic model; others believe that if psychotherapy is to be effective, practitioners and clinical psychology students must be eclectic and integrate all treatment models. The compendium of psychotherapy treatment manuals that started in 1960 definitely calls for psychologists to be eclectic in their treatment plans. It is known today that many clinicians combine treatment models in their treatment plans.

Cultural Issues in Personality Theories

As effort to “globalization” behavior science becomes necessary, many eminent psychiatrist and psychologist (Koyanagi & Goldman, 1991; Kohn & Schooler, 1982) have questioned and challenged the paradigm on which many the theories of personality are structure (Keyes, 2002). Since culture plays vital roles in shaping individual’s personality, then the characteristics of a people should find expression in the frequency as well as the shaping of the manifestations of mental illness in general (Ferrie, Shipley, Marmot et al, 1995; also see DSM-IV). A perfect example of this statement is the inclusion of the section on culturebound disorders in the DSM-IV (1994). It is imperative, however, that the present mental health theory and practice are disproportionately influenced by Western culture and worldview, while is only one million out of the world population of six and half million (Karasek & Theorell, 1990). Therefore, in order to have a “universal” treatment model for mental disorders and psychological problems, theories on which diagnosis, assessment, and treatment models derived must take into account cultural and economical factors of more than five million people marginalized by the Western ideology and paradigm (Kawakami, Haratani, & Araki,1992; Estryn-Behar, Kaminski, Peigne et al, 1990).

Function of the Theories of Personality

A theory is a tentative principle set forth to explain certain observable phenomena, and how they are related (Koyanagi & Goldman, 1991). As speculative and expendable phenomenon, theories are useful for scientific investigation because they are capable of generating a testable hypothesis. No theory can accurately predict situations if the operating principles are not factual or tangible. Even a best theory needs empirical supportive evidence to make it scientific and reliable (Luchins, 1989). In order to provide a reliable scientific explanation for the cause of a mental disorder, its assessment, and treatment procedures, the principles on which personality theories are based must be tested and re-tested (Mandell, 1995). Ideologically, the four principles of personality theory highlight the theory’s potentials to accurately and effectively describe
(structure), explain (development), predict (further application), and control (evaluation) factors related to human nature or traits (Marmot, Theorell & Siegrist, 2002; Zibrowitz, et al., 1998). These four principles can be conceptualized as follows: First, the structure of personality facilitates the description of the biophysiological and emotional compositions of human nature and their comparison with other theories. The second defines and explains the stages of growth and their impact on behavior. The third, further application, predicts the effects of human personality on livelihood, and the fourth principle involves the ability to avoid educated guesses or over exaggeration of the usefulness of their predictions.

Once a personality theory satisfies these criteria, researchers become more convinced of their account of the properties of human nature, and are able to establish substantial data that is attractive to other researchers (Mausner-Dorsch & Eaton, 2000). Such incentives will not only popularize the science of psychology but will also aid researchers in answering and explaining some significant issues raised by critics about the difficulty in studying human personality as a science. Issues like the empirical standard of human behavioral differences, the scientific justification of environmental attribute of disorderly and pathological personality, and the scientific constitution of individual personality development can become matters of scientific investigation (Mausner-Dorsch & Eaton, 2000).

It is not enough to describe or explain the intricacies of human personality. In addition, it is necessary to efficiently establish personality theory in order to predict the effects of behavioral problems and their potential effects on the individual and the society, thereby arriving at methods of effective treatment. In this way, the theory of personality not only helps in understanding the reasons behind the differences in human behavior, but the clinical explanation of pathological behaviors and their possible treatment procedures are also enhanced.

