



**Ronald Mah, M.A., Ph.D.**

Licensed Marriage & Family Therapist, MFC32136

Psychotherapy, Parent Education, Consulting & Staff Development

433 Estudillo Ave., #305, San Leandro, CA 94577-4915

(510) 614-5641 Office - (510) 889-6553 fax - E-mail: [Ronald@RonaldMah.com](mailto:Ronald@RonaldMah.com) - Web: [www.RonaldMah.com](http://www.RonaldMah.com)

---

## COUPLES THERAPY- WHAT!?

When a client or clients present for therapy, the therapist has the barest information to begin therapy. Is it an individual, male or female, a couple, a family- what family composition, heterosexual, gay or lesbian? Age may be relevant as may be class, occupation, or cultural background. Assessment is necessary to find the direction of therapy. One or more of the initial sessions may be largely dedicated to informal conversational or formal and structured assessment with specific diagnostic tools.

Assessment exists primarily to gather information for counselors to better understand clients' concerns and as the underpinning for making intervention decisions. Many authors have proposed wider purposes for assessment including identifying the focus and goals of counseling, identifying the source of clients' concerns, identifying clients' self-understanding, providing new perspectives, teaching new ideas, creating evaluative structures, unearthing conflicts, serving as a stimulus for discussion, and expanding treatment options (Forrest, 1994, page 172).

Various approaches to couples therapy may not fit the couple's needs. The therapist who approaches a couple with set strategies and tools or interventions in mind has not assessed the unique qualities of the couple nor examined how the couple is or is not comparable to others he or she has worked with or studied. The therapist with a favored theory and favored interventions becomes like a person in love with smacking things and particularly with a hammer! Everything looks like a nail and gets smacked. A particular therapeutic approach and accompanying therapeutic interventions can be very appropriate and effective when it matches with one couple's needs, yet may be problematic and unsuccessful with another couple with different needs. Therapist should take care not to simplify therapy with favored assumptions of homogeneous couples and couple's dynamics. Sperry (1989) notes that,

The most comfortable and easy way to practice marital therapy is to view many if not all couples and their problems as basically similar and then apply a standard therapy or mix of therapies to these couples... particularly with the "traditional couple." The traditional couple is a relatively young couple, married more than two but usually less than seven years, with a fairly focused set of concerns. For a number of reasons such a strategy is misguided and deprives many couples of effective treatment... couples tend to be... more culturally diverse, more dysfunctional, and more multisymptomatic, including health and medical factors. Of necessity, marital therapists have had to expand their repertoires of both assessment and treatment modalities to adequately tailor their therapy to spouse and couple (page 547).

A hammer is great for driving nails, but challenging for driving screws, difficult for cracking walnuts, and ineffective for sawing wood. Even all nails are not the same nor all hammers the same. Therapeutic strategies and interventions for a couple with poor communication may prove inadequate for a couple with domestic violence. Work with a couple that has encountered trauma may prove significantly different from work with a



**Ronald Mah, M.A., Ph.D.**

Licensed Marriage & Family Therapist, MFC32136

Psychotherapy, Parent Education, Consulting & Staff Development

433 Estudillo Ave., #305, San Leandro, CA 94577-4915

(510) 614-5641 Office - (510) 889-6553 fax - E-mail: [Ronald@RonaldMah.com](mailto:Ronald@RonaldMah.com) - Web: [www.RonaldMah.com](http://www.RonaldMah.com)

---

couple where one member has had an affair. In addition, one couple's communication problems may not be the same as another's communication problems. The trauma in one couple may not resonate as destructively as the trauma in another couple. Therapy becomes far more difficult and challenging with a couple that includes a borderline personality disorder partner... or a narcissistic personality disordered partner... or both!! Lions and tigers and bears... and narcissists, oh my!!

The therapist, similar to any person will be drawn to types of therapy that resonate with his or her personality, style, intellectual, affective, psychological, spiritual, and other characteristics or prejudices. Or, avoid theories or therapies that are personally challenging from some emotional, psychological, cultural, or spiritual counter-transference. If the therapist does not carefully examine these dynamics, the client who may match with him or her stylistically may not be well served. The therapist should stay cognizant that he or she is not doing his or her own therapy when supposedly providing therapy for clients. The responsible and responsive therapist should know him or herself well enough to adapt as demanded to the needs of a client. Therapy and interventions that suit a particular couple vary according to the characteristics, history, and condition of that couple.

