VOICES:
FROM THE ROOM

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A MAGAZINE FOR
THERAPISTS

Threads

Theory and Practice

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NOTE:

THIS ISSUE EMERGES FROM A SHARED PROCESS OF READING & RESPONDING, EACH PIECE HAS BEEN PEER-REVIEWED WITHIN THE COLLECTIVE.

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A THREAD FROM MY ROOM

There is something about the experience of therapy that resists neatness. Whatever unfolds in that (private) room is often elusive; in fragments, pauses, (mis)recognitions and moments that slip away just as we try to hold them. To write about this, is like gathering loose threads that resist being woven. And yet, we try. It is with this attempt that *Threads* began: a belief that even the most fleeting and subjective encounters can be held together as a tapestry in progress. Each piece in this issue offers a strand: a way of seeing, staying, making sense of what it means to sit with another person in their becoming.

Writing is more than expression, it is an invitation to connect. A way of thinking together. As Freire might put it, knowledge is not something we arrive at alone but something that grows in dialogue, in the sharing of experience, in the act of reflection, in the willingness to remain open to being changed by whatever is encountered. This is not a guidebook on how to be a therapist or something to provide you with answers/techniques. Instead, we attempt to gather vantage points: partial, situated and deeply subjective. What you might find here are glimpses: of uncertainty, of terror, of play, of care. Of what becomes possible when we stay, even when we don't fully understand.

Some of these writings emerged from a shared working group, where we read each other closely and held one another through the (often) difficult process of turning inward, of opening a window to the self. Others were written in solitude. But together, *Threads* is birthed from collective labor of attention, care, love and of course, risk. A weave.

This issue, themed around *Voices from the Room,* is largely a free resource. If something here stays with you, you are invited to contribute whatever you can. Any amount received will be distributed equally among all contributors. You may also choose to support individual authors directly (details at the end of each piece). Whether written together or alone, these pieces are bound by a shared commitment to thinking, feeling and creating in relation.

Let's weave!

Love,
Shaifila

IF YOU WISH TO CONTRIBUTE:

AS AN AUTHOR (FOR THE NEXT EDITION)

You can write to Shaifila at shaifilaladhani@gmail.com, subject: Pitch for Threads with an idea you would like to explore and a brief introduction.

FINANCIALLY, FOR THIS EDITION

This edition is a labor of love, but we want to keep it completely accessible. No money has been charged from the authors to publish. If you contribute something, we will equally divide all the funds amongst all the contributors. You can pay at shaifilaladhani-1@okaxis

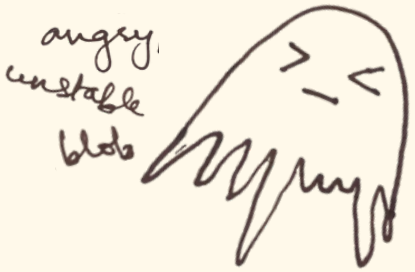
If you would like to pay any author individually, please find the details at the end of each piece.

IF YOU HAVE ANYTHING TO SHARE

You can write us a response to any of the pieces at shaifilaladhani@gmail.com, subject: On Threads

LET'S OPEN THESE ROOMS, TO ARRIVE WITHOUT CERTAINTY, AND LEAVE WITH SOMETHING NEWLY FELT :)

THE SOFT GOODBYES



by: Alisha Nevatia

Termination is more than an act signifying the end of therapy; it is an integral part of the process of therapy and, if properly understood and managed, may be an important factor in the instigation of change." –Irvin Yalom (The theory and practise of Group Psychotherapy, 1975)

In our work as therapists, very rarely do we talk about the last session with our clients, the heaviness that comes with it and the act of goodbye that follows it. As freshers or budding psychologists in the field, we are trained for everything, from maintaining notes, setting goals and working on them, skills and strategies clients are leaving with and the logistics of starting and terminating sessions. Yet, we are not trained in the emotional aspect, the grief that comes with the termination and the closure of the alliance.

I believe that the therapeutic relationship goes beyond the work; it impacts therapists as much as it does our clients. To explain this feeling better, I have used a transcript to express what the end of this alliance looked like for me.

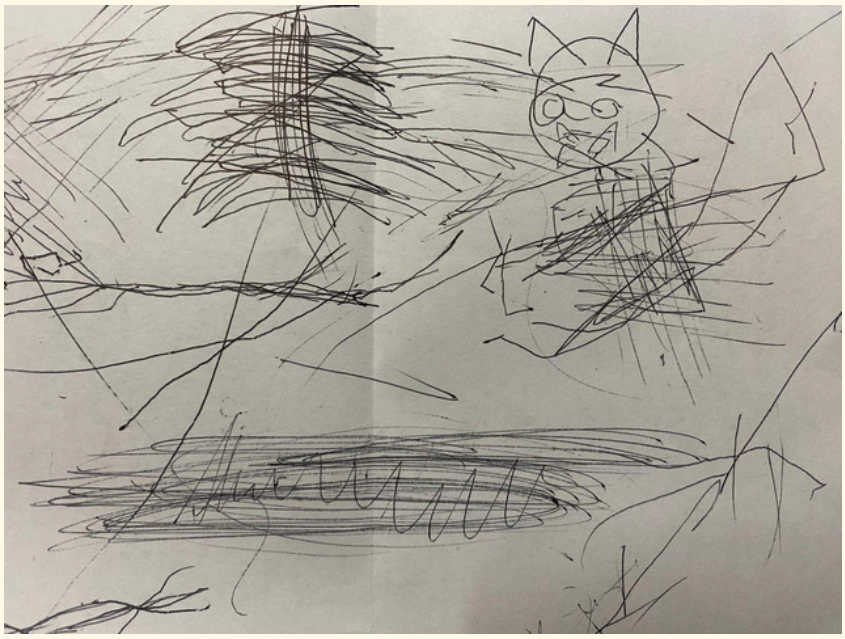
S had been coming for the sessions for almost three years. She arrived for her final session exactly on time, as she always had, and I was ready with my notes on the areas to be covered for our last session. We both chose our usual chairs and sat naturally, like nothing was different about this session.

Note: the session transcript mentioned below is not drawn from a specific client. It is an amalgamation of experiences shared with different clients, represented by a single client here, named S. This was done to protect the identities of individuals I have worked with and to focus more on the emotions and experiences I shared with them in relation to the theme.

Th (Therapist): Hello S, right on time. For our last session as well.
S: (settling in) Sure. Should I open my notes? I remember we talked about anxiety, my romantic relationships, and the family stuff.
Th: That's right. Let's start with your concerns around feeling anxious all the time. How does it feel now, compared to when you first came in?
S: I think it's better. I've stopped trying to get rid of it. I've accepted that I can't just let go of it, but I can learn to be with it. Stay with it. (takes a moment) I still think about the imagery exercises we did. The ocean waves. The tunnel of memories. That was a nice session.
Th: It was. I'm glad it stayed with you. I hope it comes back whenever you need it.
Something about saying that out loud made the room feel slightly different. It was as though the session had quietly slipped back in and taken a back seat.
S: I feel more at peace about my relationships, too. I've learned how to look at myself, inside and outside. What kind of control I want to give to other people. What expectations are actually mine.
Th: That's a real shift, S. That kind of clarity does not come easily, and you got here on your own.
S: (scanning the room and nodding) Yeah. So, I guess that should be it. I feel better than when I came in. Thank you for your help and support. Is there anything else I should keep in mind for the future regarding my problems?
She looked at me, composed, grateful, and already, almost subtly, somewhere else. I looked at the file in my lap that technically looked complete and sorted, yet I could not close it.
Th: I was wondering if we could talk about us?
S: (looks at me in a confused manner) What about us?
Th: I'm going to miss our sessions. We've had a long journey together. We've witnessed so much over here, shared some real laughs and some real tears. I'll miss this. The way this room held you, and the way you let it.
S: (quietly and hesitantly) Oh. I wasn't sure we could talk about all this.
Th: We can.
S: I will genuinely miss this space. I could break down here. I could just... be here. I could escape from my life and come in, and you'd always be there. Every time.
Th: It's you who did all the showing up, S. That was always you. (a pause) Thank you for sharing this space with me. And I hope you know, this isn't the end. You can always come back.
S: (reaching for her bag) Thank you again. I should leave for my class. Always nice to see you.
Th: Thank you for coming.
The door closed. And the room held everything.

After S left, I sat in the room, and what I felt was this weird feeling of void, the urge to let a few tears down for the bittersweetness of bidding my client a happy goodbye and as if the room was grieving with me. In that moment, I felt the sadness of not talking to them anymore, but also confusion about whether it was okay for me to experience this as a professional. I could think of all the sessions in one go at that point, the days when she would break down and feel helpless, the days when she knew she needed to be gentle on herself, and the days when I felt helpless about not knowing or doing enough.

But what S left behind in that room, and what I carried forward from her, was the beauty of being in any alliance with others. Goodbyes in therapy are never really complete. They will always have thoughts and feelings that were left unexpressed, but that does not mean it is a flaw in the work done. A complete goodbye would make it very transactional in nature, with a fixed start and end to the relationship, something we are quite often not taught in the termination checklist. And that's not the case when it comes to human relationships. There is always room for more to come, which is why we assure our clients that they feel free to come back whenever they need to.



Being present with our clients is not just about active listening, paraphrasing and noticing their body language, but rather meeting them in their truest form and noticing the soft shift in them and yourself. Similarly, termination does not mean checking in about the goals and progress of the clients and moving on to the next client but realising that clients are held within you and the alliance does not really leave you. I remember feeling overwhelmed in my first year of practise when these similar feelings would come up, making me think that I had failed at setting boundaries and perhaps got attached to the client. Over time, I have realised that this is not over-involvement but something I experienced as part of being a human that shared the space with another human. Being able to deviate from the logistics and just say “let us talk about us” was not overwhelming, but what was needed in that moment, for both of us to express how the relationship mattered to both sides.

This experience is what took me back to what Yalom said, how termination is not just an end to the therapy process. It can serve as an important factor of change in the alliance, within the client and therapist, on how therapy is viewed as a whole. It is not just two people talking and figuring out how to work on specific concerns but engaging with each other more deeply.
Every now and then, the clients who have left the space have shown up in my mind in some or the other capacity, how they were when they came in and how they left on the last day. Maybe this is why goodbyes will always be incomplete for me, because it can never fully capture the entirety of the relationship, the gentleness of it and everything that was left unsaid from either end.
I hope that when you read this piece, you are either able to look back at your experiences or, for future sessions, it leaves you with a gentle permission to allow yourself to feel the grief or crave the closure after terminating sessions with your clients. I hope it will allow you to think of them and remember that relationality has a true impact on us and it matters, rather than pushing it away, considering it as unprofessional.

The room still holds them. And somewhere, I hope, they also still hold the room.

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THE VOICES WE DON'T HEAR

By Arunima Agrawal

Imagine this setting-

your sibling is getting married and you're playing host to way too many extended relatives and family friends at an Indian wedding. Chances are, you've had first hand experience of this scenario, have closely witnessed it or have at least watched it play out in one of the hundreds of movies made about it. And so you can imagine the painstaking task that is managing the co-existence of a rich mix of personalities that makes up the guest list. Some of these guests have larger personalities than the others, taking up more space and attention. Others may be quieter, often existing in the background trying to avoid attention. Yet others may seem aloof or shy, but actually have a lot to say once they open up. The inter-relationships among these guests is an even more interesting variable. Some may love each other and are counting down days to this wedding reunion, some may tolerate each other because they have to, while some may also be avoiding each other like the plague and not even trying to hide it. Regardless of it all, everyone is at this wedding trying their best to co-exist and have the best time they can- sometimes with conflicts, brimming tension, inside jokes or just plain avoidance. And as a host at this wedding, your job is to essentially be aware and prepared. You probably do not have the authority to edit the guest list in order to create the smoothest interactions or un-invite people. But what you can do is negotiate your interactions and engagements with everyone in a manner such that everyone is attended to, no one feels unwanted, and everyone is able to direct their energies towards the true focus- your sibling's wedding.

Art By Antara Gupta Pisharody

We are constantly being impacted on multiple levels by the happenings in the world around us. How we interpret and respond to stressors, the way we engage in relationships, our coping strategies, even our health- all of it is shaped by our contexts.

The therapy process can be a little similar. At any given moment in the therapy room, there are multiple different voices at play, shaping and impacting the work taking place. Some of these voices are louder, clearer and easier to listen to, some not so much. But even in their soft hushed tones and quieter words, these voices are part of all the games playing out in that therapy hour. And our job as the therapist, much like the host family member, is to acknowledge and make space for all of these voices.

Perhaps the easiest voice for us to hear is the one that belongs to our clients, it's what we are trained to work with. And of course there's our voice, the one responding to our clients and helping them make meaning and move towards their goals. The majority of our training and education as therapists focuses on refining the interplay of these two voices- sharpening our interventions, enhancing our listening skills and non-verbals, conceptualising client concerns and treatment planning.

But today I would like to invite you to take a pause and try to take stock of all the invisible voices that may be at play in your therapy rooms. Try to place and listen to the often unheard voices- the quieter wedding guests, if you may. The ones who actually had a lot to say, but perhaps no one was listening.

As therapists, we are constantly refining our ability to be present with our clients. We strive to be attuned to not just their words, but also their feelings, gestures and silences. But what about the attunement with the systems that they belong to? The communities that they interact with, learn from and lean on for support. The world that they inhabit and do the healing work within when they leave from the therapy hour.

This is the voice that makes itself known in our brief moments of hesitation and resistance, in our humour and "irrelevant" chats with our clients, in our tiredness, in our self doubt, in the way we talk to ourselves outside of sessions, in that inexplicable pull towards certain emotional experiences our clients bring to us, in our discomfort with some topics of conversation, in our reactivity and responsiveness to certain stories, in our capacity to resonate with our clients at a deep level and help them carry their heaviness. This is the voice that sounds like our internal dialoguing about our clients, ourselves and everything in between. It's the one that is made up of those random thoughts that run through our mind during those moments of silence; it's made up of our secret judgements, biases, and those random distracting thoughts; our politics, opinions, moral beliefs; our social, economic, religious, caste identities. And with all its delicateness, our inner voice is also built with our concern for our clients, the care that we often carry for long after the therapy hour.

One's mental health and well-being does not and cannot exist in isolation. We are constantly interacting with and being impacted by the multiple systems we are a part of, as are our clients. Their voice is not singular, but rather a confluence of so many voices that represent their contexts.
As a therapist, I believe it is our duty to not just be aware of, but to try to converse with and understand all of these different voices. These voices that speak of and represent their social, economic and political identities; their ancestors and the generations of trauma, resilience and hope they carry; their caste and religious identities; the stigma and norms that govern their lives; the mores that shape their culture and context. All of these parts have an important role to play in shaping not just the clients' lived experiences and emotional landscapes, but also the therapy process. We are constantly being impacted on multiple levels by the happenings in the world around us. How we interpret and respond to stressors, the way we engage in relationships, our coping strategies, even our health- all of it is shaped by our contexts.

In order to sustainably and respectfully accommodate these diverse voices that our clients bring with them into the therapy room, it's important for us to tune into another commonly overlooked one- the inner voice of the therapist. As therapists, many of us tend to direct so much of our energy towards sharpening our responses, ensuring they are intentional, well timed and understandable. We spend hours in training transcribing sessions, classifying interventions, tailoring our responses to our clients' needs and appropriate therapeutic approaches- doing the tedious and essential work of upskilling and ensuring we have the right tools to help our clients achieve their goals. But yet in the middle of all the note taking, studying, attunement, it's often easy to overlook a tiny little part of our therapeutic self that's struggling to take up space- our inner voice.

It's this inner voice that plays a critical role in our ability to attune to and respond to all the different voices that carry our clients' experiences. And how we respond to and make space for the different voices, is inherently shaped by our ability to listen to our inner voice. Like Carl Rogers said: "I find I am more effective when I can listen to myself, and can be myself." Our relationship with and acceptance of ourselves, is what sets the stage for the building of a similar accepting relationship with everything the client brings into the therapy room. In our process of continued education, we must not forget to sharpen the most important tool of our trade- our self. This is an introspective and reflective kind of upskilling, one that hinges on our relationship with ourselves.
When we are able to visualise all these different voices interacting and playing with each other, and are able to invite them in with curiosity and warmth, we also end up taking a step closer to our clients.
Because even without our awareness, these different voices and interactions are all taking place. But if we want to move towards a deeper therapeutic relationship- one that honours the client, that makes it possible for them to accept themselves and experience safety in their vulnerability- bringing these multiple games into conscious awareness is key.
By broadening the capacity for everything the therapy process can hold, we are letting our clients know that all of them are seen. And I think that's such a fundamental need that not just our clients, but perhaps all of us are seeking to fulfill. And perhaps that's what all the nosy, disruptive, shy and loud wedding guests are also after.

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SILENTLY SCREAMING: ON FEMININE RAGE

BY DURGA MENON

The psychoanalytic investigation of the Indian female psyche can be examined employing Freud's personality structure, illustrating that the interplay between the Id, Ego and Superego is informed by internalising the gaze of the 'other'. Here, the gaze of the other is framed by patriarchal values to shame, guilt, and punish feminine rage, thereby suppressing its aliveness and wisdom. An authoritarian 'gaze' views discipline as a corrective measure to feminine rage by minimising its purpose and power, subsequently devaluing ambition, self- expression and identity development in women. Feminine rage is considered an unhealthy part of the Indian collective unconscious that requires interventions as an antidote.

Art by Vatsala Pandey **Instagram: @vardhate**

Feminine rage is a response to patriarchy's oppression of women's bodies, voices and freedom. It is seen as a force that needs to be structured by rules. It is either attacked or suppressed through emotional and physical violence when expressed. Thus, feminine rage is often experienced through distortions or resistance, thereby living as a mere trace in the psyche.

