



**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)

---

## NO BROKEN CLIENTS

I don't have and have ever had any "broken" clients. No one, no child, no teenager, no couple, and no family have come to therapy with me broken. None of them were other than they were... none of them were other than human. Many, indeed most were wounded, injured, or had suffered significant harm from intimate family members... or from bullies or toxic peers... or from societal or institutional oppression. Harm may have come from the actions of others or the failure of action by others. However, none were broken. An individual may have lost it or were losing it, but although he or she flipped out, this person had never experienced his or her life, was affected, or responded in other than in some human fashion. Nothing is broken, thus nothing needs to be fixed... and nothing needs to be "repaired."

Deeply harmed, a person may have suffered intense human emotions such as anxiety, fear, doubt, confusion, sadness, depression, loss, abandonment, or betrayal. Trying to make sense of him or herself or of the world, the individual often experienced emotional, intellectual, psychological, and spiritual dissonance. Such dissonance is often what brings an individual, a couple, or a family or causes parents to bring a child or a teenager to therapy.

- o One person might want to be happy, but can't be happy.
- o Another has trouble reconciling how angry he is with the person he loves so deeply.
- o A young woman finds herself strongly attracted to a toxic emotionally unavailable to emotionally abusive boyfriend... again.
- o Still another person holds him or herself to be a caring and loving person, but has an intense instinctive hatred for someone different from him or herself.
- o Or, wants to be a great spouse, friend, or parent but continues to be negative or even abusive to important intimates.
- o Or, despite affirmations and affection from others, an individual does not feel him or herself worthy or capable of self-love.
- o Or, someone may have conflict about his or her sexuality and sexual attraction to... (Take your pick what to insert here. You can put just about anything here, not just same or opposite sex persons).

What do I do... how do I respond as a therapist to my client's dissonance... between the discrepancy between what he or she wants and what he or she wants... to feel, think, or do? Often, I and other therapists enter into what has been called a "reparative relationship." The reparative relationship is NOT same thing as "reparative therapy." The reparative relationship is the relationship between the therapist (or other important intimacy person) and the client (or other harmed or wounded person). The therapist's care, attention, validation, and investment in the client have a reparative effect. From a psychodynamic perspective, the transference of the client (how the client holds and experiences the therapist relative to older experiences with intimate authority figures, for



**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)

---

example) and the counter-transference of the therapist (how the therapist holds, experiences, and interacts with the client relative to nurturing and mentoring instincts, for example) interact to create a restorative dynamic that heals infantile and childhood emotional and psychological wounds.

Others and I can go on and on about this relationship from various theoretical orientations and therapeutic strategies, but essentially it is based on attachment theories. Although, this relationship has been called a “reparative relationship,” it may be better named a “restorative relationship” or a “healing relationship.” Or, perhaps it can be called a “growth relationship” as it addresses developmental or formative dynamics or process that were not broken, but were repressed, delayed, or diverted. The responses or reaction of the individual to neglect, harm, or trauma were fully human, and therefore not “broken” or inhuman or non-human responses needing repair.

What makes the relationship restorative or healing? What about the client’s dissonance? Clearly drawing from an humanistic orientation, I believe what makes the therapeutic relationship restorative or healing is my and other therapists acceptance of the absolute humanity of the client... acceptance of his or her feelings as human... of his or her thinking (common, idiosyncratic, culturally or societally normative or non-normative AND sometimes problematic or illogical) as human. If problematic, it is reflective of his or her confusion as a human being... of confusion about his or her choices: outbursts, drinking, gambling, toxic actions towards others, sexual behaviors, cultural behaviors... but most importantly still about many behaviors that are human! Some choices or behaviors may be personally (to the client) self-injurious, harmful to others, and even destructive of the social and cultural fabric of society and communities, but they are still most definitely human.

Oh yeah, some of the choices or behaviors may be personally appalling to you or I. However, any dissonance the therapist experiences with the client’s choices and behaviors (including the client’s personal dissonance) is the individual of the therapist’s personal responsibility to hold outside the therapeutic process. It is the client’s dissonance within him or herself that the therapist is in the role to address. The therapist’s disagreement with, aversion to, disgust of, or any other dissonance triggered by the client’s feelings, beliefs, behaviors, and choices is the therapist’s personal/professional challenge- NOT to be injected into the client’s therapy. The therapist should get consultation at the very least.