As modern researchers try to “de-mythologize” the science of psychology, the growing interest in eclecticism in psychotherapy, as well as the more recent development for integration of psychological treatment in responding to mental or emotional disorders has been viewed as a challenge facing the present and future treatment mental problems (Kitchener & Jorm, 2002; Mausner-Dorsch & Eaton, 2000). The clinician’s ability to integrate different treatment modalities can be seen as an exploration or skill that will transform psychological treatment procedure into a befitting health care system comparable to other modern health services. In each of the cases below, it demonstrates how the use of the eclectic approach can be beneficial to mental health services.

**Case History and Data Analysis I**
Musa is a 30-year-old Iranian male, who come to the United State with his parents at the age of 10 years. His trouble started as a child. Patient grew up in a family of two boys and a girl, and he is the eldest of the children. His junior brother is married with two kids, while his sister is married with three children. Patient himself has never been married and has never had a steady adult friendship. He is a college graduate having majored in business administration. Upon graduation, he took over the management of his family’s T-shirt designing factory and he continues to live with his parents. He states that he has never lived alone because he is “scared of handling what may come out of it.” Patient was raised in a staunch Muslim family and believes that his neglect of religion might have contributed to his mistakes in life. Patient was admitted to therapy for persistent sexual offenses and the court ordered patient to take compulsory sex treatment and education.

As early as 12, patient was mischievous, monstrous, and sexually active. He recalls his first sexual experience with a teenage girl who was babysitting him and his younger sister. At 11 he took pleasure in watching his sister while she took a bath. He would also peep through an opening to watch her change clothes for a night sleep. Patient reports that at 12 he stopped this behavior because “I don’t care for women with pubic hair; they look disgusting and unattractive.” His sexual interest shifted to younger girls between the ages of 6 to 8 and pornographic magazines featuring children of the same age. Patient was caught naked with a 7-year-old daughter of a factory worker and sentenced to 15 years in the penitentiary.

Patient recalls that there was no peace in his household, and nobody recognized anything good in him. His mother was overly possessive and controlling, and often reminded him that he was a difficult child and that she had sacrificed a lot for him since birth. Patient grew up to avoid relationships with women because of their “inconsiderate and obsessive attitudes.” He maintains that his father showed no interest in the family, either in education or in social affairs, but patient blames his father’s nonchalance on his mother’s over-controlling attitudes. Patient recalls constant squabbling between his mother, father, and grandmother, with each fighting to run the house in his or her own way. He recalls that “things I did to please my mother upset my grandmother”, and the reverse happened when he tried to please his grandma.

At the age of 12 years, patient recognized that he felt more comfortable around children than adults. He developed a passion for younger children, especially girls. This passion contributed to an active involvement in summer camp, which provided an opportunity to meet with younger girls. He encouraged children to sit on his lap and to touch has genitals. This pattern continued and eventually he was arrested.

a) Psychoanalytic therapy perspective (PT)
The concept of personality in PT is divided into the id, ego, and superego; the unconscious; anxiety; the functioning of the ego-defense mechanisms; and a focus on the past clues to present problems. Musa’s psychopathology will be viewed as a failure to meet some critical developmental task or becoming fixated at some early level of development (Kitchener & Jorm, 2002). The goals of the therapy are to examine the psychodynamics of Musa’s development and help him explore some of his unconscious motivations and bring them into consciousness (Luchins,1989). Here the therapist will focus on Musa’s ego development, differentiation and individuation (Keyes, 2002; Luchins,1989). The concentration is to strengthen patient’s ego response system so that his behavior is based more on reality and less on instinctual cravings and their satisfactions (Koyanagi, & Goldman, 1991). A psychoanalytically oriented therapist will focus greatly on the analysis of Musa’s personality, character structure, and childhood experiences, and seek the growth of the ego through analysis of resistance and transference. Using free association, interpretation, and analysis of Musa’s developmental stages, therapists can resolve the ego conflict prompted by unconsciousness (Koyanagi & Goldman, 1991).

b) Rational Emotive Behavior Therapy (REBT)