Indian patriarchy bears the complexity of complying with the norms of a collectivistic society. The role expectations of a woman condition her to bear labour to serve the collective before herself, especially in intergenerational households. Early conditioning impacts psychic development, shaping the predominant component of a young girl's psyche. The disciplining of a young girl's behaviour using socially sanctioned roles and responsibilities teaches her compliance over individuality, and 'being desirable' over self-exploration. Self-development is predominantly led by morality. thereby shaping how women inevitably view their position in a patriarchal society. The dichotomy of 'good' versus 'bad' behaviour suggests polarity rather than permission to move within the two extremities with curiosity and fluidity. This conditioning shapes the inner world of the woman early on, predominantly with the intent of making women palatable for a patriarchal script.

The overuse of roles to digest rage as an outlet disrupts the process of individuation in women.

The roles and rewards provided are designed to teach young girls passivity and disavowal early on, to survive threats from the male gaze. These threats, either real or assumed, subconsciously reinforce that adherence can guarantee safety, leaving women to neglect exploring their rage as an important milestone in self-development. Rage is seen as unnecessary rather than a tool to rebel against, retaliate or reform these oppressive structures.

The existence of feminine rage is seen as chaotic, unproductive and a madness that needs to be contained using adherence to socially sanctioned roles like mother, daughter, daughter-in-law, sister and partner as a container. Patriarchy aims to groom, condition and reward women to remain unidimensional in these roles, essentially shaping women to be nurturing caregivers across life phases. This invariably devalues a woman's capacity to witness, digest and find ways to express themselves using rage as a medium. The strength and vitality of feminine rage is devalued or misunderstood by women themselves due to shame and guilt acting as penalties to keep rage under control. This prevents rage from being metabolised when felt, as avoidance of rage is seen as a catalyst in developing self-containment and appearing more desirable to the 'other'.

In the clinic, the male gaze follows a client into their therapy room, looming over the presence of a female therapist - client dyad. The presence of rage in the female client's therapy room is at first seen through its passivity, its silence and even deadness. Rage as a form of aggression resides in the Id. The Id is steadily disciplined in young Indian girls through verbal punishment, shame and guilt in fear of how young girls will represent their family or draw attention to themselves for being 'dominating', 'bold' and 'outspoken'.Social conditioning by family shapes the most commonly used defence mechanisms to prevent gender violence, in fear of self-expression, inviting threat. Defence mechanisms like rationalisation, denial, reaction formation, sublimation and repression dilute rage, often manifesting first as other emotions or channelled through a punitive superego.

The superego is often the first point of contact wherein the client may present their rage as deadness in the countertransference. The deadness indicates that the Id has been weakened to overfeed the superego. The choice to feed one part of the psyche in the name of 'good girl behaviour' leads to the deprivation of the other through repeated internalisation. This continuous internalisation even into womanhood slowly erodes the healthy parts that contribute to the vitality of the Id, like desire and sexuality. Thus, when rage is experienced, it is translated and expressed through the superego as its origin location has been annihilated through repeated disavowal.

External influences in society frame good versus bad behaviour for young girls, restricting the dialogue between the Id and the Superego, causing further polarity rather than integrity. The lack of dynamism develops into internal conflicts manifesting as anxiety, confusion or agitation that stems from the client feeling inept at being able to see their aggression clearly while bearing self-containment. Defence mechanisms can be inherited and passed down from older generations of women to their daughters and granddaughters, with the intention to self-preserve or protect younger women. Words shaped by defence mechanisms inherited by older women mould the relationship younger women form with their rage. These beliefs may be borrowed to safely navigate patriarchy, rather than encourage finding one's footing in it.

Rationalisation as a defence views rage through a rigid lens, often manifesting as deadening in the clinic. Logical thinking dilutes the fluidity and power of rage by denying its worth, creating a fertile ground for its invisibility. Rationalisation may manifest through roles such as being a mediator, a people pleaser, or justifying one's actions in fear of identifying with their inner aggressor. Women whose identities are shaped by others' voices or their roles and responsibilities learn that their rage must be disciplined to be a productive member of society. Working with rage when a client invalidates the presence of anger requires naming and linking emotions present in the therapy room to possible anger. Therapeutic conversations can provide room for collaboratively identifying how anger hides, loses expression or appears in its latent form. The accountability developed to name one's own anger simultaneously impacts the extent to which women can feel and see the nuance of their rage.

Denial, reaction formation and repression of anger leave traces of their presence in socially sanctioned roles. Emotional, mental and physical labour defined by these roles act as socially appropriate channels to digest their anger productively and efficiently. This, however, can lead to an inevitable withering of rage's aliveness. Denial and repression long-term lead to the incapacity to tolerate one's own rage when it comes up. The boundaries set by a role become restricting, leading to a 'deviation' from the role due to the lack of formative experiences to digest rage early on. When roles are used to digest rage in socially appropriate ways and not organically, this leads to a repetitive cycle of self-inflicted shame and guilt about feeling enraged without being able to release it. Shame and guilt internalised by patriarchal spaces, relationships and authority figures during childhood become weaponised, leading to the development of a superego that supersedes desire and impulsivity. The superego takes on a dominating voice using ethics as rules to punish rather than a flexible guiding boundary. The overuse of roles to digest rage as an outlet disrupts the process of individuation in women.

The absence of rage may indicate positioning one's self-worth and identity closer to the superego to soothe self- inflicted shame or guilt. This leads to an unconscious disavowal of the Id over time, a self-sacrifice for the 'greater good'. The rigidity of self-expression, untethered from a role, is a symptom of an inability to feel rage and digest it without resistance. Identifying its presence through its invisibility is possible by recognising patterns linked to serving the other, through pleasing and conflict avoidance.

Naming rage for a client when detected in the countertransference shifts its intensity from deadening to vitality. Repeatedly verbalising resistance during linking can revive aliveness, shifting denial towards accepting aggression as a part of the female psyche. Exploring rage through its splits, its resistance to emerge, and its distorted appearance in relationships can create language beyond roles. A typical portrayal of moving towards individuation begins with a female client identifying the fear they possess of their own rage before they can allow themselves to integrate it gently and intentionally. Experiencing splitting while accessing one's unconscious relationship with rage as a force to be empowered by yet reckoned with is symptomatic of the internal conflict between the expression of feminine rage and finding grounding in adhering to roles and responsibilities.

The power of rage can empower, challenge and verbalise the female experience in a male-dominating society, which often becomes a rare evolution in the therapy room. Modelling demonstrated by the therapist's attunement of the client's rage and identification of anger in therapy becomes an important part of self-work to show the value of anger in alleviating symptoms of psychic anxiety. The purpose of anxiety is to identify disavowal of parts before they can be re-imagined as an integrated whole. Individuation using anger as a vehicle actively addresses the harsh rigidity of the superego before moving softly towards the Id. This can lead to an unconscious shift from passivity to actively embodying aggression as a drive that is integral to psychic development.
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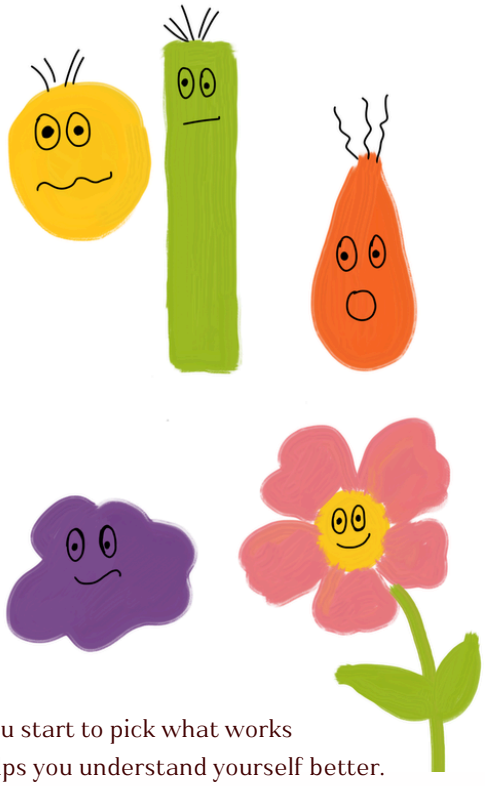
FINDING YOUR THERAPIST SELF

By Harshita Anand



Starting Out

When you start out as a therapist, everyone tells you how you need to sound, how to behave etc. But on a very theoretical level. You think you need to maintain a certain voice and not have a personality of your own as telling a client who you are is not something you are there to do. As you grow and learn, make mistakes and understand how the process works, you realize that everyone learns the similar theories and interventions but no two therapists are the same. It took me sometime to find my voice and understand who I was as a therapist.

The thing which I now remember is that being a therapist is a part of me and when I enter that room to be with my client, my other parts will also play their own role and show up in their own manner.

I just need to make sure that they don't interfere with the client's growth or progress.

Authentic YOU

When you start out, you try to copy others and when you realize that it is not working, you start to pick what works and leave out what doesn't, sort of making a collage. This collage is unique to you and helps you understand yourself better.

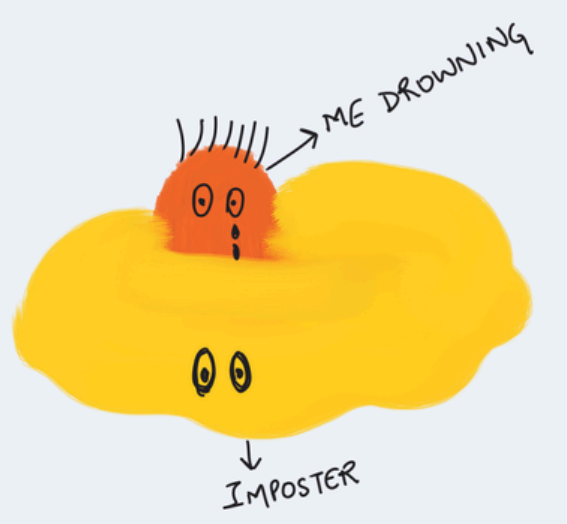
The illustration above will give you a glimpse of how I tried to be like everyone, didn't like it and understood that maybe I need to take whatever works and build myself accordingly. I am in general a creative person and when I tried to suppress it because I thought it is not right for it to show up in the therapy room, I was suppressing who I was truly. I came to realize that sitting with no expressions and not showing any emotions or disclosing any personal information (of course relevant to client) wasn't my jam as a therapist.

I embraced my creativity and found a way of using it in the room. I started exploring and found my way to cinema therapy, which I felt like I can sprinkle wherever needed.

When I started showing up as myself authentically, that is the time I realized what was my niche. The thing is you are a good therapist not just because of the theories and interventions you have learned but also by continuously working on understanding who you are and how you can learn to be authentically yourself. You also need to be authentic if you really want the right clients (basically clients you would like to work with) to find you. So I have had sessions where I have said to clients that it is a MOO point sometimes- when Joey in F.R.I.E.N.D.S said that to Rachel to tell her how something was a moo point, it is a cow's opinion and why would you care for it. I could have said it like not every person's opinion is important but I felt the MOO point stuck with them better. Recently, when I have told clients to find a comfort object or an anchoring object- I have used the example of Max from Stranger Things, when she was explaining the concept of something that ties them to their present to Holly. These were just a few ways how I let my other parts of me show up in a room. After years of experimenting with my style, I understood what works for me.

So now I show up as a therapist who uses humor (based on client comfort), metaphors, analogies and shows emotions. I thought if I reveal any personal detail to my clients that would be a bad idea, not because it was a bad idea but because it was told to me by a lot of people in the field. When I went deeper into this I realized that sometimes your client really needs to hear something personal from you as their therapist so that there is some connection, better rapport or to feel that they are not alone. Of course you need to make sure what you are telling them is genuinely relevant to their case but if your client asks a personal question and you answer with another question about them, a lot of times it can make them feel distant. Let me give you an example- If a client asks me that do I go for therapy? I do answer with Yes I do and that might help the client to not put me on a pedestal as a therapist, this reminds them that I am also a human being and have issues which I need to work on. If I would have said not answered the question simply and said why is it important for you to know, that would have not really helped.

If you don't allow yourself to be a human being in the session, how do you expect your client to embrace their humanness. You are a therapist who will need to take a pee break or drink water or sometimes will show emotion in the session as you are human.



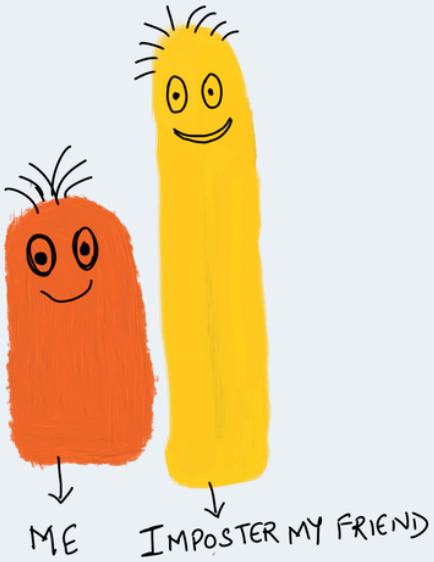
My Dear Friend, Impostor

Impostor is something which is going to be there as this field will challenge you with different cases or will serve you with various struggles while you carve your career path but how you see the impostor matters. At first as you can see in the illustration above, I felt like it is going to engulf me as if I was its food or I am in a quicksand where I am loosing all footing. Your interaction with imposter can be what you make out of it. Impostor is not an enemy, it is friendly visitor trying to make sure you are grounded and remember to keep learning. Reminders are great and so are visitors but if you think you have no control over them, then it becomes scary. I learned to remember that it is here to help me grow and I can control that for how long it will stay.

I have doubted myself a lot of times but eventually asked myself that what is imposter asking of me? I found my sweet spot of reading for a few minutes , as less as 5 minutes everyday to calm my imposter a little.

When you listen to your body and work on yourself you will understand what works for you. You will explore, experiment and finally find your sweet spot. Inner work becomes extremely important as a therapist because you can fake it all you want but emotions have a very unpleasant way of spilling into places without us realizing and the effects of it show up only later. In all your experiments you need to remember that ethics are not expendable.

Ethics and boundaries are important but they are not cages. They are your guiding compass so you don't forget the principles you stand by. They are like the anchor to your ship and your skills are the fuel.



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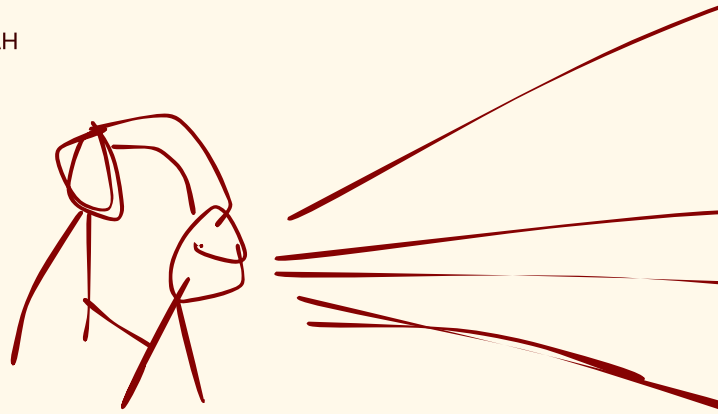
PRISMS OF ISMS

BY KARISHMA DESAI SHAH



Sitting here and writing about this feels heavy at the moment. Maybe because as a person and practitioner, I have learnt that my authentic voice often gets misinterpreted or misunderstood. Ironically, this has rarely happened directly to me. But when I read or hear other practitioners and political voices on Instagram or similar platforms, it often feels as if they are speaking directly in opposition to me. And this opposition does not remain confined to that platform. It begins to feel personal, as if my opinions and my felt sense are being disapproved of.

What follows is a paralysing doubt within myself, questioning whether the feelings in my internal world are even valid to be felt in particular moments, especially when they relate to the world, systems, and the politics within those systems. I begin to wonder why a different opinion or lived experience feels like a direct attack on my sense of self. Instead of allowing differences to coexist, I find myself wanting to erase my own lived reality, either by justifying why I feel the way I do, or by convincing myself that I should not feel that way at all. Somewhere in this process, my guilt creeps in, accompanied by a strange conviction that I am committing a sin by not having the exact same voice and thought as the peers, practitioners and 'intellectuals' whose voices I "hear" on social media.

These voices may be speaking about anything ranging from feminism, social life, what should occupy space in a therapy room, or even the thoughts a therapist should or should not have. But the effect is often the same: an internal doubt that questions whether my own experience deserves space at all. With this article, I attempt to explore why it sometimes feels as though I do not deserve the space to be curious about my own reality, and why there is a compulsion to annihilate my own experience in the face of differing voices. More importantly, I hope to give voice to what it might look like in the therapy room when differing voices are met with curiosity and welcomed, instead of being shut down even before they come into existence within the intersubjective space.

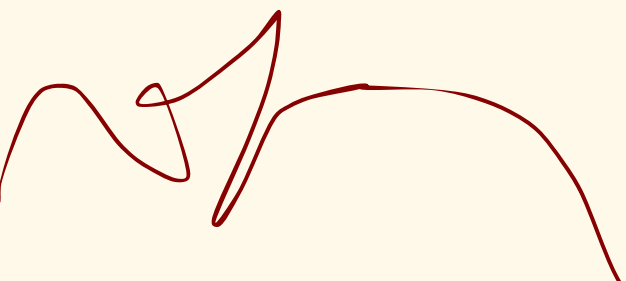
I have been afraid of the "isms" all my life, especially feminism. In my attempts to understand what the 'actual' meaning of feminism is, I have gradually arrived at a state where I've given up believing that there is a single, universal idea of feminism, especially 'Indian feminism'.

Growing up, I did not have much cognisance of the need for feminist ideology in my life. Maybe because my awareness of my own life was sheltered and mainstream media and Bollywood films did not acquaint me much with that idea either. But as I grew older, I began to notice the interplay of power and privilege in my own life. Experiences slowly revealed the painful truths of being a woman socially, culturally, and politically within my own context. Through these experiences, I went through a process of exploring which aspects of my culture and traditions I wanted to keep alive in my life and which ones I wanted to question or discard.

