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Anticipating Complications in Couples Personality Disorders vs. a "regular/normal couple" in therapy

John and Carol, a young couple who have been living together for 3 years, come to you after Carol has called you, apparently in distress. Recently, the couple has been fighting daily and Carol is concerned about his anger. She is afraid that John will hurt their daughter. He drove off with the baby when he and Carol were arguing. John has accused Carol of flirting with their neighbor, George who is single. Carol is a secretary in a small wholesale company. John is an account manager for a national restaurant supplier.

John's background:

You are terrified that your wife will leave you. You do not express this out loud...that would be admitting vulnerability which you must hide. You handle/express your fear with anger. You are hypersensitive to any possible slight. You interpret almost anything your wife says as an attack. When you feel abandoned you become impulsive including self-harming behaviors. Your drinking is a self-harming behavior as well as a way to self-medicate your anxiety and depression.

You thought Carol was the best thing that ever happened to you when you first met. She was so sweet and nurturing. Now, you feel she is a "bitch" whose goal is to "bust your balls."

In the session, you shift from being hurt and needy to being angry and hostile (sarcasm and bitterness show). Any imagined slight ignites this. Then you go over the list of transgressions against you. A long list...from years ago.

When confronted by your wife about your drinking and reckless driving, you react defensively at first but then comment that it might be better if you did drive off a cliff.

Underlying everything (especially abandonment issues and anger) is that your father was physically abusive to you, and your mother while providing your physical needs emotionally abandoned you to be able to stay with your father.

****NOTE:** In the therapy (or a role play for training therapy), John does not reveal his underlying issues unless they are addressed directly in a validating manner.

John has **Borderline Personality Disorder**.



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Ben and Sue have been dating for 8 months. Ben wants to get serious about the relationship, but can't get Sue to make a commitment. Ben is a software engineer at a Silicon Valley firm- about 31 years old. Sue is an "actress/performer" who works as a cocktail waitress for a restaurant/bar- she's 27 years old. Sue still has a thing for her old boyfriend who is still working at the restaurant as a bartender. Sue says she loves Ben, but still has a passion for her old boyfriend.

Sue's Background:

You love being a performer! The attention just fills you up w/ energy. In the session, you are eager to describe (in great detail!) the new performance art piece that you are doing in a small club in San Francisco. If the attention moves away from you, you tend to lose interest...even look off around the room instead of keeping eye contact. Your body language indicates your disconnection when not attended to. You will attempt to bring the conversation and attention back to you in any way possible.

Being loud, funny...grandiose facial, hand, and body gestures work well to draw the attention to you. You present as fun to listen to. When you ask questions, you don't really want an answer ("...what do you think? Really!? Well, I...."). The others (boyfriend and therapist) in the room are just foils to play off of...they are your audience... and you are the star! Keeping yourself in the limelight is very important to you.

If the attention moves away and stays away, you will feel uncomfortable...even act offended (pouting works). Flattering the therapist will be another way to charm him/her. Being sexually provocative to him/her or anyone else is ok by you. You will even admit that you flirt with other people...but it's all in fun!!

You fish for compliments, but on the other hand can be easily offended by any critical comment about your appearance. Your language style is very dramatic, but without much substance...after all, it's not what you say that is important, it's just important that you're saying it—saying anything!!

Your goal in therapy is not to resolve anything between you and your boyfriend; it's not to understand him; or to be understood. Your goal in therapy is to keep everyone watching you the "star" perform!

Sue has **Histrionic Personality Disorder**.



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Jessica and Dennis met in an Internet Chat room. After talking in the chat room a couple of times, they continued their conversations on a more intimate level using Instant Mail. After three weeks, they arranged to meet in person. They have been dating for the past 6 months. Jessica is an executive with a investment banking firm- she's 35 years old. She is well off financially and has never been married. Dennis is a psychologist with a extensive private practice. Jessica complains that Dennis is moody and can get scary at times. Dennis thinks Jessica is projecting her hostilities at her alcoholic abusive father onto him.

Dennis' Role Background:

You respond to Jessica's complaints about you w/ a sneer (non-verbal dismissal rather than an extensive response is all her comments deserve!).

You do not relate at all to Jessica's complaints or emotions. You have no empathy at all for what you consider to be her neediness. You minimize how much Jessica has put into the relationship. You admit that you were attracted to Jessica because you liked successful women. You don't like "simple" women. However, now you find Jessica's complaints indicative of her being like the "others." You don't see anything wrong about how you treat her. She gets what she deserves.

You expect the therapist to respect you...to believe you over Jessica.

You question the therapist about his/her credentials...you want to make sure that you and Jessica are seeing the "best."

When the therapist reframes or otherwise directs questions to you in any doubting manner, you begin to question him/her on his/her credentials more intensely. Implicitly you want to establish his/her inferiority...to assert your own superiority. As long as you can "prove" your superiority, you remain safe. If the therapist tries to acknowledge you, you accept it in a condescending manner. Keeping the therapist uncomfortable (just like keeping Jessica uncomfortable) keeps in control. If the therapist challenges you or otherwise asserts greater competency or expertise, you will treat it as a personal and vicious attack on you...and you will try to humiliate him/her, as viciously and cruelly as possible.

You expect to be catered to...You make demands on a different appointment schedule that fits your requirements even if the therapist or Jessica are inconvenienced. You are furious that they may have objections.

Dennis has **Narcissistic Personality Disorder.**

Imagine how the therapy changes fundamentally as these personality disorders dominate the communication. What to do? The first step is to recognize that there is a personality disordered partner and that his/her issues drive and define the relationship; the personality disorder is never "just" another issue in the relationship... AND will drive and define the therapy. Dropping "normal" therapeutic expectations and processes and seeking personality disorder guided processes becomes the key to successful therapy or the greater possibility of success.



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Biography

Ronald Mah, therapist and educator, combines concepts, principles, and philosophy with practical techniques and guidelines for effective and productive results. He uses humor and stories from his many experiences to illustrate important points in a stimulating and highly motivating and engaging style.

A Licensed Marriage & Family Therapist, his experiences include: Asian-American community mental health, Severely Emotionally Disturbed mental health & school partnership programs, vocational programs for at risk youth, welfare to work programs, clinical consulting & cross and multi-cultural training for Head Start, other early childhood education programs, social services organizations, & mental health agencies, supervising a high school mental health clinic, training and supervising therapists, private practice in Castro Valley, author of the Asian Pacific Islander Parent Education Support curriculum.

Professional Education experiences include: 16 years in ECE, including owning and running a child development center for 11 years, Kindergarten, elementary, & secondary teaching credentials and experience, ethnic studies curriculum writer, community college instructor, Masters of Psychology instructor, and former member Board of Directors of the California Kindergarten Association and of the California Association of Marriage & Family Therapists.