The therapist using the REBT modal will see Musa’s problem from three modalities, namely cognitive, behavior, and emotion (Keyes, 2002), and would see that Jemie’s problem is derived from the way he thinks, judges, analyzes, and perceives reality in the world, the environment, and himself (Keyes, 2002). His sexual problem, however, stems from irrational self-indoctrinated ideas coming from his mother’s hurtful attitudes toward him. Musa’s assault of young girls can be seen as a safe haven for his fear (emotion) of confronting the reality of life. The primary goal of REBT is to eliminate self-defeating outlooks on life and to acquire a more rational and tolerant lifestyle. Therapists are expected to establish unconditional positive regard with Musa and should avoid blame and condemnations. All irrational excuses given for his actions must be disputed and redirected by the therapist as he/she tries to actively affect his thought processes. The interventions used by REBT therapists include, language modification, humor, role-play, self-management strategies, and modeling.

c) Reality Therapy Perspective

The fundamental tenet of Reality Therapy is that we are self-determining, in charge of our lives, and directly responsible for whatever life we choose. (Keyes, 2002). We are responsible for what we do, think, feel, and for our bodily states (Broadbent, 1985)). Individual activities are to satisfy needs for belonging, power, freedom, fun, and survival. Musa chose to be a sex offender and therefore must take the responsibility. The goal of Reality Therapy is to help Musa find acceptable ways of meeting his needs for belonging, power, freedom, and fun in a more
reasonable way. Jemie will be challenged to examine his actions, thoughts, and feelings in order to discover a better way to function effectively and realistically (Keyes, 2002).

The therapist must establish a warm, supportive, and challenging relationship with Musa in order to motivate him to see other realistic ways of realizing befitting behaviors that are acceptable in society. WDEP techniques are utilized in which “W” stands for “wants”, “D” equals direction and doing, “E” relates to evaluation, and “P” for planning. Musa’s needs, wants, and perceptions must be explored to gain a picture of the conflicts and stresses in his life. Focusing on Musa’s actions and directions challenges him to make an evaluation of his behavior, planning assists him in the formulation of realistic plans and commitments to carry out his daily responsibilities.

d) Existential/Humanistic Therapy Perspective

Existential/Humanistic Therapy looks for those unique characteristics that make us human. (Corey, 1996; Ewen, 1993; Garfield, 1995). Therapy is then built around those characteristics. Therapists emphasize choice, freedom, responsibility, and selfdetermination (Corey, 1996) In essence, each individual is the author of his or her life and out of this overwhelming spiral and meaningless world, we are challenged to accept our aloneness and create meanings in life. Existential therapy should see Jemie as capable of self-awareness, and then, because his problem cannot be separated from his notion of himself and others, lead him to accept the responsibility associated with his freedom (Corey, 1996). Musa may believe that he is destined for this unacceptable behavior, but since humans are basically free and have ability for self-awareness, he must accept the responsibility that accompanies freedom. The existential therapist challenges Musa to accept the notion that he has the power to re-create and re-channel his behavior (Corey, 1996). In order to bring this awareness to Musa, the therapist can employ different techniques from other models.

e) Structural/Systemic Therapy Perspective

Musa’s family structure can be considered semi-dysfunctional in the sense that relationships between his mother, father, and grandmother are conflicting. Structural/Family system therapy can discover family patterns and rules as it relates to hierarchy, boundary, subsystem, alignment, and coalition. Since Musa lives with his parents, Structural/System therapy will strengthen the parental subsystem and the realignment of the family. The goal of the therapist will be to work with the family toward joining each member to the family system, and to examine, with the
family, the hierarchical and boundary issues that created impasse in the family structure (ImberBlack, Robert, & Whiting, 1988).