This process inevitably involved negotiations within my closest relationships, especially within my family structure. There were moments when my questions about patriarchy and gendered expectations were met with dismissal or stagnation, and other moments when my voice felt heard. Over time, a new part of me also emerged, one that wanted to listen more carefully to the stories passed down through generations and to understand where my family's perspectives came from. I began to notice how they too were trying, in their own ways, to move closer to my context. That attempt by them to meet me halfway became meaningful for me.

This entire journey would not have been possible had I not encountered the ideas and stories within feminism. Through conversations, reflections, and personal experiences, I arrived at a place where I felt more aligned with my own choices in life. Yet I am painfully aware that people on social media would never know the expanse of that personal journey. Does that mean I stop sharing my perspectives? Or that I begin to introject their experiences as the only truth and invalidate my own?

Yet another layer which complicates this journey of understanding my choices is my positionality in the society. Being an Indian upper-middle-class Hindu woman, I have struggled to make sense of my positionality. I am aware that my privilege shapes how I move through the world and how it might affect other women. Yet at the same time, I notice how certain views about women's experiences in society sometimes get introjected within me in ways that make me feel compelled to shrink my own needs and choices as a woman.



BUT DOESN'T ANYTHING TOO PRECIOUS BECOME TOO FRAGILE TO SUSTAIN LIFE?

Sometimes I wonder whether this shrinking is truly about making space for the other, or whether it becomes a kind of performance, which makes me feel that I have actually given space to someone else's opinions and needs. Well, If the only way I know to create space for another person is by annihilating my own voice, is that truly space being created between us? Or is it simply a performance of generosity that slowly takes me out of the relationship, and unintentionally leaves behind the other in isolation?

I most often catch myself in this process of shrinking, then being guilty that I shrunk myself, then unshrinking again. This push and pull within myself emerges strongest when thinking about feminism.

I frequently feel caught between traditions and modernity, as though Indian women are expected to make an inevitable choice between the two. I have often felt reluctant toward the idea of 'Indian feminism' because it appears as though there is a single template that one must follow. According to this template, an empowered woman must behave a certain way of being at home, at work, and in society and that she must make particular choices, often in opposition to tradition, in order to be considered feminist enough.

Madhu Kishwar describes how political and Western "isms" are often imported into India without sufficient context, where labels like feminism can become tools of exclusion rather than dialogue. These labels sometimes function less as frameworks for understanding and more as boundaries that separate those who follow a prescribed script from those who do not. When I hear strong ideological positions about feminism in the public sphere, I sometimes feel the same paralysis that I experience when encountering other political opinions online.

Why am I sharing my personal journey with feminism here? Perhaps because that journey inevitably followed me into my therapy sessions as well. And I want to use that experience as the very example of what might happen when politics and personal choices are kept out of therapy.

There have been moments in my life when certain choices I made led me to question whether I was feminist enough. But what became more interesting were the moments in therapy when I felt an unspoken pressure to align with (in experience, emotion and words) what I imagined an Indian feminist woman should choose or believe.

It is ironic that I never explicitly voiced this aspect in my three-year-long therapeutic relationship. Even today, when I think about some choices that might not align with what mainstream discourse portrays as feminist, I find myself wondering what my therapist must have thought of those choices. The truth is that I have no idea what my therapist personally believes about feminism (due to obvious limits of the relationship, but also because I have never asked her). Yet without ever asking her, I assumed she would judge me differently. In response to that imagined judgment, I unconsciously silenced my own voice and thought within the therapy room.

Readers might recognise a similar pattern in how I react to anonymous (read as famous) voices on social media. Without knowing anything about the personal journeys behind those voices, their opinions can still carry enough authority in my mind to make me doubt my own experiences.

What fascinates me is how the pattern of responding to difference in the social world unconsciously repeated itself within my therapeutic relationship. Instead of opening a dialogue with my therapist, I closed the conversation before it even began, telling myself to simply make the "right feminist choices." I often wonder what might have happened in that therapeutic space if I had gathered the courage to ask my therapist what she thought of my choices.

This leads me to think about how therapists themselves may struggle with the "isms" that enter the therapy room. Perhaps therapists, too, sometimes hesitate to ask questions out of fear of offending the client. And clients, in turn, may hesitate to speak openly out of fear of being misunderstood or judged.

In such moments, an invisible and often unintentional shame seems to cover the intersubjective third between therapist and client. In a world where countless voices speak loudly about ideological positions, the fear of saying the wrong thing can often enter the therapeutic relationship as well.

If this fear continues to dictate our interactions, many projections will never come into awareness. We may remain so afraid of ideological differences that curiosity never has a chance to emerge.

Perhaps the question is not only about what we do when we are afraid, but why we are afraid.

Sometimes the fear may come from our desire to be perfect allies, listeners or supporters. As therapists, we may want to see ourselves as spotless figures in the relational realm, people who always say and do the right thing. But doesn't anything too precious become too fragile to sustain life? In trying to make our relation and ourself most spotless, are we risking making the relationship so fragile, like a polished silver spoon, which we wouldn't risk using every day. For therapists, this may begin with examining their own relationships with these "isms." Do they feel drawn, resistant, or frightened by them? Exploring these reactions in personal therapy and supervision may help therapists become more attuned to their own internal responses when engaging with the client's beliefs about these concepts. Within the therapy room, a strong therapeutic alliance and genuine curiosity about the client's internal world may allow both participants to approach these ideological differences with less fear and more care.

We are almost risking becoming a mother who sees the process of nurturing as so special and delicate, that it almost makes feeding a very fragile process instead of a normal part of the relationship. Maybe it hinders the relationship from being real and instead strives to be ideal.

My takeaway from my relationship with my therapist (with whom I finally addressed my shame while I was writing this article) is that it strengthens not by avoiding imperfection, but allowing space for genuine curiosity. A non-judgemental space cannot just exist by being declared, but it must be created through the willingness to think together

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ON THE SELF OF THE THERAPIST:

HUMOUR AND PLAYFULNESS IN THE THERAPY ROOM

BY MEHAK BAWA

I recently transitioned to private practice, and since its advent have been spending more time reflecting on my work and my therapist self. Over time and years of work, there seems to be a 'personal self' and a 'therapist self' that have emerged for me, but what has recently been staying with me and has been making me curious are potential overlaps in these two selves. How much of the former shows up in the latter? How much do I even allow, and how much of it is natural, or should be stopped?

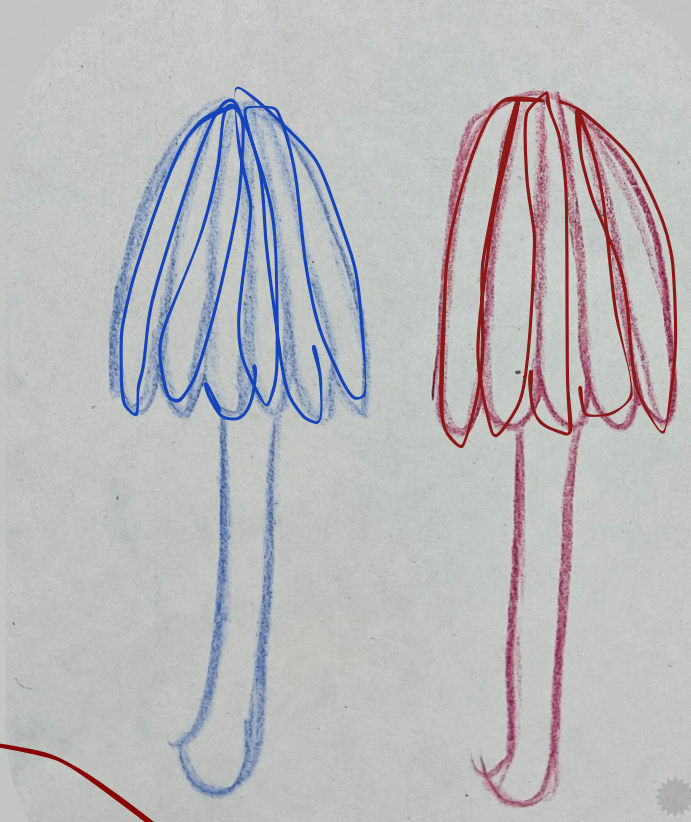
When I first started working, it took me a long time to ideate on and figure out who and how I should be showing up as for my clients. Was there an ideal 'therapist self' others had, that I didn't? What would that look like, and how could I emulate it? I must have tried different ways of responding, of reflecting, of questioning and of sharing insights, but it wasn't until I allowed myself to just be truly me – stay with my own organicity in the room that I felt most at ease. This meant being honest about my feelings – truly letting myself *be,* when I felt happy or sorrowful at hearing something. It meant being vulnerable in being able to share with clients when I didn't know something, or didn't have some answers. And it also meant letting aspects of my personality come in – my natural predisposition to use humour and playfulness in relationships. For as my sense of whimsy shows up in my personal life, I have allowed some of it to come in with my therapeutic relationships, too.

I suppose I owe a lot of it to my work with children.

Asking young people to come to therapy seems to put a huge amount of responsibility on their shoulders. In their lives, there are very few people who are anchored to their voices, who value their agencies, and who respect their sense of decision making. Their foray into therapeutic spaces is often a step taken by the adults in their lives, for them. It is a unique proposition to present to children: we instil in them a healthy dose of fear of strangers, and yet here we are, asking them to trust someone they do not know, in a process or activity they do not know, in a means of engagement they are completely unfamiliar with. I recall once a former colleague's client telling her "You do know we don't talk this way at home, right?" The day I started working with young people, I knew the stoicism I had associated with being a therapist would have to take a back seat. Taking the stance of a playful therapist then, would allow me to establish connect, but it would also help me work with some of the traditional power dynamics in the therapy room. By being playful, and sometimes using humour, we could together write a new narrative around the therapeutic process: this was a space to truly be ourselves. It was a space where we could poke fun, where we could joke around or use tones that weren't often serious, or weren't what is one's typical idea of therapy. It allowed us to use language that was nearer to lived experiences, and build a relationship that was truly, foundationally focused on being a relationship – allowing clients to experience trust, and safety, and reciprocity in the therapeutic journey. It meant that my younger clients could also poke fun at me: at my terrible drawing abilities, or my lack of awareness around new lingos, or my dislike for several of their favourite YouTubers. It allowed us to engage in 'problem free talk' – to open up the borders of the therapy room to all experiences that mattered to clients: good or bad, big or small. Recently in a session I was catching up with a young adolescent around some homework we had set up for them to engage in between our sessions. They remarked they had been too busy, I asked what had been occupying them.

They responded by saying they simply didn't have time, I teased them saying I understood they had a schedule as busy as the prime minister's. The grimacing laugh and consequent "nooo" I heard told me what I wanted to communicate had been received: that this is not a trial, or a space to receive consequences for inaction, as so often happens in young people's encounters with adults. This is not a space with rules and punishments that follow when said rules are broken. It is my genuine curiosity of what all came in the way, and if we need to revisit these goals to make them more sustainable for my client to be able to engage with in the first place. It is to continue to receive feedback, to consider obstacles in clients' ways, and to together find ways to overcome them.

So too does this spirit overtake in my work with adult clients. To me, being playful in the therapy room is not a tool or a strategy – it is simply inherent to my way of being, a core tenet of my ability to build relationships with those around me – inside the therapy room, and outside it. The hope is for it to convey a sense of free-ness to the relational process – come as you are, stay with what you feel, follow what you desire.



I sometimes use humour in the metaphors I draw, sometimes it is in the expressions that I cannot control, sometimes it is in the tone I use. I have in the past, used the colloquial Hindi terms of “oh ho” or “arrey” to convey dismay or disappointment. I recall speaking to an adult client about their desire to change a person’s opinions. We spent a lot of time exploring their intent around this process, but I recall them using a metaphor around drawing water from the well and connecting it to their persistence yielding rewards. I remember responding by drawing an analogy to a “keel” that one may try to “thoko” into a wall: how many times do we try to drill the screw in, if it refuses to cooperate? This wasn’t a very well-thought-out or eloquent reflective metaphor, much of it was in broken Hindi, but it seemed to help my client understand the parallel I was attempting to draw. This is what I mean by the self of the therapist showing up in the therapeutic exchange – this is the manner in which I speak, inside and outside the therapy space. I have tried (in vain) to sound more poised, composed, more intentional in my language – but those do not feel like me being truly myself with my clients. It is in the stutters, the uhms, the ahs, and the lightness of being that I am able to be who I am – my most authentic self as a therapist. My responses are thought out, yes, but they are also honest – I share them as they emerge, I do not try to paint them to be more pliant to what I believe “should” be their form. And I believe that that is who my clients deserve to see, because they should be able to truly witness and experience and know who it is they are working with, or trusting with their deeply personal experiences.

So there is humour, and there is playfulness in the therapy room. Here we can make greater room for curiosity, for compassion, for spiritedness, and lift the heaviness of conventions, of shoulds, and of having to hold ourselves back. In the teasing, and the remarking, and the laughter – we build a space where there is freedom and strength in being seen and heard, just as we are.

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UNBECOMING: FROM A THERAPIST'S LENS

BY NAMYA TRIVEDI

"But who do I become if I let go of what I know", asked my client on a chilly wintery morning. That is exactly what we find out as this piece progresses. Unbecoming, as the name suggests is letting go of what no longer serves us, all the maladaptive behaviours, that were once used to keep oneself safe are now given a space to explore and find out who they truly are. Not many know, but camels know how to swim, yes, those camels whom we find in deserts, who are adapted to live without water for days, know how to swim. I always wondered where they could have possibly learnt this or was it the unlearning that they weren't just meant to live in deserts made them learn this skill. You see, rule of the jungle says, Survival of the fittest, what goes unsaid is you might have to even unlearn behaviours that won't support your survival for long. But then again, if the point of life was only survival, camels wouldn't know how to swim, so maybe it is to thrive as well.

Ever since I had started therapy, 5th Oct,2023 to be precise, I expected my therapist to take all my pain away and give me almost a saint-like stability with no external need for anything except money(or else how do I afford therapy!). But what I got instead was truly becoming who I am and riding my waves without getting drowned in them, something which I'll always be grateful to my therapist. Now that I'm two years into practice, I remember but one line I told my therapist, "One day I'll tell my clients I went to therapy as well". Little did I realize the privilege of this work back then, to witness someone change, because change is beautiful, but it can be ugly as well. One would like to imagine that being in therapy magically changes you, but it's only when one works towards it (is often silent). People do have a misconception that simply showing up in therapy will make way for change, but what therapy can do is, create a space for change, whether to welcome that change or not is something a client decides. Unbecoming, in it's true sense happens when the walls of abandonment melt into a soft sense of self-embrace, and when self takes pride in letting shame go.

Peeling a pineapple is somewhat similar to unbecoming, no seriously, hear me out, to a dog pineapple may seem inedible, because they don't know what lies inside, but once somebody cuts it, peels it into soft yellow fruit that it is, it's edible and delicious. So for my clients to reach the delicious part they'll have to embrace the rocky surface and learn the trick and technique to peel it off. But is it that easy, just the correct technique and abra ka dabra problem solved? Alas,no! my therapist would disagree, and so would I. It's much more about therapeutic alliance then any specific technique. Now you would argue, how does one build a relationship with a pineapple, I would claim one can, depends largely on whether you like the pineapple or not, and how do you feel can it benefit you, as long as we don't add them on our pizzas, dependence would be out of question.

The grief that unbecoming brings, is a story of it's own because knowing that the pineapple just doesn't have rough surface but a delicate soft, sweet inside can be terrifying too, no? What really goes behind peeling the pineapple though, is something one only knows when they themselves do it. But for now let's take an example of onion, they have layers, as we peel, we know more, similarly as we explore our clients, we know more about them and so this rather becomes a journey of self-discovery to oneself. And what if I were to tell you that your clients' symptoms are your treatment. Complex enough? What if I were to also tell you that as much as you show mirror to your clients they do more to you! What is it so intriguing about unbecoming that makes everybody ask the first question that my client had asked, so full of rage and so full of love, so very ying-yang of it. As much as it promises to show a world full of possibilities it also shows the courage it would need to leave behind the familiar, the known. As Gabriel said in his book, One Hundred Years of Solitude, "Only a person who is dead should remain confined to their bed", so in order to know who one really is, one should have the courage to leave the bed and see what lies beyond that. But where does one get such courage, do all the clients bring that with them or is there something beyond that. I've always felt and believed therapeutic relationship is what makes that space for change.

In the therapy room, people rarely arrive asking to become something entirely new. More often, they come exhausted from trying to be what they are not. They come burdened by identities inherited, roles performed too long, defenses constructed in childhood but carried into adulthood like armor that no longer fits. From a therapist's lens, healing is not always a process of addition. It is frequently a process of subtraction. It is the quiet, disorienting, and deeply courageous work of unbecoming. To unbecome is not to disappear. It is to loosen the grip on what was once necessary but is no longer true.

A child who learned that love depended on achievement may grow into an adult who cannot rest. A child who survived chaos by becoming invisible may become an adult who struggles to be seen. These ways of being are not flaws; they are intelligent responses to circumstances. Yet what protects us in one season can imprison us in another. Unbecoming begins when a person realizes that their identity was constructed, not discovered.

When a person no longer needs to defend against vulnerability, something softens. When they stop performing competence and allow confusion, something opens. The therapist witnesses moments when a client says, "I don't know who I am without this," and instead of collapsing, they remain. That remaining is the birth of authenticity.

There is a paradox at the heart of this work: the more we let go of who we think we should be, the more distinctly ourselves we become. In the therapeutic relationship, this process is relational. A client cannot unbecome in isolation because many of their identities were formed in relationship. The "good child," the "caretaker," the "problem," the "overachiever" – these are relational roles. To release them requires experiencing a new kind of relationship: one where worth is not conditional, where emotions are not too much, where silence is not abandonment. The therapist becomes a witness to the shedding. Not an architect of a new self, but a steady presence while the old one dissolves.

Philosophically, unbecoming is an act of freedom. It echoes the idea that we are not bound to repeat our past, even if it shaped us. It suggests that identity is not destiny but a series of provisional commitments. To unbecome is to reclaim authorship.