When the client enters therapy with some dissonance and presents it, the therapist’s first responsibility should be to discover how, what, and why it exists. To me as a psychodynamic or family of origin, developmental, attachment oriented, AND cross-culturally (among other lenses) oriented therapist, that means how has this client’s humanity in interaction (including conflict) with his or her journey through childhood (and adulthood), relationships, communities, and other environmental contexts and influences resulted in this particular human response of dissonance. In other words, I



**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)

---

automatically NEVER take and agree with whatever evaluation, complaint, self-loathing, judgment, or condemnation the client presents about him or herself, his or her family of origin, partner, or current family (at least, I hope I never do or will, because if I do, I will have fundamentally failed as a therapist).

So many of my... and your clients come in despising and hating themselves because of the ill health, choices, and behaviors of prior intimates. They come in and talk about and assert they are so screwed up... eternally condemned for not being lovable enough, worthy enough, or important enough to be loved or valued. This could include someone who has internal conflict about sexual attractions. I absolutely never grab my client's self-hatred or dissonance and run with it therapeutically because it coincides with or validates MY value, belief, or spiritual system or life process, choices, or behavior. Why not? Because it's not MY therapy! It's my client's therapy... his or her values, beliefs, spirituality... life, behaviors, choices... and most of all his or her version of his or her humanity. (And, I'm not even going to argue about what is choice or what is innate. I'll leave that to others. For me, it doesn't matter as long as I as a therapist honor each person's individual and shared humanity).

So, I explore with the client how, what, and why the dissonance exists. How, what, and why his or her humanity has taken him or her on this particular journey... to this particular junction in the journey. I almost always have guesses about how emotional, psychological, intellectual, spiritual (including religious), and even sometimes, sexual dissonance occurs. I'll prompt the client to look in those areas, but sometimes the client goes other directions. Sometimes, he or she knows where to go... sometimes, it's a distraction or avoidance... sometimes, it happens quickly and other times it goes slowly. And even when it we can't somehow figure it out, I'm still confident that my client is human... that his or her journey and who he or she is or feels or believes comes from some logic of humanity and the human process. NEVER will I say, "You're right that you're wrong!" or "Yes, you are deficient... somehow not human... you are somehow inhuman... wrong or broken." I believe that I can hold this perspective resolutely because I do not have a personal vested interest in having a client... any client be "wrong" or "broken."

But then what if the beliefs, feelings, and choice or behaviors cause harm? And we're not talking about Tarasoff or suicidality here. Harm to self or harm to others? Harm to others is an obvious call. With harm to others, therapist must activate intervention as is ethically and legally appropriate and mandated. (And those who feel that sexual orientation is somehow contagious, I hardly know what to say. I've interacted with, touched, hugged, breathed the same air, and shared room and food with gays and lesbians and haven't "caught" anything! I guess I'm terminally straight... but who knows for sure?! I honestly don't.) Harm to self? Hmmm? Sounds like the fundamental work of therapy! Emotional harm? Go for it! Psychological harm? Do it! Intellectual harm? Well, stinkn' thinkn' causes emotional and psychological harm (aka as the cognitive behavioral or rational emotive therapies)! Relational harm? That's precisely the scope of



**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)

---

practice for MFTs! Spiritual harm? Hmmm? Gets a bit dicier here... Yes, if! But to me a big IF! If spiritual harm causes emotional and psychological harm that causes relationship harm... maybe OK I think. I know this will be controversial, and a lot of therapists believe their work to encompass spiritual health. However, I'll have to look again, but I do not recall the word "spiritual" or the phrases: "spiritual health" or "spirituality" in the legal definitions of the scope of practice for MFTs.

In addition, other than references against discriminatory practices on the basis of religion, I don't believe "spirituality" and "religion" in the CAMFT Ethical Standards either. If a client has religious conflict (arguably, a spiritual-religious conflict), the MFT has to be very careful of practicing outside of the MFT scope of practice. So, if the client believes and feels that he will be condemned to hell for some beliefs, feelings, or behaviors (or other religious consequences of not following a particular religion or set of religious doctrines), I believe that would be clearly outside the MFT scope of practice; and personally, for me outside of my scope of competence- I am not trained as a theologian. It would seem to be within the scope of pastoral counseling. If the MFT or other licensed psychotherapist wishes to practice psychotherapy from religious principles, tenets, and doctrine, that also may be problematic because the legal definition of MFT practice makes no mention of working from such foundations. Instead, the law mentions psychotherapy, psychological principles, etc.

The other terminologies for "reparative therapy" are "conversion therapy" and SOCE, which stands for Sexual Orientation Change Efforts. Conversion has overt religious connotations throughout history. For example, European Christian missionaries attempted to convert indigenous peoples on several continents- a process that resulted in religious conversions for some and oppression, death, and slavery for others. For many people, it was a gift they did not want or benefit from. Without reference to religious conversion, conversion involves changing a belief, the beliefs, or the belief system of another person. It is not merely "sharing" a belief or belief system. An individual may go through a personal conversion in his or her belief system (religious or otherwise). However, self-determination should be the core principle in belief conversion. The Ethical Standards admonish MFTs not to give advice or to otherwise inflict the therapist's beliefs on the client.