Cognitive-Behavioral Therapy Perspective: Cognitive-Behavior Therapy (CBT) is structured around the classical-conditioning trend, the operant-conditioning model, and the cognitive trend (Corey, 1996; Ewen, 1993; Persons, Davidson, & Tompkins, 2001). It is believed that behavior is the product of learning, and that individuals are both the product and producer of the environment. The history of Musa’s problems is of less importance. Instead, focus is on Musa’s behavior change, his present behavior, and on action programs. The goal is to eliminate maladaptive behaviors and to learn more effective patterns. The therapist works in collaboration with Musa in changing problematic behavior brought about by learning experiences. Because of his intolerable sex habit, the therapist will consider using techniques aimed at challenging Musa toward a behavior change. Such techniques are systematic desensitization, reinforcement, modeling, and self-management.

Cultural Considerations

Sexuality is primarily cultural (Siegrist, 1996), as well as natural. Musa is originally from Iran with a cultural schema of Islam, which constructs sexuality as fundamentally duty, a thing that must be suppressed. The culture conflict (raised by patients of Iranian cultural background in the United States) and conflicting messages received from the Iranian patients and form the United States society may have played a remarkable role in Musa’s sexual behavior. Here an assessment of Musa’s cultural identity before diagnosis is necessary. These cultural variations or mixed messages may affect sexual behavior ((Siegrist, 1996; DSM-IV, 1994; Paniagua, 2000) Clinicians should explore with open-ended questions the client’s cultural schemas regarding sexuality to uncover why the client is motivated to behave in a particular manner.

Case Study and Data Analysis II

Jose is a 26-year-old Mexican American male, who came to the United States with his parents, two sisters, and one brother at the age of six. His parents manage a family grocery store together. Jose dropped out of school in 10th grade because of fighting and hostile behavior. He married 3 times having divorced twice. Presently the patient is separated from his current wife, the mother of his only child. Until his present arrest and incarceration for DUI manslaughter, the patient worked in a construction company as a heavy machine driver. Jose was admitted to the prison Crisis Stabilization Unit (CSU) for depressive feelings (worthlessness, anger, and lack of motivation). As part of his sentencing, the patient must complete a substance abuse treatment program and impulse control management sessions as part of his rehabilitation program.
Patient’s mental problem started when he was a child. His first mental health hospitalization was for acute ADHD and Impulse Control Disorder (ICD) at the age of 12 years. Patient started being in trouble with the law at 10 and at 13 he was arrested and charged for shoplifting and aggravated assault on a law enforcement officer. He was sentenced to a 2-two-year probation in a juvenile rehabilitation center. Upon release, his situation worsened with heavy use of drugs and alcohol, which he said was the only way he could handle anxiety, depression, and an uptight lifestyle. Patient has tried many drugs and alcohol, but states that, “drinks started messing with my life, so I settled on drugs alone.”

The patient denied sexual incapacitation, but admits to being worried after a sexual relationship, fearing that he did not perform well. “It drives me crazy because it makes me feel inferior before women.” This feeling of worthlessness and fear, according to the patient, contributed to the use of drugs and subsequently to his divorces and separation. Patient admitted having fantasized about committing suicide, but with no definite plan because “I felt no body would care or even attend my funeral and I would leave a lot of shame behind me.” Patient’s childhood experience was good until age 6 when he started withdrawing from activities he liked. There was repeated fighting at school and on several occasions his parents were alerted. Before dropping out of school, patient became involved with the wrong crowd and was introduced to the use of marijuana and cocaine. He violated the zero tolerance school rules by fighting and was suspended. When his suspension ended, he refused to go back to school, and settled for auto mechanics. Patient was successful in obtaining employment with a construction company, and after four years he learned how to drive heavy machinery for the company. Although married, patient believes that his parents would be better off divorced. “They are not a match,” he stated, “and they fight all the time because of my father’s drinking problem.” Patient recalls crying himself to sleep many nights because he felt terribly alone and filled with anger and hate. Patient is not happy with his repeated incarceration; he wants to straighten up his life this time around.