In this way, unbecoming is deeply compassionate.

In the end, unbecoming is less about transformation and more about remembering. Beneath the defensive layers and inherited narratives lies a responsiveness – a capacity to choose, to feel, to relate – that was always there. The therapist does not create this capacity. They help clear what obscures it.

It is the quiet philosophical act of admitting: I was shaped, but I am not finished. And in that unfinishedness, there is profound hope. Feeling safe without having to rely on behaviors that don't work for you anymore, would be a nice feeling. So what say, lets peel the pineapple?

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A SPACE TO (S)EAT

BY PALAK MEHTA

This piece shares insights and experiences from the therapy room to inside the therapy room over the years of me being a therapist. I look back at what I knew then and what I know now and how much I am yet to learn.

Space

When I first graduated college, my idea of therapy was working with clients who want to work with you, sitting in a cubicle or a room which ensures privacy and calm. I was excited to take up my first job as a 'therapist'. I was looking forward to having a therapy room to work with young people and set up the space to make it inviting for the clients. Little did I know that 'ideal' therapy room is an idea that often exists only in the text book. I ended up taking the session in the dorm, in a store room and even just behind a cupboard in a shared space. I learned that sometimes space needs to be created metaphorically, imaginatively and in the experience for the clients. That is good enough.

Then, I stepped into private practice. I had the space I needed but I was offering sessions online during covid./ I ended up giving sessions from a room I didn't really like and explored the limitations of space even when you have a lot of space.

I recently had a chance to do interviews for a qualitative study along with translators. I ended up back in spaces which were nowhere close to a textbook therapy/ confidential room. From closed schools to open fields, I did interviews at all sorts of places.

I believe in the importance of having a good enough room as a container for therapy work to happen. And, while I still strive to offer such spaces to the clients , I prioritise offering therapy more than offering therapy from the perfect room. It brings me back to the idea of accessibility. Sometimes, therapy spaces are not thought of in the organisations and sometimes people don't have a personal space inside their homes to seek therapy either. It is an ongoing process of making adaptations so that people can access therapy. From cars to gardens, from walking on the road to telephonic support, there is always room for adapting what a therapy room might look like.

Food for Thought

Initially, I felt hesitant and judgemental about why a client would want to have coffee during the middle of the session. When clients asked explicitly, I said no to clients for drinking coffee or having food in the session. I also policed myself from having tea or drink during the session as a therapist. Where did this come from? I don't really know.

What is this sophisticated version of therapy where the therapist or the client can't have a drink in the room that is not water. When I took this to the supervisor feeling conflicted about my ask, my supervisor helped open my perspective and reminded me to be curious about what a cup of coffee might signify. Is it something that is comforting for them or is it something nourishing?

A while before that, I had read 'Maybe you should talk to someone' and a particular chapter shared how a client brought food to the session to distract himself and not engage in therapy per se. I went to a therapist who used to ask if I would like to have tea or coffee just before we began the session. The first time she did that, I was surprised and still grasping what it meant. Even after experiencing this, I wonder why I was so closed off to the idea of a client drinking coffee?

A few years later, I ended up working in a mental health inpatient hospital where the clients not only brought tea or coffee but sometimes ended with a full meal in the session, particularly group therapy. And instead of setting the rules, I stay with curiosity. Here is what comes to my find when someone shows up with food for the session-

Do they want to have company while eating food?
Do they feel safer to join the session with food?
Do they not want to miss the session because they are having their meal?
How is their relationship with food?
Are they just hungry?

I have realised that allowing people to show up with food or hot beverages is a way to make therapy accessible for them.

All of this could be a long winded way of saying that while it is important to learn what therapy should be like, there is no singular definite answer. Therapy is a dynamic process where therapeutic relationship is the central and most important aspect of the process and everything else needs to be adapted to the context and the individual's needs.

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STAYING ORDINARY

By Rachika Komal

To feel exceptional as a therapist, isn't that what many of us want early on in practice? I've had moments, and still do, when I leave a session with the same gnawing question: Did anything happen? I want to offer insights that create breakthroughs. Vocabulary that feels precise and analogies that resonate. More than anything, I want to feel useful in an unforgettable way. With more years in the room, I can now say with some certainty that much of therapy does not look like that. Sessions are often slow, repetitive, and, for lack of a better word, ordinary. Back then, ordinariness felt close to being not enough. It seemed reasonable to assume that if a session didn't feel meaningful to me, it couldn't be meaningful to the person sitting opposite. I often mixed up intensity with depth, insight with effectiveness, movement with value.

What I know better now is that this pull to exceptionalism is a hope that my work will prove I matter. That something about my presence or thinking would be recognisably impactful. I write this as a therapist in early to mid-career practice, still finding my footing in private work. The fantasy of private practice is powerful. I remember telling my therapist how the idea of working independently has felt almost lustful. He caught on to the word and agreed; there is something undeniably lust-worthy about it. It's like a golden ticket: autonomy, flexibility, the freedom to be, the promise of deeper work. What often goes unnamed, though, is the loss of buffer. The buffer of teams, institutions, colleagues, and shared responsibility. And without this buffer, the need to be exceptional looms larger. Each session carries not only the client's hope, but our own: that we are competent enough, thoughtful enough, skilful enough to make the work count. When the room feels ordinary, worry can creep in: Should I be doing more? saying more? And, offering something better?

This makes sense when we look around us. We live in a time where visible change and measurable progress sit on top of the ladder. In such a climate, it's not surprising that these broader social values enter the room. If outcomes are prized everywhere else, why not in therapy? Especially therapy. This space becomes yet another site where change must be demonstrable.

And when I mentioned the frameworks I work from in our first meeting, they found it oddly distancing.
And then, in the same breath, they added that much of this has been resolved. They now feel more 'with me' in sessions. Thank god for that!

Ordinariness takes on a different meaning in practice, though. This work asks for repetition, pacing, and attention to what is not said aloud. It might feel ordinary to return to the same material again and again. And yet, somewhere in that return, things begin to shift. This could be in the way a client speaks to themselves. In how they greet an emotion. In how they move toward or away from the people in their lives. Clients sometimes tell me, much later, that a gentle nudge stayed with them. Or that the the silence we shared felt relieving. They speak about a moment when we remained with a feeling instead of moving away from it. Often, I am surprised by what mattered. This steady, ordinary work compounds in ways that neither the client nor I can completely grasp while it's happening. Now that we're here, a question comes up for me: **Does being helpful equal being impactful?** This equation, I believe, sits at the base of my confusion. The conditions in which we learn subtly reinforce certain such notions. We are trained to be clear in our thinking, to ground our interventions in the evidence base, and to show awareness of risk and formulation. There is no denying that these are essential skills.

And yet, they can quietly privilege certainty and articulation over attunement and timing. This tension became more and more clear to me in sessions where I knew something but couldn't easily locate it within a recognised framework. A sense that intervening now would interrupt something vital. Or that asking another question might push too far. Sometimes it even takes the shape of not knowing what to do and of naming my own helplessness. I remember once a client telling me how, in our initial few conversations, they couldn't really feel my support. That my nodding along and being professional was a part of 'doing my job'. And when I mentioned the frameworks I work from in our first meeting, they found it oddly distancing. And then, in the same breath, they added that much of this has been resolved. They now feel more 'with me' in sessions. Thank god for that!

So, do I regret naming my clinical repertoire in that first session? No. But I can see now that a big part of it came from a desire to establish credibility, and through that, trust. As the sessions continued, I focused more on what was happening between us, rather than what I thought should be happening. That, more than anything else, began to build trust. Perhaps this is what discovering our clinical voice looks like: gently letting go of the need to sound like someone else. As a young therapist, frameworks offered me structure and safety. But as a slightly older one, practising (and expressing) my clinical voice has been what sustains me. I often wonder what the word "practice" means in private practice. Without colleagues down the hall or organisational feedback loops, there is little to confirm we are exceptional. The room can feel solitary, sometimes even exposing. This too then becomes a part of the work: allowing ourselves to practise in ways that feel ordinary in the moment, but reliable overtime. My clinical voice has given birth to two things: a sense of authority and a form of resistance. The authority in my voice sounds quiet, felt in the reliability of the relationship. It's a felt-sense that prepares the ground for further healing.

For me, resistance shows up when I feel the discomfort yet choose not to rush through it. It can feel countercultural to choose restraint, but it's not defiance for its own sake. It's a deliberate choice to protect the relational space between the client and me. In all this lies a paradox. To witness compounding shifts, we must all allow ourselves to slow down with the client. To some, this might feel challenging and to others, reassuring, depending on how we see it.

I'd be lying if I said I didn't still feel the pull to make sessions stand out. Weeks that don't feel eventful still bring a sense of disappointment. But I'm learning to tease apart what's mine and what feels borrowed in these reactions. In moments like these, I bring to focus two questions to steady myself. First, is this for the well-being of my client, or in the service of my need to feel impactful? And second, if I did nothing more here, would the relationship still feel intact?

To stay ordinary is, in some ways, an act of faith. Faith that the relationship can hold what is brought into it. Faith that small, repeated moments of connection matter. Faith that authority can be quiet and that resistance can look like steadiness. Doing the ordinary work of therapy is a way of saying: this does not need to be spectacular to be significant.

So dear reader, what might ordinariness look like in your own practice? And what might become possible if you gave yourself the freedom to find your own clinical voice?

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AN INVITATION

BY SAMARTHYA GAJBHIYE

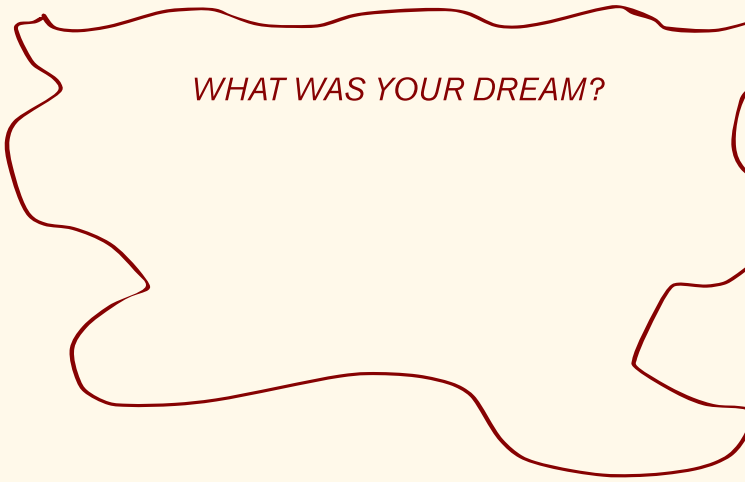
Preface

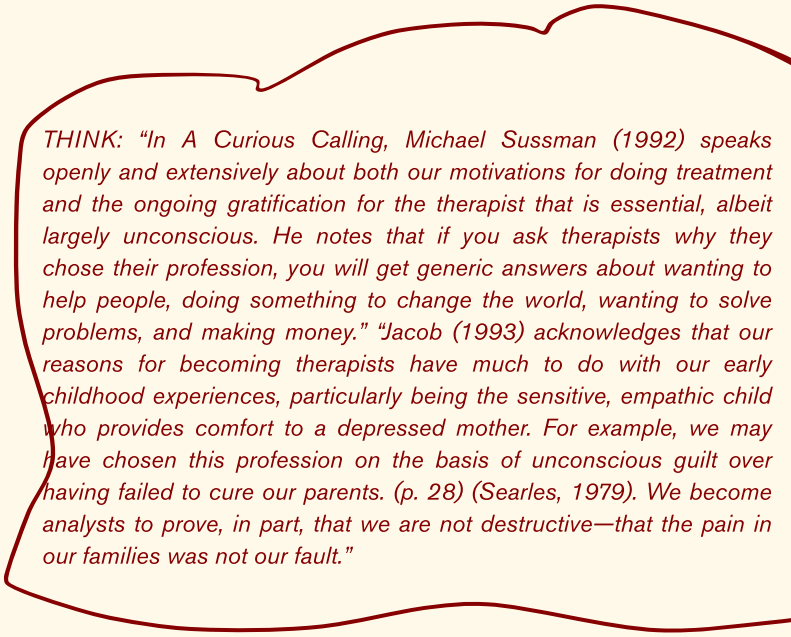
Imago - Enamorata

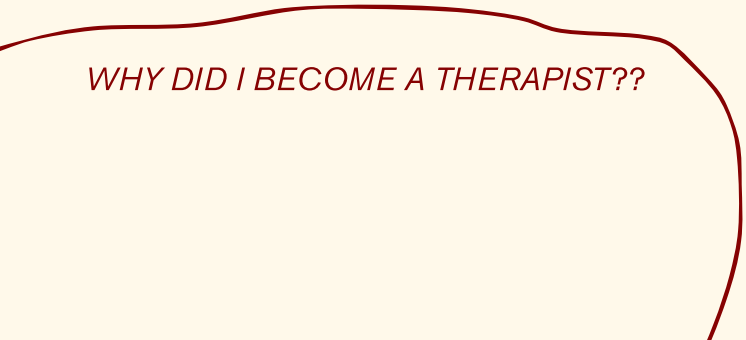
Think of the reason you chose this field, there exists a passion within you which despite the financial, educational, policy and personal problems, still persists. Is this how you imagined your practice? I did not. I imagined to smoke a pipe with a great brown coat, a patient lying in the bosom of my couch while the smoke I puff away morphs into the shape of the patients cure.
I imagined to sit up straight. Look the patient in the eye, and say the truth while believing it.
I imagined my lazy afternoons with tea given to me by my old assistant, typist, receptionist and only friend, reading obscure title-less hardbound books stained with the past.
I dared to trust my knowledge, put one foot in front of the other with belief and meet my patient in the middle, nod my head, bow my hat, shake his hand and say goodbye to never see him again, in my imagination, of course.
I was enamoured by psychology.
Seduced by its appeal.
Would it fix me?
Would I fix it?

Pupa-Fufa

I imagine the singular of pupil to be pupa. But reality differs.
In reality when you drag your shoes to class in a bachelors course in psychology in India, you find instead of, barring some who have changed my life (shoutout my sociology professor, Dr. Rajeev) teachers, powerpoint presentations, assignments, heartbreaks, alcohol and of course exams.
Wait a goddamn minute. Weren't you actually interested in this subject? Did you not read on your PC, or in an internet cafe, or a mobile, a tablet, a smartphone, about articles that fascinated you, tickled your brain, scratched itches in your mind?
Why then, when faced with Ciccarelli and research papers, you turned to ChatGPT, and VeryNotWellMind?
The system yes, the system is to blame surely, how could I study with all the work and play at hand? So I studied one day, okay, one week before the exams, cramming with seniors' notes, tallying past year papers, sleeping in the library so you could write for 3 hours and pass to then study directly in the next semester.
Ye toh Fufa ji bolte the shadiyon me mujhe, "ye kuch nhi karte arts waale, nashe karte hai, tattoo banate hai, baal color karte hai aur padhai ke naam pe jhoot bolte hai farre banake pass hota hai ye mujhe pata hai" The tattoo remains but blue was a good hair color for me Fufa ji.







Masters. Maestro. Mister. Mistri. Master ji. Metamorphosis.

An east wind was blowing. Now was the time to change, you (I) would actually go back to read and study everything while finishing masters diligently. Because I (you) still want to be a therapist, and would not want to risk the well-being of your patients with half-knowledge right?

Right? Right.

A reenactment filled with tragedy, is how I see most masters go, how mine went too. Real problems, medical, personal, professional, familial often rear their ugly head on the day (mostly a monday right, when the clock is a whole number like 12:00 and never 12:37 are you insane?) you decide to change your routine, your life, your diet, your exercise, your life.
And yet again, we are left with endless scrolling on instagram, peddling self experience as knowledge but in private moments feeling like an...

Anti pasti, aakhri pasta, im-pasta, IMPOSTER. Imposter - a person who pretends to be somebody else in order to trick other people (trust me, i googled, wait gemini'ed it now)

Who is the person?	You
Who is pretending?	You
Who is somebody else?	You
What is the trick?	You
Who are these other people?	You

At least that's what it felt like to me, when I passed out of my masters.
I was pretending to be a person pretending to be a therapist in order to trick my past self who expected more from me.
Should I give up? Can I comeback from this? How do I? What do I? I??
I will tell you what I did.

WHAT WAS YOUR CLASS LIKE? WHAT WAS YOUR CLINIC LIKE?

The Bed, the Floor and the Couch is Larva

Eggs contain 7 grams of protein, 5 grams of fat, 1 gram of carbohydrates. Total - 78 Calories. But eggs also contain the possibility of life.
Do you want to become macros? Or do you want to become life?
This article will, going forward, read like a typical research paper. Fancy words arranged in sentences we collectively pretend to understand:
"The paradoxical nature of the little girl's transitional Oedipal relationship (created by mother and daughter) lies in the fact that the first triadic object relationship occurs in the context of a two-person relationship; the first heterosexual relationship develops in a relationship between two females; the father as libidinal object is discovered in the mother" - Ogden
Yes, like that.
I want to write without filter about what you can do as a psychology student or a psychologist to become a good enough therapist. The larval egg must emerge into life lest it wishes to become an omelet.
To become someone you trust.
Wow, this sounds like a self help book's blurb overextended.
Sadly, nobody else is coming to help you, I will not either. It's just you.
Self. Help.

Alright let's start.

Introduction

The following article speaks to the needs fulfilled by the patient of the personal, sexual, professional and other multitude of selves the therapist contains. The proboscis digs in extracting stories, but if we are not careful, the therapy will bear no nectar for the patient. The paper will illustrate a case and then instead of talking about the treatment of the symptoms, will focus on the process of the treatment, outlining pitfalls early career therapists might find themselves in the deep end of.

The following case has been de-identified, disguised and is a combination of hypothetical and real cases.