I personally find it disingenuous for practitioners of conversion therapy to claim that they are only offering the therapy because there are individuals who wish to change their homosexual behaviors (and/or feelings) to heterosexual behaviors (and/or feelings). I find rather incomprehensible that practitioners of conversion therapy do not strongly and completely believe that being heterosexual is not only "normal," desirable, but also morally and religiously superior; and probably that homosexuality is... let's just say, not. On the other hand, therapists who work with domestic violence perpetrators or pedophiles certainly do the work because clients may want the therapy (sometimes) and it is important work. However, it is completely plausible if not the norm, that such therapists overtly abhor the behavior of DV perpetrators and pedophiles. (Please don't



**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)

---

confuse this reference to the entirely inappropriate comparisons of homosexuality and child molestation). The point is that therapists tend to do the work that they believe in, and it seems logical that practitioners of conversion despite their claims to the contrary, that they are otherwise not accepting of homosexuality or homosexuals not interested in “converting.” In other words, it appears to me that such practitioners are practicing their religious beliefs rather than practicing psychotherapy.

The ultimate point to this entire discourse is three-fold. In my opinion, reparative therapy or conversion therapy by any name inherently violates the principles of good therapy; practitioners of such therapy may be disingenuous when they claim to be accepting of homosexuality; and such therapy is unethical and may also be legally questionable. MFTs and other licensed psychotherapists have legal scope of practice as defined in their licensing laws in each state. Therapist behavior in therapy based on personal beliefs from whatever sources, no matter how heartfelt do not preclude or exempt MFTs from the boundaries and limitations of their scope of practice as legally defined. As members of a professional association, said membership includes an agreement to abide by the ethical standards or code of the association. Included in ethical codes are references to standard accepted professionally reviewed practices (I’m not sure if this is the exact language). Therapist behavior in therapy based on personal beliefs, including religious beliefs are not exceptions to the ethical standards. Therapist behavior in therapy based on personal beliefs and morality that is in conflict with legal requirements can result in legal liability. Therapist behavior based on personal beliefs and morality that is in conflict with ethical requirements by virtue of membership in one’s professional association can result in ethical sanctions. The point that many members have made is that conversion therapy, reparative therapy, or SOCE therapy and the like are not considered appropriate or ethical by American psychology and psychotherapy. An individual therapist may disagree, but should remember that the disagreement does not have professional ethical support and thus, arguably also may not have legal support.

This is what happens when I’m drawn to contribute to this very important discussion I’ve been following for the past few years. Although, my instincts and feelings about social justice, equality, and shared humanity took me quickly to a personal (and political) perspective and stance, I felt obligated to find the therapeutic consistency in the perspective and stance. Although, everyone knows what the listserve has been talking about, and everyone should know what I’m talking about, I wanted to make sure that my concepts and principles for therapeutic activity and responses (and response to the listserve) would transcend this important topic and be applicable and livable (or using a fancy businessy word- “actionable”) for other clinical situations and client presentations. In other words, I find reparative therapy objectionable not merely because of its potential and past harm to members of our community, but because its core principles are objectionable because of potential harm to any client. I believe this will work for me as a therapist. I hope it’s useful or at least, provocative for others.





**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)

---

And for those of you who may be curious of what my religion or religious beliefs might be so that you can drop me into this group or that group... or, accept or reject me, it's none of your business! Actually, I'm quite fine with letting anyone know, but it really isn't any of your business! That I do or do not practice clinically with effectiveness, integrity, heart, and ethically and legally should be sufficient. If that's not sufficient for you, then... oh well, what can I say!?

I guess, I might as well take it a step further, as a fellow MFT, I don't really care if you are this or that, believe in or practice this or that religion or not. As a fellow MFT, I really only care if your practice with effectiveness, integrity, heart, and ethically and legally. How you come to your practice, that is, your clinical and therapeutic behavior and actions may be interesting (and certainly, important to you), but I also might not particularly care about that because I don't know most of you... perhaps, yet (and I'm not YOUR therapist!). In lieu of personal contact, as a fellow MFT, I essentially care about what you do (your behavior and actions) as it affects clients and as it affects our professional reputation. As an individual, especially in person if I come to know you, then I'll care about other "stuff." Of course, self-disclosure (which I'm prone to do...) may be useful in making a point in the discussion, so I'm not that rigid about it.

### **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.