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(Family Therapist – Master in Science Family Therapy)

1. What does a typical week look like for you, balancing client sessions with administrative work and research?

Ans. I have been in this field for about 25 years. A typical week for me is a six-day week, with about five hours of work each day. When you are starting out, though, it is usually closer to six days a week and eight hours a day. Of those five hours, four are usually client sessions, and the fifth is set aside for administrative work: writing up session notes, reading, and arranging appointments for the following day.

2. How do you prepare yourself mentally before starting a challenging therapy session?

Ans. You don't, really. You often don't know that a session is going to be challenging until it begins. That said, you do know that certain clients have more complex needs than others.

In those situations, you make sure your own self-regulation is in check. You check your biases, and you do a physical check of your emotional state. You also look back at the last session: what might have triggered you, what position you took as the therapist, how you came across, why you asked a particular question, and how that may have affected the client.

This is the self-reflective stance in therapy. It is the interpersonal relationship and the reflective thinking that you carry into every session.

3. What is the most rewarding part of your day-to-day work, and what is the hardest part?

Ans. The most rewarding part of therapy is never really day-to-day; it is long-term. As a therapist, the work is not rewarding on a daily basis, but it is deeply rewarding over time, when you see change and watch people become able to reflect and gain insight into their own issues.

The hardest part is that it takes time. Change is slow, and that is frustrating, far more so for clients than for therapists. The other hard part is when you are working with a story that resonates deeply with your own. Those are the most difficult sessions.

4. How do you prevent emotional burnout or "compassion fatigue" when working with heavy patient cases?

Ans. I think you have to have your own therapy and your own supervision process. I very much believe that this helps you recognise when you are experiencing compassion fatigue or burnout.

Also, as you grow older in this field, you have to be careful not to stereotype every case that comes your way. Because you have seen so many cases, you start seeing patterns more quickly. So you have to remind yourself to stay curious. If you are not staying curious, you end up slotting clients into particular categories, and that happens more and more as you gain experience.

5. How do you adapt your clinical approach when standard therapeutic methods aren't producing results for a patient?

Ans. That is very much a case-to-case question, and I don't think I can answer it with a standard formula. What I can say is that different schools of therapy view this situation differently. If you work from a psychoanalytic perspective and the results are not coming, you would talk about the client's resistance to change: the client is not willing to change.

From a psychotherapy or family therapy perspective, which is what I am trained in, you would say that the work is not moving forward because the therapeutic fit is not right. That could mean that the therapist and the client do not have the right fit for the work to go forward, or that the work has progressed to a certain point and a new approach is now needed.

6. If you could give one piece of advice to a student who is considering psychology as a career, what would you want them to understand about the profession that they probably wouldn't learn from a textbook?

Ans. Ethics, very important. Boundaries, very important. By that I mean that if you are working as a therapist, especially in India, there are many social overlaps, and you have to learn how to keep those boundaries clear for yourself. As an Indian therapist, it is easy to develop a "chalta hai" attitude towards things. You must hold on to your ethics and explain your boundaries to your clients very clearly.

The other thing is this: we think we get into this field to help people, and we do, but we are also helping ourselves, and every exchange impacts us. So look very deeply at yourself, at your own experiences, and at what you are bringing into the therapy room. We believe that therapists are neutral and a safe space, and we are meant to be. But in our own minds, we come with our own set of experiences that shape us and colour how we view a situation.

It is very, very important to understand this, not just before becoming a therapist, but continuously during the work. You need a space to reflect on it, because clients will always impact you in some way.

7. Which are the most challenging cases you face or you helped?

Ans. There are two or three different types of challenging cases. The first, for me, is somebody with a diagnosed psychiatric disorder, such as severe OCD or severe bipolar disorder. What makes these difficult is that, first, there is very little community support in our country for such cases, and second, change for people diagnosed with severe disorders is very, very slow.

The second type, and the one that really gets under my skin, is the parent–child relationship. When I see a very abusive relationship, and I don't mean physical abuse, which is sometimes easier to work with than emotional and social abuse, I personally find that very hard. And my response to it being hard is that I get over-involved.

The third type is couples who are very, very angry with each other. Their hope is that you will fix that anger, but the goal of therapy is never to fix; it is to help people help themselves. That is very frustrating for couples in a high-conflict situation. The first few months of therapy with such couples are very tough because the conflict is so intense.

If couples can endure that phase, some change does start to come. But it is a difficult time for everyone involved, because you are dealing with a lot of anger, and even the therapist has to deal with the client feeling that you hurt them or took sides. So it is a tricky phase in therapy. It is hard on the couple, but it is also hard on the therapist.