This patient came to me for an entirely different reason than what we ended up working on. Of course, the surface level presenting symptoms were related to the underlying pathology. As a therapist what do we focus on? Alleviation of suffering by addressing the symptom or do we go underneath and see where the symptom stems from? Now these techniques are located on two ends as going underneath means discovering what has been ignored, undoing defences and maybe then the symptom would go away. The symptom has maybe served its purpose, and to relieve it is to give up comfort. This may not feel good, in fact it may feel worse. It may not be the right path to take always, may not be the right time. This is the difference between feeling better and getting better. Shedler prompts us to think that often therapists confuse this suffering with getting better and dig in too deep , too quickly. They might even derive a maso/sadochistic pleasure from this. It may confirm their belief of being an unworthy therapist, it might confirm their imposter, or some therapists might even ignore this hurt caused and indulge in their narcissistic omnipotence.

There is no guidebook for therapy, no one rule therapists can follow to ensure safety and progress in treatment. But there are rails placed on the stairs that can be leaned upon, supporting our work.

I will try to highlight these.

Chapter I: The Patient (P)

P walked into my cabin with a quiet oblong face, but I could sense something unfolding inside P, an exploding celebration and a separate distant imploding past. There was hollowness in P's words in the beginning, they rang with silence, it was difficult to hear them. There were multiple symptoms that I caught when I submerged my fisherman's net into the mind of the patient. I drew up a salmon with red roes of anxiety, foreign and unfamiliar, rarely consumed, mostly pushed back into the stomach with a hand down the throat and oesophagus. I caught a Pomfret, a daily neighbour residing in P's body with fins made of low self esteem, eyes gouged out, it was rotting but devoured, ingurgitated on the regular, derived nourishment from almost. The Whale came up for air only twice, deep from the ocean bed of the unconscious, we could feel it in the session, the moment when these small catch were made easy work of, and the patient could see inwards. A moment of connection when something from the present was made rife with meanings from the past, a forgotten memory, a feeling unfelt for decades, a datum in cognition uncovered after years, the picture of a childhood friend and a bully, parents fighting, and then the curtain draws. That is enough air for the whale, too much and it would die of oxygen poisoning. Deprivation is survival.

The conversation was garden-variety, these were familiar truths, P's story, the lore; but when P ran out of words to say is when P began to truly speak. Soon the patient told me they wanted to feel something, anything.

P has a partner, described as a unique loving object, where when the space shared with them becomes almost liminal, the love is different from anything P has ever experienced, nobody cares for P like this, with such intent intense holding. P's partner cheated multiple times, there were fights verbal and some physical. There was also a history of cheating present in P's parents. P's friends advised P to leave the partner. But P thought they had also cheated in the past and hit their partner once, so maybe this is what P deserved, maybe they could make it work, maybe it would all work out fine in the future, how could P leave them at this point in life, later surely (maybe monday, 12:00).

There would be some sessions of intense anger often reflected at me also, where P would shout, cry and hurl abuses at what the partner did. P would staunchly stand by their own side and defend themselves but end up abandoning care: "I deserve better...but why cant I leave them?" "I always end up in such situations, my last partners also cheated, and I cheated on my first partner, is there something in me I need to change?" "I need to treat myself as human, deserving of a second chance and get my life in order, I will go to my job, I will join the gym, I will study everyday, I will do my hobbies, I will eat healthy, I will enjoy my life" "Maybe therapy isn't working for me", "I will murder that other person they cheated on me with".

Some other sessions would end up in stitching individual pearls of appreciation for the partner into a necklace, building bridges of vast praise, on the rosary of P's breaths, P repeated the name of their beloved (साँसों की माला पे सिमरूं मैं पी का नाम) : "Its not their fault, they are the best, it is me who is fucked up" (Maybe if I get better they would love and respect me and not cheat on me?), "Nobody loves me as much as they do, nobody can ever", "I imagine my life, my kids, one son and daughter, I have named them, leaving them would mean killing my future hypothetical children".

There was no in-between. Only good or bad. Oscillating between two extremes.

P told me that in childhood, P was denied her desires, needs, wants. Rather any need or want would be converted by parents into a reward, an incentive on the condition of academic success. There was a time P said, when parents would threaten P with the same things, the threat of being shipped off to a boarding school, the threat of leaving P as parents and giving P to someone else like the "Kachrawala (Trashpicker)" or an evil imaginary relative they had made up to scare P. P said that one year there was a teacher who failed P because of a grudge. P remembers two things in that year, one, crying in a closed room while P's mother gave P the silent treatment and refused to speak for months and two, regular beatings with different instruments, sticks, chappals, belans, a hot chimta (tongs) used to turn rotis on open fire of the gas, hair pulling, spanking, and a broom. The crying was not about the maar (violence), P said there were never tears after beatings, only regret and anger. Regret that P could have studied harder and regret that such a "useless, nikamma, mischievous, spoilt, dumb" child was written in the kismet of P's parents. There is another type of consequence P describes, a kind of forced evacuation of any activities that gave P joy: Cable TV was cut off that entire year, even during summer holidays as punishment, P's torn shoes, one size small were not replaced, a new school uniform was not bought for P, P was forbidden from meeting friends and cousins alike, no swimming classes that summer, music and sports were stopped, instruments of play for both, were locked up in an overhead shed in the master bedroom. This was supposed to be the year P's parents said "hurt them the most, because of how they had to treat P, but only for the betterment of P, with the best of interests in mind" "Why must P make them do this? They don't like it", they said this was the reason for P's success in later life, a kind of pride they took in strict parenting then attributed to P's goodness while any badness in P was instantly pointed out to be P's own fault. So when P's partner showed the slightest form of ambivalence in treating P as not a destructive force, it was like P had been released from the tight clenches, nails digging deep into her skin, of P's parents. "This must be love" P remembers thinking which later transformed to "My standards were so low, that I would accept any morsel of love that was not disguised as punishment". "So when punishment arrived in the form of cheating, it did not push me away, it drew me in with a familiar form of love, the only form I knew since birth, I was actually more comfortable in this dynamic of violence, cheating and punishment, it felt weirdly safe; earlier when all of this was not there I was always afraid of it going away"

I have noticed a pattern of forgetting/omitting memories of physical violence from childhood. Dear reader, take a moment to reflect if the same has happened to you, do you remember it? What happened? You can also choose to write about your associations, what this reminds you of, or your relationship with romantic relationships.

Chapter II: The Therapist

What do I do with these fishes? Am I samurai cutting them clean with my katana? Am I a fisherman selling them at the docks? Do I cut them open, scoop out their guts, clean them with water, put a little haldi and fry them to serve back to the patient? What do I do with symptoms? What should I do? As a therapist? I can only tell you what I did.

The risk has to be treated as real, as therapists we cannot advise the patient to do something. A nugget of wisdom offered from outside will never be digested, it will be devoured by the Whale, it has to emerge from within. By giving advice, the position of neutrality is left, a judgement is drawn and imposed, the patient will always have enough of that in their life from others. This is to risk becoming another familiar object in their object relational world against which defences have already been neatly organised. The hope of progress lies within becoming a new object against which the patient can possibly become, think, feel, with enough safety, differently and anew than what they always have resorted to.

These are but things we can try. I made the mistake of rushing an interpretation. Freud writes in Negation (1925) writes that "He said that in giving interpretations to a patient we treat him upon the famous· principle of 'Heads I win, tails you lose.' That is to say, if the patient agrees with us, then the interpretation is right; but if he contradicts us, that is only a sign of his resistance, which again shows that we are right.". This was my mistake, I felt unraveling a symptom and interpreting a defense might help P. I read and read, research papers, articles, book chapters, trying to find meaning of this dichotomous split in P's mind. I read about Melanie Klein who talks of psychic positions, I thought developmentally about what Ogden writes about, I wrote down my observations, associations and feelings after listening to Akhtar and reading Khan. I conceptualised the case. I will briefly demonstrate by explaining Klein's positions and applying them to P. I am taking the explanation from a video I found on YouTube on the channel Psychodynamic Psychology and Klein's "Notes on some Schizoid Mechanisms (1964)".

Klein used Freud's drive theory of Thanatos and Eros to build her theory. Klein believed that the ego existed in the child which Freud did not agree with neither did Anna Freud. These drives can be directed inwards onto the self or onto the Object (Eros + Self/Object = Love) or onto the object (Thanatos + Object = Anger). If we are able to accept our death drive and relate with our capacity to hate and destroy which comes from within, it can lessen anxiety.

But in an infant if not treated, it might increase anxiety. To decrease this discomfort, a fear of being annihilated (Paranoid) we take psychic positions, engage defences which are deployed by the ego as its function is to protect us against said anxiety. These positions form the blueprint of how we might organise our internal world, in relation to the self or the other (an object relation), later in life when faced with great stress. The Paranoid-Schizoid position is first present in the first three months of life. This is a time of intense trauma of being born and powerful love received from the mother. I quote the video here, thank you Alina (whose video I have been paraphrasing in the last and following paragraph) for putting it across so well "The infant becomes the stage for an existential drama: How can life survive death? How can love win over hate? The ego of the infant has to find a way to manage this anxiety and survive. The first step to save life from death and love from hate is to try to keep them as far away from each other as possible, so that hate doesn't contaminate love, to do that the ego uses the defence mechanism of splitting which is the schizoid mechanism. The early ego that has not integrated itself splits love from hate, life from death, in order to keep love safe from the hate that would otherwise destroy and annihilate it".

This then happens in relation to the Breast, which provides us with milk, a first external part object we have a relation with, also where the ego employs the defence mechanism of projection. If the Breast provides us with milk regularly it becomes the Good Breast but if it does not provide us with milk appropriately it becomes the Bad Breast and the infant feels bad. "To gain even more distance from one's own destructive impulses, the ego projects, puts those hateful feelings into the bad breast, a part of the death instinct is then projected out. It's saying *'No no no, actually there is nothing destructive inside of me, it's all out there, where I can fight it and destroy it'.* A fear of persecution is then felt by the infant from the breast (infants often bite the breast thinking the breast is out to destroy them), which is a form of the fear of annihilation thus completing the Paranoid bit in the Paranoid-Schizoid Position. But at the same time where the infant hates the bad breast it also idealises the good breast, Klein writes "...it is not only food that the infant desires; the infant also wants to be freed from destructive impulses and persecutory anxiety". This is the Schizoid mechanism of Splitting, where love and hate are kept far apart. The consequence of this is that we have split object relations as well. There is hope by introjection of the Good Breast and strengthening of the life instinct which helps establish the good inner object (our inner voice which tells us to do good). Eventually when this happens, the infant feels it less necessary to keep love and hate so far apart, is when it starts realising that the Good Breast and the Bad Breast was the same all along, which is the basis of Klein's next, The Depressive Position. *"If we receive love, good enough care, and establish a first basis of the good inner object in the first few months, the fear of death gradually diminishes. There is enough goodness inside of us to neutralise more of our destructive impulses. The need for splitting and projection decreases and we are able to perceive ourselves and others in a whole new way: Others get to be themselves and not just a repository for parts of us. Our caregiver didn't frustrate us because they are evil, rather they are imperfect, fallible people, just like us. Likewise we start realizing we have the capacity for hate and destruction. It's part of us and we are not just all good and purely the victim of evil out there. This then sets off another type of anxiety, the depressive anxiety of losing the good object and being abandoned. Here we discover the concept of ambivalence. The great loss of this position is we have to let go of our omnipotence, our belief of paradise and perfection and realize our dependence. We feel great remorse and guilt over how we treated the bad object"*

I applied this to P. I noticed the great separation of the ideal partner and the evil partner. I wrote how P had reverted back to the Paranoid-Schizoid position. I wondered if there really were some developmental obstacles while breast feeding. Surely, after taking a detailed history I found out that P remembered multiple instances as an infant and child, where P's parents would discuss P's greed of milk, describing P as a little child who was always hangry (hungry + angry), asking for more and more milk until P's mother said "I had to resort to withholding my milk from you, I would tell you that its over but you still insisted on checking. Then I finally to get rid of your incessant nagging and crying and an apparently insatiable hunger, with great pain, applied the juice of neem leaves to my nipples. That bitterness then stopped and disciplined you finally." I wondered about my role in our work together. Was I to be the Good breast? Or the Bad breast? Was I the Mother who was supposed to guide P from this position the Depressive one? Was P even aware of what was happening? Does awareness help? Was P's partner the Bad breast into which P had deposited years of repressed anger and hurt, now bearing the cheating due to the guilt P bore? If I were to play the role of the Bad Breast, could I bear P's hateful projections?

I was made to feel utterly useless, how could I manage that as a therapist without letting it cross into my personal life, connecting it to my ineffectiveness as a therapist and satiating P's demands so I could turn into the Good Breast, always providing the milk. There were too many questions in my mind. Developmentally, what was P trying to be, rather who? Was P trying to occupy the position of the parent who cheated, to justify P's childhood, the parent's absence, to rid P of the guilt of hating them? Or was P in the shoes of the parents who got cheated on? To feel the hurt it may have caused the parent, to again justify their actions against P, to somehow make the parent feel less alone by also being someone who was cheated on, to understand? Or *Was P trying to be the Third? The affair*. The person who maybe ruined P's parents relationship and was blamed for uprooting P's childhood. Enamorata. But why would P want to be someone P hated all of their life? Maybe the parent TRULY only loved the affair, maybe P wanted to experience a taste of what that felt like, what was deprived of P. Early career therapists also desperately try to become the Good Object in their patients internal world. As did I: When the patient told me I am a genius I felt good. When the patient cancelled a session I felt bad. When the patient asked me when this would be over I felt powerless. When the patient narrated to me their dreams, revealed their past and cried to me, I felt successful. What do I do now? When the patient texted me on WhatsApp I replied after my working hours. When the patient asked me a question I gave my judgement instantly. I lied to my patient. I don't like what my patient evokes in me. **What do I do now?**

Chapter III: The Work

You are the same person. In therapy, in love, in hate, in friendship, in supervision, as an analysand and finally as an analyst. You cannot try to leave your untreated parts at the door and only take what is 'healing' to the room. You can however show up as a person, a complete person. Doing that in my opinion would require at least 3 things in the Indian context with a bonus 4th added at the last.

- Supervision
- Personal Therapy
- Basic Caretaking: Reading, Formulation & Treatment
- Revealed at the end.

1. Supervision:

I am writing this so maybe after reading this you do not make the same mistakes. But I am quite sure your unconscious will find a creative way to make it uniquely and differently, which is alright, but learning from it is the only way forward.

Here is what I could have done better. When I understood the great Melanie Reizes Klein's complex, convoluted writing, I felt a sense of accomplishment (as you might have when you read the previous chapter), I felt I was being a "good enough therapist", my intellectual ego stroked, satiated and hungry for confirmation of my hypothesis; I forgot. I forgot that there is a human on the other side, not just a Patient, P. I rushed. I did not reflect that there was my greed, my need being met in offering these interpretations, that I hoped that not only would the Patient get better by my hand, mind and words but they would also tell me that I am a good therapist, that I helped them. I was operating more out of the latter than the former. If I had reflected against my supervisor or personal analyst this need, I might have understood that it is actually the same need as P! The need for perfection, the need stemming from parental deprivation of appreciation, of never being good enough, of setting impossible academic standards for me, the therapist, not only the patient. After all, I am a person too. But maybe I understood this, which is why I did not take it to analysis but I did take it to supervision.

Maybe I knew that taking it to both places would kill the possible pat on my back. I am capable of destruction as a therapist, this was my journey from the Paranoid-Schizoid position to the Depressive position, breaking my narcissistic omnipotence.. How neat! But this did not happen in reality. In reality, I rushed. You might too. I request you, the slower you go , the faster you will get there. Reflect. I tried too hard to become the Best Therapist, the Good Object, and that trying was the reason for this mistake. Try to be **Good Enough**.

But I rushed. I have thought of all this in hindsight, I rushed to interpret, I gave the patient my hypothesis before they were ready to handle it. I took away their defence before they were ready. And there was a collapse. P got worse. I tried to handle the situation, and failed. P left me as a patient. We had closing sessions where I admitted my mistake. I wished P the best and referred another analyst.
The work is not intellectual only, it is affective, reflective and we know this but we forget to actually do it. The only reason I was able to realise my mistake was because of supervision. How can I become better without realising where I fail? How can I know where I fail without starting my practice? How can I start my practice without going to supervision? Supervision is mandatory. It is not an option. Supervision helped me reflect on everything I have written about in this part. Supervision also ties to my own life because my supervisor is kind to me, I do get validation there but I am also held accountable, I get readings, interpretations, resistance and a look forward as to how I am going to become a therapist in the coming years. It is the safety rails on my bicycle. If no one has said it to you till now, let me; go to supervision. Supervision will kill your : Anti pasti, aakhri pasta, im-pasta, IMPOSTER.
This field will only straighten its back and stand up tall when we improve the standard of care and start taking our work seriously. A psychoanalyst friend in Germany told me it's incomprehensible how we do not have supervised hours of training. Even after my friend has a license, the licensing body will send a supervisor to sit in every FOURTH session on the basis of which there will be a continuous evaluation if the license has to be retained or suspended. When we take it seriously, health insurance might too. But I digress.
Maroda says we are more afraid of causing harm to the patient that of doing good. I quote "we all know that we are getting some personal needs met in our relationships with our patients. Is the hidden knowledge of this personal benefit producing so much guilt and shame that we need to overemphasise our role as not only "good enough" caregivers but also as self-sacrificing humanitarians (Orange, 2016)?. Anecdotal evidence points to a high incidence of depressed mothers amongst trainee psychotherapists who acquired a sensitivity through judging her moods. They also learn to put their own feeling secondary to hers—another prerequisite for the therapist. Making demands often then leads to guilt and fears of damaging others in relationships. Putting others first is the safe option but inevitably means repression of aggression. Thus, our unfailing preoccupation with being good can be seen as a reaction formation—an irrational defence against our own guilt and anger about having precociously surrendered our own well-being (Miller, 1997). Focusing on the needs of others, and developing a finely tuned ability to instantly read another's moods, necessarily produces a degree of resentment. What child wants to be his/her mother's or family's keeper? Yet expressing this resentment runs counter to the role of soother and peacemaker, and therein lies the problem. I think that therapists of all persuasions have an aversion to expressing anger toward their patients or even feeling it, because it stimulates this irrational fear of not only failing to soothe but also to harm. This is the conundrum that we need to break free from.