**Cultural Issues in Sexual Behavior**

In DSM-IV, it is maintains that in making clinical judgment about a sexual problem, a client’s cultural and religious inclination must be explored. In the case of Jose, a Mexican born, one explore the cultural competitive male dominance, were men want to be in control over women. In this way, Jose’s sexual problem can be explored within his sociocultural context. This should include assessment of culture-based sources of domination that could have an impact on sexual behavior and impairment. It has been suggested, for example, that the effects of male dominance on females who rejects such dominance could result in sexual dysfunctions ((Siegrist, 1996; Paniagua. 2001). Furthermore, the effects of age restrictions on sexuality could have an impact
on male adolescents resulting in the development of sexual disorder like fetishisms, sex anxiety, and premature ejaculation (Siegrist, 1996).

Psychoanalytic Therapy (PT): The goal of the therapy here is to examine Jose’s source of anxiety and aggression, which may be analyzed as an unconscious identification with his father or his peers (Ewen, 1995; Corey, 1996). Here the unconscious identification syndrome may be interpreted, not from psychosexual perspective (Freudian id psychology), but from interpersonal relation (Sullivanian superego conflict) (Blatt & Lerner, 1991; Eagle & Wolitzky, 1992). Rather than the strict Freudian approach, the Sullivanian psychoanalyst will focus, not strictly on unconscious wishes and defenses against those wishes, but with internalized objects and internalized object relations (Eagle & Wolitzky, 1992). Free association, interpretation, and analysis of Jose’s internalized objects, like his father’s behaviors, will help the therapist resolve the ego conflict prompted by the unconscious (Eagle & Wolitzky, 1992; Ewen, 1996; Strachey, 1989/1910b).

Rational Emotive Behavior Therapy (REBT)/Cognitive Therapy: REBT modal, unlike cognitive and cognitive-behavior interventions, deals with mental problems from a single perspective, namely, as disturbed behavior resulting from faulty thinking or dysfunctional cognitions on the part of the client (Garfield, 1995). Jose’s problem from three modalities, namely cognitive, behavior, and emotion (Corey, 1996), and would see Jose’s behavior as he thinks, judges, analyzes, and perceives the world, environment, and himself (Corey, 1996).

Reality Therapy: The fundamental tenant of Reality Therapy is that each individual is self-determining, in charge of his or her life, and directly responsible for the life chosen (Corey, 1996). We are responsible for what we do, think, feel, and for our bodily states. Individual activities are to satisfy needs for belonging, power, freedom, fun, and survival. Therapist must establish a warm, supportive, and challenging relationship with Jose in order to motivate him to see other realistic ways of realizing befitting behaviors acceptable in the society.

Existential/Humanistic Therapy: Existential/Humanistic Therapy looks for those unique characteristics that make each individual human and accordingly builds a therapeutic concept (Bromet, Dew, Parkinson, et al, 1992). Therapists emphasize choice, freedom, responsibility, and self-determination (Corey, 1996) In essence, each individual is the author of his or her life and out of this overwhelming spiral and meaningless world, each person is challenged to accept aloneness and create meanings in life. The effectiveness of existential therapy for a nonwestern client like Jose has been attested by many clinicians of diverse cultures (Mausner-Dorsch & Eaton, 2000). Due to the universal claim that existence is universal, the goal of existential therapy is transformational construct. In culture has their symbolic healing ritual, whose main
purpose is alter “the meaning of life events, emotional experience, and mental disorders” (Mausner-Dorsch & Eaton, 2000). Due to human brain plasticity, there is the possibility that Jose’s psychological problems, regardless of his cultural background, can be effectively treated with existential therapy, provided the therapies identified the client’s paradigm and existential shift.

**Structural/Systemic Therapy**

Not very much was said about Jose’s family structure except that they came from a different cultural environment and his father is an alcoholic. In such a family set up, therapist will be analyzing the family subsystem, that is, spousal, parent-child, and sibling interaction; boundaries, both internal and external boundaries, whether they are diffuse, close, or open; and triangles (Mausner-Dorsch & Eaton, 2000). The goal of the therapist is to identify diffused and triangulated relationships and address them in the cognitive-behavior model.