After the couple has committed to therapy, therapy is best served by making an accurate assessment of the individual partners and of the couple's relationship. From assessment, the highly skilled therapist should then adapt therapy accordingly. Individual therapy is not prescriptive and couples therapy which is often more complex also cannot be prescriptive. What is couples therapy? What should couples therapy be? It depends! Couples therapy needs to first and foremost come out of sound diagnosis and assessment. Depending on the diagnosis and assessment, implied principles and sound concepts direct clinical strategies and interventions. Actual choices ultimately will always depend on therapists' judgments with specific clients in the moment of therapy about what is clinically sound. Therapists' interventions and relationships with a couple need to be constantly evaluated for effectiveness as anticipated or their effect as unanticipated. With change or growth, or the lack thereof, further assessment and diagnosis leads to further theories and therapeutic interventions. What is couples therapy and what do couples therapist do as it dynamically evolves through stages of treatment? It always depends!

1. Couples therapy depends on what therapists see, hear, or feel.
2. Couples therapy also depends on who and what therapists are.
3. Couples therapy depends on what clients bring or present, on what they reveal or hide.
4. Couples therapy depends on what therapists think it might be about.
5. Couples therapy then depends on choices by therapists and what they do.
6. Couples therapy depends on choices by clients and what they do... and don't do.
7. Then, couples therapy depends on what happens or doesn't happen.
8. Then couples therapy depends on what happens next.



**Ronald Mah, M.A., Ph.D.**

Licensed Marriage & Family Therapist, MFC32136

Psychotherapy, Parent Education, Consulting & Staff Development

433 Estudillo Ave., #305, San Leandro, CA 94577-4915

(510) 614-5641 Office - (510) 889-6553 fax - E-mail: [Ronald@RonaldMah.com](mailto:Ronald@RonaldMah.com) - Web: [www.RonaldMah.com](http://www.RonaldMah.com)

---

What determines what happens next? That depends on what happened before!

9. Couples therapy now depends on what therapists saw, heard, or felt before, AND what therapists see, hear, or feel.
10. Couples therapy also depends on who and what therapists were AND are.
11. Couples therapy depends on what clients brought or presented, on what they revealed or hid, AND what clients now bring or present, on what they reveal or hide.
12. Couples therapy depends on what therapists thought it might be about AND what therapists now think it might be about.
13. Couples therapy then depends on previous choices by therapists and what they did AND new choices by therapists and what they do now.
14. Couples therapy depends on previous choices by clients and what they did... and didn't do AND new choices by clients and what they do... and don't do now.
15. Then, couples therapy depends on what happened or didn't happen before AND on what happens or doesn't happen now.
16. Then couples therapy depends on what happened before AND on what happens next.

What determines what happens next? See #1! What is couples therapy? Couples therapy may be the most complex and varied process of psychotherapy. Couples therapy may be the most challenging and most rewarding work for psychotherapists. Couples therapy may be the most crucial mechanism for change, growth, and healing. Couples therapy may be the last or only hope for distressed couples... children, and families. The therapist will often feel that weight of expectations, hope, and fear. The experience of that weight or pressure is itself an initial cue for assessment and diagnosis that direct the therapeutic work. It means something. What does it mean? It depends! It depends on the therapist's ability to activate and apply his or her knowledge base, conceptual foundations, and clinical skills to figure out the client or couple.

Insecure attachment? Trauma? Communication problems? Personality Disorders? Anxiety/Depression? Stress? Self-medication? Self-soothing? Family-of-origin issues? Cross-cultural issues? Learning Disabilities? Aspergers Syndrome? And more! And, various combinations of them!! The therapist should not depend on a single favored theory and set of theoretical strategies and interventions. A hammer? How about a therapeutic wizard's wand? Sorry, there isn't one that magically "fixes," "changes," "motivates," "grows," or otherwise makes therapy successful. However, the responsible and skilled therapist can develop and acquire a theoretical and therapeutic tool chest to draw upon based on skilled assessment and diagnosis. Couples need such a therapist.

References:

Forrest, Linda, Career Assessment for Couples, Journal of Employment Counseling/December 1994/Vol 31



**Ronald Mah, M.A., Ph.D.**

**Licensed Marriage & Family Therapist, MFC32136**

Psychotherapy, Parent Education, Consulting & Staff Development

433 Estudillo Ave., #305, San Leandro, CA 94577-4915

(510) 614-5641 Office - (510) 889-6553 fax - E-mail: [Ronald@RonaldMah.com](mailto:Ronald@RonaldMah.com) - Web: [www.RonaldMah.com](http://www.RonaldMah.com)

---

Sperry, Len, Assessment in Marital Therapy: A Couples-Centered Biopsychosocial Approach, Individual Psychology, Vol. 45, No. 4, December 1989.

**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.