2. Personal Therapy:

When P told me about their parents, my personal self privately went "SAME PINCH".
I remember we used to get incentive prizes in school. I think I have 3-4. I do not look at them. It used to be an yearly ritual. Going to school after the results of the final year end exam, interrogating a kind reluctant teacher in class I but an evil spawn in 4th about "Who got the maximum marks?" "Who is first in class?" "Who is 2nd?" "Is my child in top 10?".
I was 7 years old but 1st in class. What a moment of celebration! My life had value, my parents were happy. I was alive, I was life; because if I was not, if I was not in the top 3 or 10 then I was not life, I was macros, an omelet. An egg cracked by force in a searing hot pan and killed by suffocation after putting the lid on. Maybe then my taste would please my parents. I must get into the best college in my bachelors, masters, MPhil, PhD, in IITs, MIT, IIMs, Christ, TISS, NIMHANS etc. Were these my dreams? Was I still chasing the incentive prize?
I am now wondering about you, the person reading this. Hi. Hello. Yes, you. I want to know if this happened to you also like it does to most in India. I wish you get out of this and discover who you are without relation, independent of academia.
Anyway what do I do with this? Yes, this in fact, is, The Work.

what promises did your parents make you if you excelled academically?

You cannot guide your patient to a place you have not been to yourself before.
How could I help the self-esteem of P which P's parents had a role to play in, when mine lay shattered too? This is the role of personal therapy. If I am to give hope to P, I must know that it exists first. I cannot say same pinch. I bear the responsibility of NOT being a perfectly solved rubiks cube but I must be on my way to solve it. I do not have to figure out everything about myself before I can enter this profession, but I must not blindly lead someone into darkness. It will untangle a lot of knots. What personal therapy will do is when I am entangled in a transference-countertransference dynamic with P, it will help me take what P says, not personally but professionally. It will help me evaluate and see how and if I am letting my personal defenses come up in our work, it will help me reflect on how my mistakes can still occur after reading papers, getting trained and going to supervision.

3. Basic Caretaking: I urge you, if you are a therapist, take your work seriously.

Reading has no substitute. The only way I can make a mistake while conceptualizing Klein's positions is if I read them first. Start reading. Join reading groups. Read to gain your attention span back from instagram. Read through the discomfort of sitting down and reading, see what that discomfort is about. Read for fun. And maybe write too. While writing this article my kind, kind editor and working group, held me through every step of it, they told me that it was in fact fine to just be, to just read or write for my own sake.
If you have patients I would again ask of you to slow down, to sit with a session after it has ended, to think often about your patients, to let your mind roam. I would then ask you to learn the art of writing down things. Things such as session notes, process notes. What is happening in your work? What is taking place? What dynamics are being created and re-created? How are you doing? Have there been ruptures and repairs? What did you do right and what went wrong? I think these questions cannot be left floating vaguely, they cannot be treated as light clouds of mist entering and escaping your mind leaving you with a "feeling" of what is happening in your work with P. I think that can only happen after years, decades of experience. If you are starting out, I hope your work is intentional. I hope you are taking on simpler cases, I hope you are not overloading your schedule. I hope you are not running away from meaningful work in search of quantity and money. I think the only way to sustain long-term in this field is to treat it like a marathon, not an exam. Start slowly, discover your selves, and then it will grow immensely.

The last recommendation I have for myself and you, is to have a rudimentary, idea of a collection of symptoms that fall under a classifiable category which has history of treatment recorded in research, a rudimentary diagnosis. Are these symptoms more obsessive-compulsive? Is this depression? Be curious. An advantage of this might be that when you are, and you must, select, decide a treatment plan by which I do not mean a strict regime of betterment, but having a framework in mind of what you are doing, why you are doing it, and how will it help the patient? What school of therapy are you practicing?
For example: At a tolerable time, reconciling the two ends of P's concept of the partner might help P. I was trying to work on identity.

I know this sounds like a lot, but remember, you got into this field for a reason, you imagined your life a certain way, and now it has run astray, well you can get it back. Try this. It will not work, but you will find something along the way which does.

The 4th pillar is politics. In these times, silence is not neutral, it's a privileged tool on to further oppression. So speak up, sing, dance and attend protests.

In order for me to write poetry that isn't political I must listen to the birds and in order to hear the birds the warplanes must be silent.
-Marwan Makhoul

What do we want? Are we too afraid to let ourselves want? To get? To live.

Start now.

I have provided you with the patient's story. Now, I want you to guess the following about the patient, paint a picture:

1. **Age of the patient :**
2. **Gender of the patient :**
3. **Name, Tell me P's name. Guess it. Close your eyes and tell me the first name that pops into your mind. Describe P's face, P's hair, P's smile.**
4. **Profession/Education :**

In your mind, whose picture have you imagined?

Hmm. That's interesting.

If you have made it till here and resisted the urge to close this and open instagram reels then I applaud you, you deserve a treat.
Email me your description of this person at samarthya.work@gmail.com or @psychosamatic. You can also send in other answers you have written in the open spaces. I promise you I will get back to you.

Thank you Shaifila for treating me with such kindness, for holding my hand as I walked into this field, I imagine my future career to be satisfying and rewarding, owing to you. I don't imagine a great coat anymore, I now imagine growing old in an office which is a garden with my favourite therapists, and you are in it, picking a flower to smell it and then passing it on to others.
Karishma and Shruti, I want to thank you for being confused with me, for critically helping me grow, for bearing with my long rants. To more pointless first drafts. Cheers.

Goodbye. Take care. I will see you in the next article.

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HOLDING PAIN WITHOUT BEING ABLE TO CHANGE IT

BY SANSKRITI SRIVASTAVA

When I started my first internship at a hospital in Patna, I genuinely believed I was prepared. As a first-year psychology student, I had done well academically and even had a research paper published. Somewhere in my mind, I thought that meant I "knew enough" to step into a clinical setting.

That assumption didn't last very long.

One of my first tasks was to take a basic history from an outpatient. I remember standing there with my notebook, looking at the patient who had come with his mother and sister, and realizing I had no idea where to begin. I knew, in theory, what history taking meant. But in that moment, I didn't know what to ask or how to ask it without sounding awkward.

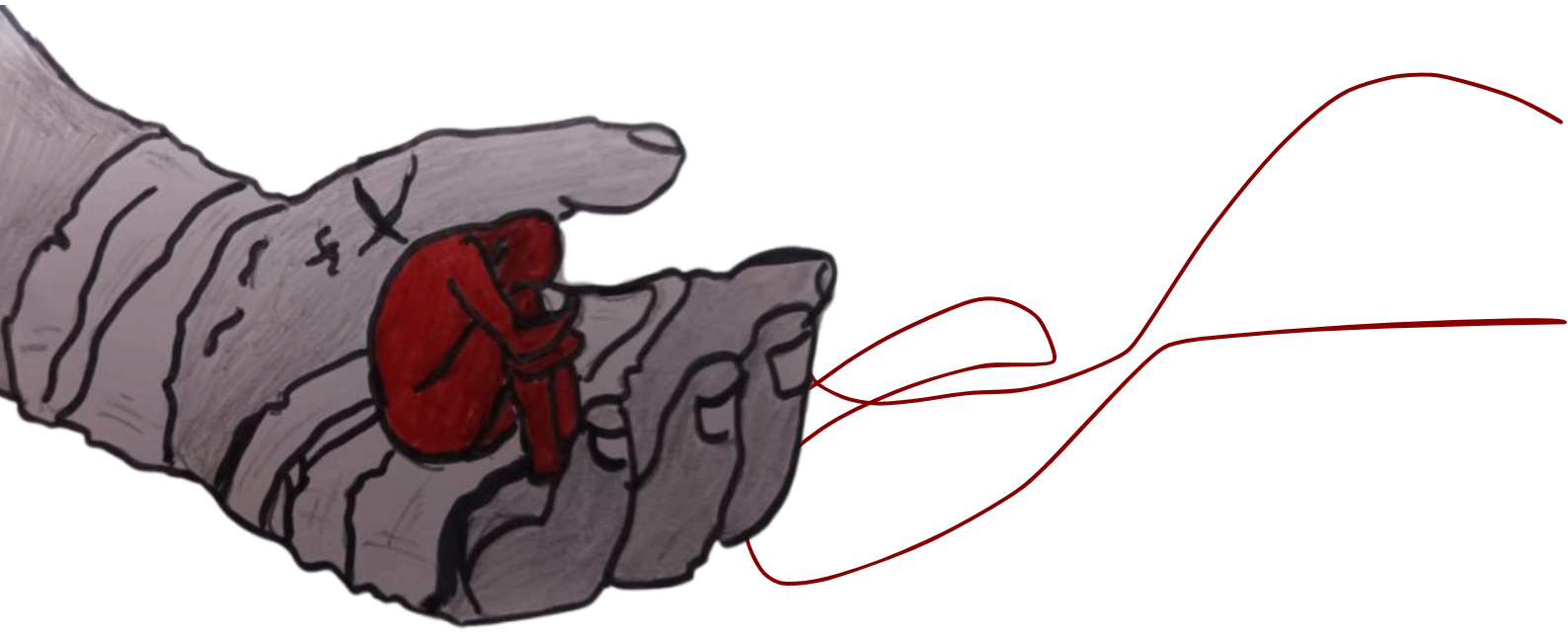
Out of confusion, I asked, "Who is the patient?" His sister immediately responded, "Patient nahi, iska naam Shubham hai." It wasn't said aggressively, but it stayed with me. I suddenly felt like I had said something very wrong. It made me realize how easily we start seeing people as "cases" instead of individuals. That one sentence made me more conscious than any lecture ever had.

A few days later, I was asked to interact with patients who were dealing with terminal illnesses. I remember walking into one of the wards to meet an 80-year-old man with cancer. His son was with him. Both of them had served in the army, and there was a certain presence about them, but also a visible exhaustion.

I tried to start with simple questions, like how he was feeling. But before the patient could really respond, his son began speaking. He was clearly upset. He talked about how the hospital wasn't taking proper care, how his father's condition had worsened, and how none of this felt fair. It wasn't just anger—it felt like something much deeper.

I stood there listening, holding my notebook, but I didn't know what to say. I could feel a lump forming in my throat. My mind went completely blank. I remember thinking, "I should say something," but nothing came. Then he looked at my notebook and said, "There's no point in writing all of this down." That sentence hit me hard. I suddenly felt like I wasn't helping at all, like I didn't belong there. I quietly stepped out of the ward without saying much. I don't think I had ever felt that kind of helplessness in an academic setting before.

Another interaction that stayed with me was with a patient who was scared of injections. She was also undergoing treatment for cancer. Her fear was very real, and honestly, I could relate to it because I am also uncomfortable around sharp objects. But at the same time, I didn't know what to tell her. How do you tell someone not to be afraid when their fear makes complete sense? I remember thinking that nothing I said would actually reduce what she was feeling. And that made me feel even more unsure about my role there.



Slowly, I started realizing that what we learn in textbooks is very different from what actually happens in real settings. In class, things feel structured. There are models, steps, and expected responses. But in the hospital, nothing felt structured. People were angry, scared, tired, and sometimes unwilling to talk. And I wasn't prepared for that.

At the beginning, I honestly thought my role was to make people feel better somehow, like reduce what they were going through. But after these experiences, that idea didn't really hold up the way I expected it to. I started understanding that sometimes there is no immediate change you can bring. The illness doesn't go away. The fear doesn't just disappear because you say the right thing.

Towards the end of my internship, I noticed a small shift in myself. I was still unsure many times, but I was less focused on saying the "right" thing. I was a little more comfortable just being there, even if the conversation wasn't perfect.

I remember a 91-year-old patient in the ICU who was very kind to me. Our interactions were simple, nothing very structured or clinical. But there was a sense of connection. When he appreciated me, it felt different from marks or grades.It felt like I had done something... something that mattered, even though I can't clearly put it into words. It wasn't like getting good marks or finishing an assignment. It felt quieter than that, but still important in its own way.

When I look back now, I think what surprised me the most was how different everything felt from what we study in class. In textbooks, things seem more clear–like if you understand the concept, you'll know what to do. But in the hospital, nothing felt that straightforward. There were moments where I didn't know what I was doing at all, and that was honestly very uncomfortable.

At the same time, I think that's where most of the learning actually happened. Not in the parts where things went smoothly, but in the moments where I felt confused, stuck, or even a little useless. Those were the situations that stayed with me longer.

One thing that really changed for me was this idea that I always need to "help" in a visible way. Earlier, I used to think that if someone is still upset or things haven't improved, then maybe I didn't do enough. But during this internship, I slowly started seeing that it's not always about changing what the person is feeling.

Sometimes, the situation itself doesn't change. The illness is still there. The fear is still there. And in those moments, there isn't much you can do to fix it.

I think I'm still learning how to deal with that.

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NOTES ON WORKING WITH 'MADNESS'

BY SONIKSHA VENKATESH

Introduction

Madness is like wilderness, untamed in the rains. Moss crawling and creeping up on everything. Plants springing from tiled roofs, fungi making homes out of shoes and tables and cloths; an inescapable dampness that seeps into your skin. I recently read someone's writing on how they once would be overcome with joy at the excess of life in monsoon... till they realised how much of that excessiveness is violent to the native species, forcing them into parasitic and symbiotic relationships with no escape. How so much of the verdant and lush landscape, typical of monsoon, is often a coup in disguise.

I suppose, 'madness' is like that. A ravenous, anxious hunger, capable of devouring everything in sight. Or one would like to believe madness is an alien existence, threatening to overturn human-ness and humanity. An external plague or parasite infecting a healthy body and mind. How utterly mad to give into that belief... to ostracize the very thing that exists within all of us, that resists the chokehold certain societal structures attempt to take over us and preserves the truth of our individualities.

To speak to madness, is to fall into Alice's wonderland. So deeply threatening to the limits of our knowledge, that we much rather stand at the edge of this hollow, peek in with half our eyes shut and declare it too much to make sense of. Which is exactly what most of the world's discourse on madness has us believing - that it is a condition not worth paying genuine attention to/ an illness that must be cured in the trenches of civilisation/a taboo to speak of, so taboo in fact that we disregard the very need to know what constitutes madness.

Human(istic) Encounters with Madness

My first theoretical encounter with the kaleidoscopic world of meaning madness can hold, was through R.D Laing*. A pioneer of upending the 'mad' from barricaded rooms of laboratories in order to seek a deeper truth. Perhaps with a seemingly simple question, yet one I believe is the most crucial one to ask in the work of psychotherapy: what could their words and behaviours mean? A question that immediately restores a human quality to behaviours that were and continue to be disregarded as inhuman. His work was an introduction to the idea of psychotherapy as a task of translation. Where one imaginatively listens to seeming chaos, to be able to derive a context, a story and sometimes, even a history of a person's experience of being in the world.

Next on the scene was reading Michel Foucault's Madness and Civilization (1961). Where he outlined a painstaking history of madness that demonstrated how limited the category of 'human' can be, how anything considered non-human- here, madness, is pushed to the literal and metaphorical fringes of society. Where the mad are forgotten, left to rot or be coerced into an idea of sanity that merely values productivity. Between Laing and Foucault, I found a window to the Anti-Psychiatry movement. A journey that set the tone for my interactions with Psychoanalysis. A school of thought that has never viewed a symptom as a pest that must be exhumed, instead always seeing symptoms as ghosts from unlived pasts that linger at the door, waiting to be communicated with.

As Donald Winnicott asserts in his paper "The Psychology of Madness, A Contribution from Psychoanalysis" (1965) psychoanalysis doesn't simply seek to analyse one's defenses (or symptoms), it goes beyond and into the maddening anxiety concealed by defences and symptoms. And so, from here on when I refer to 'madness' it is not to speak of something 'inhuman' or even a diagnostic criteria but the wild uncontained, untamed anxiety that permeates through one's being and all the efforts their psyche goes through, to protect themselves from such an obliteration and disintegration of the 'self'.

**Specifically his works The Politics of Experience and The Bird of Paradise (1967) and The Divided Self: An Existential Study in Madness (1960)*

Between Theory and Practice: A Thumping Terror

In my own experience of being a psychotherapist, I've come to nascently understand madness as a burgeoning terror. From a terror of being known, being seen, understood to a terror of being dropped, erased, consumed, annihilated or even a terror of bursting, burning, drowning and the list could go on. This terror at times is precarious and tenuous, at others, boisterous and violent - and regardless, (rightfully) demands a certain texture of attention and care. One that is all hands on deck and at the same time, reserved and measured. That is to say, the task of psychotherapy becomes a dance between deeply seeing and knowing when to show how much we see of our patients.

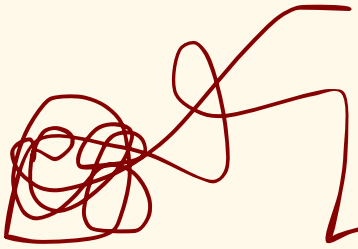
To come in touch with terror is a tumultuous path for the dyad. For the patient it could feel invasive, violative or traumatic - if it's too much contact and far too soon. The whiplash ripple effect of this on the therapist could lead to overwhelm, burnout or a frustration that does more harm than good. Terror is sacred, it is a space to be permitted into... and it could take months or years before one can even set foot in this private space the patient unconsciously guards. Defenses, then, are not something to be problematized, villainised or broken down with a sledgehammer... but almost akin to traffic lights, that signal to the therapist when it is a good time to move and when to stay unmoving.

The thing about being terror stricken (and *bearing wit(h)ness** to such a deeply private state of being) is the person who is terrified, is in an ontological state of threat at any given point. The shared world, what we would understand as a 'sane', 'rational', 'logical' i.e objective world, holds more horrors and dangers than hope and faith. Which makes survival of it, more of a question mark than a promise to savour. A retreat, then, is inevitable. A flight into some place deemed safe, often within one's psyche - in the defenses that act like bunkers, castles, igloos, burrows or even a house of cards.
madness.