Cognitive-behavioral Therapy: Cognitive-Behavior Therapy is structured around the classical-conditioning trend, the operant-conditioning model, and the cognitive trend (Mausner-Dorsch & Eaton, 2000; Cropley, Steptoe & Joekes, 1999; Hesketh & Shouksmith, 1979). It is believed that behavior is the product of learning and individuals are both the product and producer of the environment. Focus is on change of Jose’s present behavior and on action. The goal is to eliminate maladaptive behaviors and to learn more effective patterns.

**Conclusion**

**Eclectic Methods: Merits and Demerits**

Eclecticism is a method of deriving ideas, style, or taste from a broad and diverse range of sources in order to arrive at a better and innovative solution to a problem. In a clinical perspective, it is seen as a method that resonates through modern discourse that tries to integrate diverse and complimentary scientific knowledge and treatment to foster effective, cost-effective and sustainable intervention. As stated above, there is as much psychotherapy as there are personality theories. For example, in 1970s there were as many 130 different psychotherapeutic orientations. In 1980, the number drastically increased to 400 (Brief, Burke, George, et al, 1988). Such sporadic increase in the number of treatment modal has mixed “blessing” in mental health development, which led Karasekm (1979) and Warr (1990) to maintain that the proliferation of the psychotherapies makes it difficult for practitioners and students to develop effective and valuable treatment methods in addressing mental health problems. Although there are many different forms of psychotherapy, all of them serve the same interest and objective. In working
with individuals with mental or emotional problem, the clinical psychologist is faced with many choices of treatment models, which sometimes can be confusing and complicated. Relying on training and experience, a clinical psychologist has a variety of treatment models to choose from in order to address a patient’s need. Sometimes, it is difficult, if not impossible, to easy to conceptualize a treatment plan under one therapeutic model. For example, if a patient was a sex offender whose sex deviation may be related to his poor mental construction. The Cognitive-Behavior Therapy (REBT) may well address the here-and-now behavioral factor (sexual abnormality). What about him mental construct? Even though some practitioners strictly devoted to a school of thought that favors specialization in a treatment modality, Bromet and colleague (1992) maintained that majority of practitioners do not appear to follow any particular school extensively or limit themselves to the theories and procedures of just one theoretical orientation impression. Weinberg and Creed (2000). in their survey of 1970, discovered that about half of the practitioners have no particular orientation, but address themselves as eclectics. Furthermore, in 1980s and 1990s, another survey indicated that more than half of clinical psychologist, psychiatrists, social workers, and marriage and family therapist had an eclectic preference in their treatment approaches (Bromet, Dew, Parkinson, et al 1992).

An eclectic approach means a tendency among individual practitioners to combine different therapeutic models in order to achieve effective treatment goals. Some authors have criticized the method because, it lack validity, since it gives no credence to a particular treatment orientation. Therefore they see eclectic psychologist as “Jack of all trades, master of none.” But the question remains whether validity and efficacy of treatment models is measured by monogamous allegiance to one treatment modal. If the word eclectic definitely translates as “combination” or “mixture”, then its place in clinical treatment modality is questionable. This because the theory of personality that generated one treatment modal cannot be with mixed or combined with another theory without rendering one or both incompetent or invalid. Instead of the word eclectic, many researchers propose the word “integration” or complementarity to denote the use of more than one treatment modality in addressing a diagnostic impression (Weinberg & Creed, 2000).

Another way of looking at this controversy is to formulate comprehensive bases on which the modern psychotherapeutic treatment can be tested and evaluated for validity and efficacy. Treatment methods should be subjected to scientific researches to underscore they their importance in the effective development of clinical psychology in modern health care system. Therefore, the argument for or against the efficacy of eclectic, integrative approaches, and single orientation should not be based on assumption or speculation, but on scientific verifiability.


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