Theory reassures therapists that the terror is historic, and can be traced to a particular period, environment in the patient's life i.e reassures the therapist of some kind of contours/frames for what feels like an ever changing amoeba. For the patient, it is an experience not yet lived. Or as Winnicott's** imagination states, it is a breakdown not yet experienced. An experience of their own history, blocked out (of conscious awareness). For it is only when we are able to tolerate an experience enough that we can go through it, get to the other side and know we made it, know the worst is over. It is only through a facilitative environment, that is unafraid to hold the breakdown and further yet, make meaning of it, can one find the breakthrough... in a breakdown.

It isn't unlike moving through a haunted house. Where right before we enter, we brace ourselves and once inside, we are able to scream, shout, perhaps even cry, run through it with our eyes closed - and how relieving to make it to the exit, to the end. We often undermine how the capacities & resources to be able to scream, shout and cry instead of collapsing or dying on the spot are relationally developed and are not pre-existing. That is to say, one has to have had an experience where their cries and anxieties have been tamed, contained... to find faith in their ability to survive horrors.

Terror forbids this entry, for it cannot ascertain whether one will even survive what comes next. It keeps one rooted to the spot, willing them to turn away, to never enter... to never test their own ability to make it through. Psychotherapy then is an opportunity for therapists to translate and contain this terror, transform it to something digestible. It is a passage towards being born (again), towards slowly coming alive. I've come to view it as a process of gestation that at times could be aborted, miscarried a number of times, with much grief to traverse till life can come to be. If at all.



** A term coined by Dori Laub, in his work " Bearing Witness or the Vicissitudes of Listening. Testimony: Crisis of Witnessing in Literature, Psychoanalysis and History" (1992) where witnessing is not merely passively observing…but being immersed in the task of observation such that you're almost with the person, in their experience.*

***As mentioned in his work Fear of a Breakdown (1974) where he demonstrates how a patient's fears of an uncertain future relate to a previously unmetabolised past experience i.e certain anxieties about the future are really anxieties about a certain past repeating itself.*

Towards Faith: Finding Theraav* amidst Madness

In an almost, maybe even deceptively, altruistic way, this is where the therapist - I have learned - must forgo her wishes for gratification, must forgo her own ideal of being a helpful and good therapist or must forsake some of her narcissism in service of the work alone. The work of translation, imagination and moving somewhere unknown. It can feel destabilising, frustrating and even deeply painful to do so. There is also no other way, in working with madness. It is slow work with more stop signs than one can imagine, could like or tolerate; it ebbs and flows and progress is barely linear. Regular metrics of success or 'good work' do little to assuage our anxieties about the same.
Yet, that is what this work asks of us. At every turn, it throws up a questioning necessary to answer each time we encounter a stalemate or doubt about what it is we're working towards:

Is our endeavour to fulfill our own unfulfilled needs through our work?
Is our endeavour to make the patient more like 'us'?
Is our endeavour to have the patient partake in the script we have to live our lives?
To make the patient 'sane', 'civilized?
or
To facilitate a journey for the patient that makes it bearable for themselves to inhabit their intra-inter psychic worlds with agency, safety and faith?
To facilitate a particular kind of freedom, a freedom to live... Not fearlessly, but with faith in one's inner world to survive imminent dangers?
To facilitate exploration, creativity and play?

The latter always seem to be the answers I arrive at. The answers, that if I can't arrive at, raise an alarm call in my mind; propelling me to re-assess what's going on within myself as a therapist. With the help of my own therapy and supervision (which I've realised are not only ethical pillars to stick by, but a necessity for our own survival of our work) I am able to re-discover the seemingly incessant demands of my own psyche, my own terrors at bearing witness to another and re- enter this world with more conviction. It is self-work that feels cyclical, and necessarily so.

Through it, I've re-discovered the significance of sticking to the framework- in starting and ending sessions on time, in resisting the urge to give into wants and focusing on what appears as a need even if that means temporarily frustrating the patient (which can often be the need itself), in fees that feel justified to the intra-psychic resources we must make use of to do the work, in working on my assessment abilities to ensure I do not take on more than I myself can chew (then what would be the quality of the 'digestion' I am able to offer to my patients?) and in not feeling ashamed at having extremely human limits.

What once were ideas I held onto as some kind of authority, have finally become in my experience of working with unlived terrors, beliefs, I have faith in. It has restored a trust in the process, a faith in my own self to continue doing this work of surrendering to spaces where logic seldom rears its head, where reason cannot be reasoned with and all that exists, is always a prayer... that there exists something worthwhile on the other side of the unknown.

And it is this maddening experience, of leaving behind certainty, 'expertise' and diving into doubts, unknowns, and the inner worlds of individuals, so different from our own... that makes therapy, unlike any other encounter of human relatedness. Therapy, in my reading of Winnicott's work on 'madness'3 is where an inherent madness (terror of being in the world) we all carry, can come to be; can be re-lived enough to move through, to grow through.

For it is here that we're working towards the unbearable truth of someone's existence. That is not an easy task, in fact it is often impossible because 'sanity' (being productive members of a capitalistic society, being devoid of rage or conquering one's defenses or being 'securely attached' or whatever the current discourse on sanity might be) may not be the reward on the other end. But the quiet hope that this work might make a shared world of multiplicity and diversity bearable for the patient to partake in. It might make, aliveness seem like a possibility, a potential of newness and exploration, even if in the far distance.

** A state of stillness… a calm in the storm, a moment of quiet reckoning*

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NOT IN THE SAME ROOM

By Shaifila Ladhani

I. The Screen Between Us

These days, the first thing my patient and I share is not the room, it is the pixelated hesitation between us. Our videos freezing, the image arriving before the voice, checking in with "am I audible" instead of "hello." Some patients call me from their bedrooms, some from their parked cars. Once, someone joined in from a quiet corner of a coffee shop, constantly looking over their shoulder before unmuting themselves and saying something. I am mostly in the same room, my clinic. With a wing chair that creaks when I shift, a plant that brushes the edge of my (zoom) frame and a wall hanging that peaks behind my left shoulder, my face, my voice, the upper third of my torso is all they can see. My clinic has a faint smell of a mist called "forest," but they don't know that. The scent doesn't travel, nor does the uneven light or the comfort of the couch or the random spots on the walls of this room.

Some patients curate their space, pillows arranged or backgrounds blurred or just a white wall. While some let the ordinariness scream, with their unmade beds or overhead fans that click very loudly. We are not in the room, we are in rooms. This pluralism or dispersion is sometimes spatial and often feels psychic too.

We ask: Is the connection okay?

Are we still (here) together, even when we're not in the same place?

In a virtual therapy setting, we are both held and distanced by the frame. Patients often wonder aloud about what exists "beyond." They would ask if this is a clinic or my house, if I have more plants, if I can relate to having a mess around me. There is something disorienting about only knowing someone from shoulder up. I have been told I come across as a "taller" person online. When someone comes to the clinic in person they see the dust on the bookshelf, they see how the rug sometimes slips, they see my choices in decor, they can figure out that maybe I like red a little too much. When patients finally enter the room, when they are "allowed" to cross a threshold from imagination to environment, they see me, they see the space around me, in a fuller form. The mystique or the shimmer drops. What was once unknown has now become embodied. There is something intimate, exciting about a space like that.

Online, we relate to versions of ourselves, both in a(n unconsciously) curated space. Imagined rooms, assumed smells, partial presences. In defying some expectations ("I thought you would have a bigger bookshelf") and meeting some ("The chair looks the same online too!"), transference shifts. These details allow the patients to locate us as something more than a "listener."

II. Dreams of Disembodiment, Dreams of Return

The room is not just a setting, it is an external holding space, a secondary psychic membrane that holds both of us without being either of us. As Winnicott might put it, it becomes a transitional space which belongs to neither but holds us both. It becomes a space for play, rupture and repair. In virtual work, this presence feels sometimes fragile, porous or occasionally lost. Sometimes, it reappears in dreams.

Recently I dreamt of a large TV cabinet that toppled over, revealing an intricate lizard colony behind it. My analyst interpreted the cabinet as her virtual presence on my screen. The lizards, perhaps, are what lays underneath: my fears, memories, the unearthed content that is suddenly visible and alive. It makes me wonder, what hides behind the screen? A patient of mine dreams of me moving through their house, I am an iPad in her dream. She couldn't imagine my lower body. I am a flat presence that is portable, hovering, incomplete. My presence was felt and impossible, at the same time.

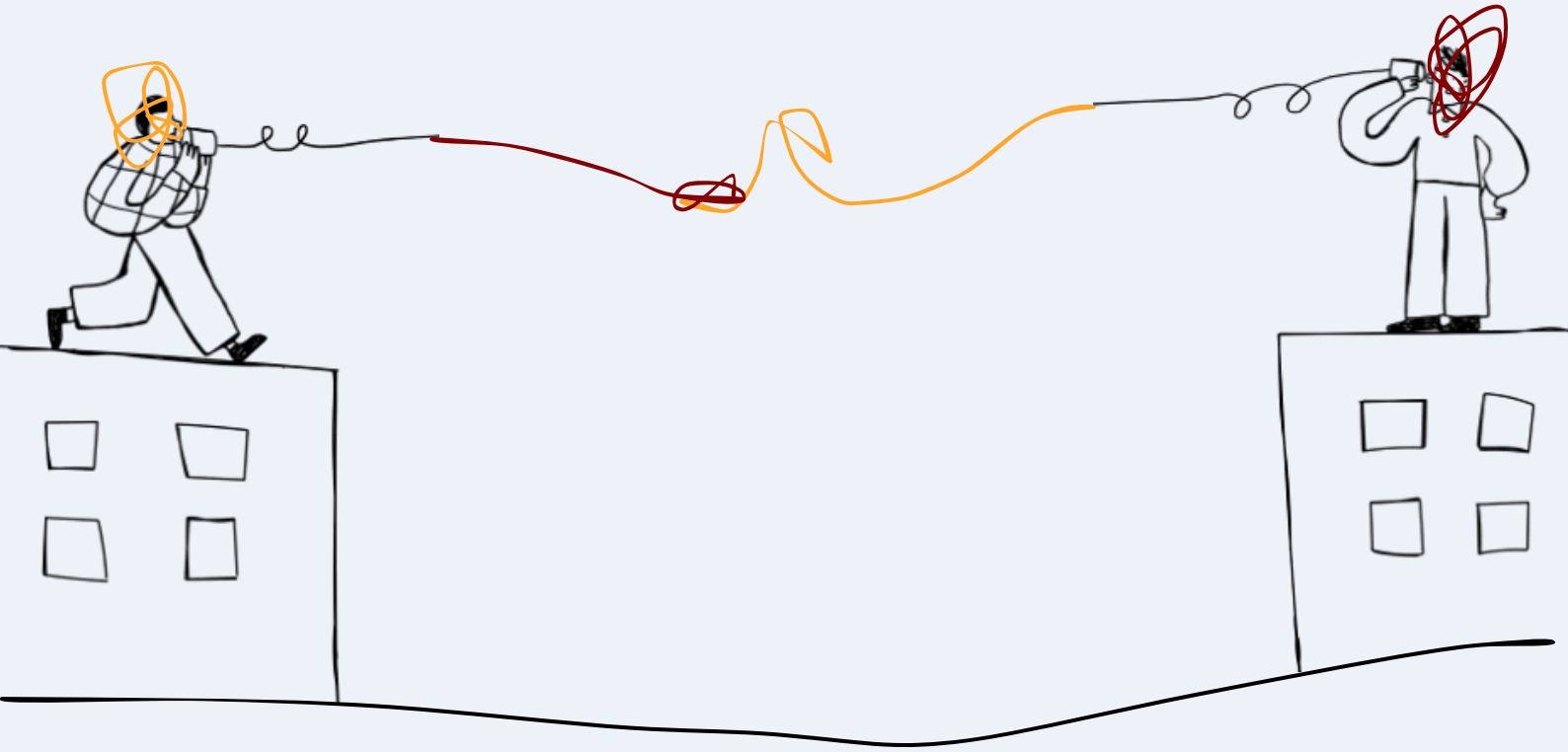
I bring these dreams to think about disembodiment: not as a simple technical glitch, but as a psychic condition. They speak to how we carry and distort and also reassemble each other in the absence of this shared reality.

An odd grace that virtual therapy allows is the fact that patients moving cities or even countries, now carry me along with them. I become a part of this continuity, an anchor in disorientation. I have had patients speak to me from snowy apartments and humid towns, from their childhood bedrooms and temporary hostels. They ask me about the weather in the city that they have left. I become a remnant of what was once stable, an architecture of home that they don't "have" to say goodbye to.

There is something uncanny about this. I become a ghost.

A tether to a past they have left physically, but still inhabit emotionally.

Is this a form of safety, or of suspension?



III. The Ache Is the Room

When there is a power cut in the middle of the session, or there is a glitch (rare now), we are viscerally reminded of something that has been lost. The solidarity of the frame has cracks now. We are each in our own worlds now. But maybe this rupture becomes a part of the work too. The question is not just what is missing, but what is longed for, the presence of this longing is the potent presence. Perhaps the absence of the room is the new shared space. A felt gap, a common ache, a mutual search for creating something that holds us more fully.

Maybe this is the new analytic ritual, of merging and co-constructing the "here and now."
There is a beauty in this awkwardness, a gentleness in our adjustments. The frame now includes different background (noises) and power cuts and grief of not sharing a window. Therapy becomes more than clean containment and more about connecting in fragmentations. There is no clear answer to what has been gained and lost in this shift. Only that we are still reaching, speaking, dreaming.

We are not in the same room.

But we are still trying to be with each other.

Maybe that is enough to begin.

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THE STRANGER IN MY SPACE

BY SHRUTI BOSE

"When the big things feel out of control focus on what you love right under your nose"
— Charlie Mackesy, The Boy, the Mole, the Fox and the Horse

You know how you are used to cutting a piece of candy into two because you want to share it with your better half? Or, how everything you do or feel will always be something you want to share with your person? That is what it felt like to be around my favourite person. The day I lost her, I lost myself too. I haven't felt the same since.

The day after, I woke up feeling a little uneasy. Day one, day two, day three, day seven, day ten, day fifty, day hundred, day-- rest of my life? I have noticed a shift in my thoughts, feelings and behaviour towards myself and others. Whether it is for good or bad, I don't know. I just know there has been a shift.

Every time I open my eyes, the first thing I see staring at me, with its enormous eyes, is a purple monster. The monster is triple my size, has a Cheshire cat grin and big buck teeth. It has a quirk: it just stares at me and does not leave me alone. Even when I beg for a moment's respite, some alone time, it does not leave me. Maybe I am reading too much into it, but with our everyday encounters, I have to admit that I think I am getting comfortable having her around. Oh, by the way, I've named her Perry.

Perry entered my life a few years ago but her presence has become enormous only in the last one year. So enormous, that she ends up taking up so much space everywhere and anywhere, sometimes without warning. Just like any monster under the bed, Perry is always around but no one sees Perry except me. Regardless, she impacts my personal and professional life. Through my conversations and habits, I observe how some people notice her presence. I don't think most people understand the space and weight she takes up in my life. They comment on how Perry is now a big part of my life, how uncomfortable I am around her, how she just consumes me. Some feel sorry for me because her presence has changed my life forever. Some others willingly make space for Perry, which feels reassuring as it permits me to let Perry just be without having to adjust to just forcefully fit into this new reality. Sometimes they meet Perry with sympathy, with compassion, and sometimes just avoidance. More often than not, I am left feeling isolated because not everyone gets it. But maybe, they are not meant to? Some have their own Perrys, which they carry around everywhere.

I have come to realise, Perry occupies a space within my body too. Her presence almost feels as if a heavy rock has been placed on my chest and I have been asked to just live with it. I am given no choice, no way out, just expected to "go on" with life. Eugene Glendin's concept of felt sense deeply resonates with me as this heaviness is almost like a background hum in my body. While I am still trying to make sense of how to carry the heaviness, I am also trying to untangle this feeling of holding on to a never-ending knot, wondering what would it take for the tightness to go away? This heaviness I carry now makes me question my sense of identity, makes me dissociate during my conversations with my loved ones, makes me feel like I live in an alternate dark reality and hold on to a fear of never genuinely feeling happiness again.

On the professional front, many have told me "Oh, Perry will make you a better therapist". This doesn't comfort me, this opens up a wound that leaves me feeling helpless. It has made me wonder if carrying Perry around forever is what it takes to be a 'better' therapist and if I am willing to make such a sacrifice for my professional success. Such is the paradox of life, I guess. But I wish it was not. Everything about life feels so unfair.

When I enter the room as a therapist, I see myself assuming multiple roles- a curious observer, a non-judgmental and empathetic listener- witnessing it all, while on some level referring to my life story as I hear theirs. This is done while very consciously knowing that I cannot form a bias based on what I experience in life.

Earlier the therapy room involved listening to narratives where I was just an observer of their lives. Today, I notice a shift in what the therapy room asks of me. Perry is now present with me in the therapy room, something I am still not very used to. However, while unsure about the purpose she is serving by being there, I have come to look at her as a blessing in disguise- she helps me assess my client's readiness to talk about certain aspects, and allows me to be human with the individuals I work with. I've noticed a shift in my ability to sit with silence, not rushing to find answers, letting plateaus take up as much space as they need to and absorbing the feelings of people I encounter in the therapy room has changed. I notice how I can support my clients better to navigate their grief because I've been tending to my own.

At the same time, I am more aware of my limits now. I take more time to ground myself before each session. I hold more space for myself afterwards to process. When countertransference emerges particularly in conversations where my loss sits heavy, I try to meet my feelings with care, compassion instead of insecurity. Perry's presence hasn't improved my skills, she has only deepened them.

As I return to my safe space at the end of the day feeling tired and heavy in my body and mind, I find Perry waiting for me at the same place, beneath my bed. But, this time I look at her differently because she surely feels oddly familiar, safe and mine to keep. I sense this urge to hug her instead of running away from her and as I get closer, I see Perry smiling at me, eager to hug me back. As we hug, I feel strange. Something surely feels familiar. The monster and I are hugging in the moment and that is when it strikes me...purple is my favourite person's favourite colour. What I have been running away from for so long, is right in front of me- all the love I have for her. Perry is the love I've always carried, and continue to carry, for my go-to person.

As I sit with her absence and the emptiness I feel every single day, I can't stop myself from feeling grateful. There is gratitude for having experienced life with her, for growing up with her and to be loved by her. I also realise why everyone cannot see her, because she is mine and while I will carry her in my heart till the end of time, only I get to decide who gets access to Perry. That is what makes Perry special, less scary, and my own.

Joan Didion in her book, The Year of Magical Things said "Grief turns out to be a place none of us know until we reach it. We anticipate (we know) that someone close to us could die, but we do not look beyond the few days or weeks that immediately follow such an imagined death."
These words only started making sense when I experienced this inconceivable loss, exactly a year ago. Grief has become a big part of life while I am trying to juggle and navigate life's demands both professionally and personally. Turns out, grief is a place you don't know much about until you get there and it changes everything- for better or for worse. Mostly for the worse.

As I make it through every day now, I look at Perry and acknowledge her presence in my life as a constant companion in the journey of life hereon. I see Perry enter the therapy room with me as I sit with my clients, I see Perry to be a silent observer, a figure with her own thoughts and feelings. Perry influences how I show up, she helps me be more mindful with the stories that come forward in the therapy room.

Lately, I have started recognising that there is nothing more potent than love. Love makes the world a kinder and better place to be. As I move through every day with my new reality, love is the only thing that takes me forward and I am grateful with all my heart to experience it in all its lovely shades. While I have heard things I wish I didn't when the loss was fresh and new, I was also made to feel safe with words that stayed with me. What I hold close to my heart till date is we grow up hearing that one needs to live life to the fullest. Experiencing grief as large as this is also one way of doing it. Grief exists because love does and there is truly nothing that love cannot conquer.

Just as Charlie Mackesy pointed out, life is difficult but the love we have for each other carries us through what is beyond our control. There is nothing greater than love, not even grief. Grief exists because love does, and this love is what will carry me through today, tomorrow, and beyond.

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AN EXPLORATION OF THERAPEUTIC HUMOR

BY TANUSHKA BHATIA

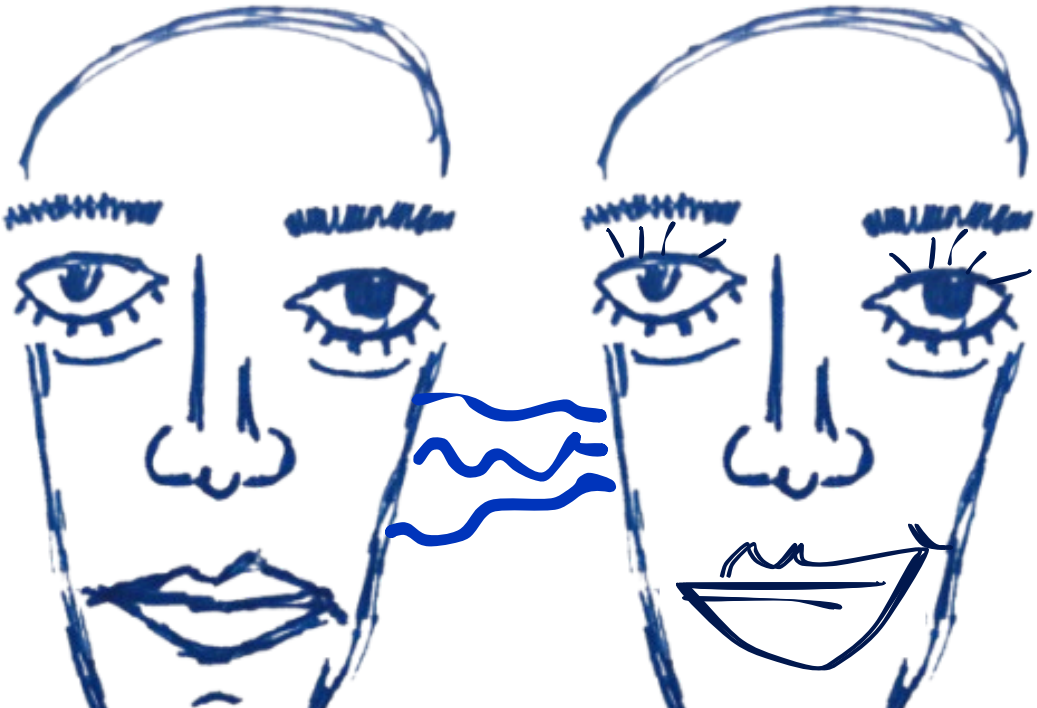
I remember going through the poster of the outline of Threads, and wondering to myself: what would I tell an early career therapist (especially because I fall into that category too). It made me reflect on what my learnings over the course of a year or so of being a therapist have been like. And while sorting through the piles of unfinished thoughts and notes, in between the frantic Google attempts, and rants in supervision; something that stands out to me, in part because of how weird it seemed in the beginning; is this: a sense of humour. Coming from a training program which espoused a strict idea of what therapy looked like, when I first started seeing clients, it was very clear to me. I was going to be the epitome of grace, soft-spoken, sharp-eyed, never missing a cue, fully tuned in always. And in the room, where it's just you, your client, and the space you both create, it is very tempting to hold on to that image, the structure and way of being it provides. Believe me, I did.

Over time, however, I noticed something curious. I would feel so distant from my clients. The space between us would seem to widen, until at times, it felt almost too wide to cross. A sense of coldness would seep in sometimes. And I started noticing how my lack of response seemed to elicit a defensiveness in the person sitting (virtually) in front of me. How it would seem to hold them back almost, how my questions, coming from a place of structured interventions, and my own need to seem wise, seemed to shut down affect. Simultaneously perhaps, I realised that the most connected I ever felt to my therapist was when we shared a laugh together. Or when she once likened me to a 5 in 1 haircare product.

Perhaps this is what humour does? Create some lightness, some movement, a bit of bounce, to a space that can often feel heavy, loaded with layers of meaning, with things unsaid? I recall a time with a new-ish client of mine, it was our third session together. They had come in wanting to, and prepared to talk about a very traumatic time in their life. I could see them preparing themselves, and hesitating a bit, aware that talking about would necessitate somewhat of a re-experiencing of that time as well. I paused a bit, then commented "I see we're getting into the deep stuff at the start today.", and smiled. They burst out laughing. and while the inherent heaviness of the interaction was still there, it felt like we were on the same path, deciding to walk in step with each other.

While research on the use of humour is still in its infancy, it has been broadly established that the use of humour can help facilitate emotional expression, build rapport and help deepen the therapeutic alliance (Richman, 1996). Different schools of thought have their own interpretations of therapeutic humour as well. Freud conceptualised jokes as forbidden unconscious content, conveyed in a humorous manner so as to be socially acceptable (Freud, 1905/2003). Kubie is vocally anti-humour, conceptualising it as an unhealthy defence mechanism, and of note, specifically warning early career, inexperienced therapists against using it. He warns that using humour can detract from the affective neutrality necessary for treatment (Kubie, 1971). Rogers on the other hand, focuses on how authentically the humor comes into play (pun intended) (Rogers, 1957). The emphasis here is on humour as a part of congruence, helping the therapist be more real, and communicating the same to the client, helping them be authentic in the room as well. A key difference between the two approaches lies in their approach to neutrality. A psychodynamic conceptualisation of humour used, as Kubie talks about it, emphasises neutrality on the part of the therapist. Person-centered approaches, as Rogers' is described above, look at humour as a way of embodying and communicating the therapists' acceptance, understanding and congruence to the client (Sultanoff, 2013). Basically, only use humour if you're a naturally funny person.

Are you? (I think I am, clearly). ;)



ART BY KAIFILA

Jokes apart (haha, see what I did there), how does one decide when and when not to use humour? How do we know if the client is ready to hear it, or how to separate it from our own needs in the room? Nelson et al (2008) emphasize the mutual recognition of humour in the therapy room, arguing that the shared feeling and understanding of the moment, is what makes it therapeutic. She describes it as "we are together, we are of one mind, we both get this and appreciate it viscerally—we don't have to put it into words, we just know and find it delightful" (Nelson, 2008, p. 46). In a similar line of thought, The Boston Change Process Study Group describes certain moments like these as of implicit relational knowing. Moments in the room, like a shared belly laugh, a slight upturn of a smile as acknowledgement, a twinkle in the eye- these describe a form of procedural knowledge, intuitive and spontaneous, often lying beyond the realm of a planned therapeutic intervention (Horowitz, 2010).

With so many different perspectives, meanings and ideas with which therapeutic humor is used, it becomes very difficult to separate and evaluate its use and outcomes. I remember having potentially funny things to say, even wanting to say them, and stopping myself, unsure of how it would be perceived, if it would serve the purposes of therapy. Here is perhaps where training programs also come into play. Franzini (2001) emphasizes how training in the use of humour should be a core part of graduate education, regardless of one's therapeutic orientation. Similarly, research has talked about the nuances inherent in training therapists in the use of humor, trying to structure and teach something which is often a deeply intuitive and spontaneous quality. One of the best places to explore it safely, is in supervision, with hands on discussion and case formulation (Valentine & Gabbard, 2014). Even if you don't crack a joke in session next time, hopefully this essay helps you be a bit more aware of the complex nature of one in the therapy room.

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KEEPING MYSELF AFLOAT AS A THERAPIST

BY TANVI MALOO

Quite early in my career I realised that I would have to drown, or at least feel like I might.
Necessary.
Inevitable.
Beautiful... tragedy.
An occupational hazard, if you will.
Well what does this drowning look like? I can only answer for myself.
Some days it looks like staring at a broken, shattered world hard to reconcile with – wounded far too many clients far too deeply and disbanded the belief of a just, good world to the point where your knuckles are white from holding on to it too tightly and you know you have to let go. Some days, it looks like lying incapacitated in bed, almost paralyzed, surrendering to the bed with the heaviness your body carries, until it can feel lighter again. Other days, it is a feeling of my brain matter turned to mush thanks to the intensive doom scrolling taken on by me, as if on a mission to destroy and destroy it does. Unfortunately, there was an extensive gap of time between knowing about the drowning and being able to keep myself afloat but I know now, on most days how to tread those waters. To share these learnings from my journey feels like a privilege and an intimate sharing I hope that brings you value the way it did for me (without it sounding preachy that is).

1) Diversify life

Diversifying our life both professionally and personally helps. Don't tie everything down to one thing that nourishes you. Although, our work as therapists can be very nourishing but can be draining too, and hence we need to find other things to hold space for us. I found holding spaces with my journey as a runner and reading/ writing. It may not seem urgent but it is. You need to find more and more spaces to play in. Professional diversification looks like taking up academia, teaching, or consulting jobs.

2) Financial sustainability

The coexistence of loving our job and disliking the financial aspects that may come with it, remains but can be smoothened with time and practice. What I mean is that until the systems stop making us therapists as the scapegoat of "accessible mental health" and start respecting the mental health needs of our country as well as our profession, I don't see much changing with the landscape. Unfortunately, this leaves us to negotiate and navigate the landscape. Start asking yourself how much money is it that you need to sustain yourself, and what do savings and investment need to look like? Financial security comes up there, on top of the list to feel more settled in the field.

3) Workflow and Burnout

So many of us keep falling headfirst into burnout every year. You would expect that after a certain period of time, transitioning from a fresher to a more experienced therapist will take it away but it doesn't necessarily happen...unless we learn essential skills to ride it out and support ourselves. Of course the systems that should be supporting therapists instead create more issues plunging us further into burnout. It helps to keep a mindful eye out for how much workflow is sustainable for us in the long run. I remember taking on 8 clients a day in the initial years of work and the higher the rise, the higher the fall was. Now, I realize 3-4 clients a day makes me feel my feet on the ground. Of course, this is in no way the same for all of us and having more or less bandwidth in no way determines our worth as a therapist.

4) To commit to being a WIP

Investing in a good therapist or supervisor can provide us with lifeboats throughout our entire career. These investments can prevent us from falling into the deep waters as a therapist, supporting and understanding, build on the quality of work and ultimately broaden our own window of tolerance. I have come to have a strong bias against therapists who aren't ready to put themselves in the client chair; if you aren't comfortable – how would our clients be? "We can only meet people as deeply as we have met ourselves."

5) What supports us: supporters

A reliable support system is everything. It provides a buffer to absorb the shock that comes with the job, supporting us, holding us and providing channels to express and connect. Social connection can truly buffer the biggest shocks life may jolt us with. With adulthood comes the difficulty in finding and maintaining relationships/ friendships but it is also essential. Another realization that helped me through this is inspired from the ring theory of concentric circles and seeing who/ where your inner circle is but differently. Coming to the realization that one person cannot cater to all my needs was a significant lesson but that we will have different people for different things; everyone surrounding us is valuable in their own way. There could be some people with whom you can be vulnerable and feel safe, some people with whom you can just hang out and have a good time, other therapist peers who can get your work and the feelings around it like no one else in life. Think broader categories – the ones you meet simply to gossip, the ones you want to explore different places with, the ones you can talk about your dreams with and so on.

6) Sit with it

It never stops stupefying me how different clients are from each other, each with different stories to unpack, different perspectives but we are the same therapist holding all of these very contrasting and heavy pieces of information and feelings. It is far from easy what we do and so it makes sense to take out time to process all of these feelings every day. Set up a time if you need to, letting yourself sit with the grief client X brought up, your own worries triggered by client Y and a joy or pride sparked by client Z. Sit with all of it and more. It helps to prevent our body and mind being flooded by all this information at a single point of time, because it will flood...but you can decide what will be in your very own arc when it does.

7) The Therapist Self

My work looks so different now, that even placing both the past and present next to each other, very few angles feel familiar. One angle that I consciously realized and worked on was to bring myself into the sessions. This is tricky, has to be accompanied with much discernment but rewarding once you understand the rhythm. I knew that the most important factor in therapy was the relationship we build with our clients (yes, research says that it is the single most important factor deciding the outcomes from therapy), but I leaned in so close for the client that I neglected my needs and comfort too. So take that step back too, supporting your own back. If a particular time is not working out – build a boundary for it and ways to find your own flavor in the work you do. We think we are the only ones observing everything in the therapy space, but our clients are too and they will know if you are not showing up authentically too.

8) Embracing your humanity

Helplessness is the hardest feeling to make peace with as a therapist. We are helpless against so much of what happens in the world, with our clients and otherwise. We feel that we should be able to fix all the things our clients bring to us. There is so much pressure (pheww), just breathe out with me. But the way to move through the helplessness isn't trying harder to fix whatever the issue is, but sitting with that sadness, grief and anger. It helps to remember that we are humans – not lesser than that and definitely not more than that too. We can feel so validated and powerful at times in the therapy space but it is important to be mindful there and let our work humble us.

I don't know how to end this article without hearing Monica's voice in my head telling (from the sitcom FRIENDS) Rachel – welcome to the real world, it sucks...you are going to love it. I repeat: Early in my career I realised that I would have to drown, or at least feel like I might. But we can find our ways on how to tread those waters and not escape.

And slowly, the drowning changes shape.
But I have learned to float!

And if you needed a reminder that the work you are doing doesn't mean much, it truly does.
You are so needed in the world and I am glad you are here doing what you are.

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Threads

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10. **SAMARTHYA:** *is a Psychotherapist & Assistant Professor. He works in-depth with relational concerns using a psychodynamic framework. After the university and the clinic, he unwinds by listening to ghazals and enjoying a cup of coffee with his friends. (He really wishes to travel more and write on his days off).*

Threads

11. **SANSKRITI:** *is a second-year undergraduate student of Psychology and Communication & Media at Christ University, Bangalore. She is interested in clinical psychology, storytelling, and mental health advocacy. Her work often draws from lived experiences in clinical settings, reflecting on the emotional realities of practice and learning beyond textbooks.*
12. **SONIKSHA:** *is psychodynamic psychotherapist, writer and dancer. Existential & Psychoanalytic schools of thought have shaped her curiosity towards themes of death - deadness and (re)birth and aliveness. She also take a keen interest in exploring how the personal is political (and vice versa) by understanding intrapsychic relationships with structures of power, repair, justice & freedom. As such, she believes psychotherapy's task is to facilitate movement towards a freedom of being in the world.*
13. **SHAIFILA:** *is a psychoanalytic psychotherapist and clinical supervisor from Delhi. Her work is informed by psychoanalytic thinking, lived experience, and an interest in the ways cultural and political landscapes shape inner life. She has worked with clients across continents, both in-person and virtually, and her writing explores the intimate spaces where personal and collective histories meet. When not in session or writing, she can be found tending to creation of community spaces in informal settings. She is also working on her doctoral research on psychic deadness.*
14. **SHRUTI:** *is a part-time psychologist & full-time human, embracing learning, unlearning and relearning alongside those she works with. Through her independent practice, Connect with Shruti, she is building meaningful communities offline in Kolkata and virtually. Shruti also believes in painting the world her colour, with junk journaling as her creative anchor.*
15. **TANUSHKA:** *is a therapist, neuropsychologist and researcher. Her approach to therapy is informed by her training in neuropsychology, and is queer and neurodivergent affirmative. In another lifetime (childhood), she was fascinated with words and their structures, and tried her hand at writing. Her attempts continue to date.*
16. **TANVI:** *is a therapist, founder of the therapy space 'The Safe Room.' She aims to meet vulnerability with safety, both through her practice and writing. She has been practicing for 7 years now and her journey as a therapist has been both anchored and deepened with writing. She truly believes that you can only meet clients as deeply as you have met yourselves, and this is where writing meets her therapist journey; creating a space for feelings to let wisdom come through.*

FIN.

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