

My Experience of Therapy in Dhaka

Lubia Begum-Rob

20 August 2003

I am a 29 year old Bangladeshi woman settled in the UK. I first used counselling when I was in my teens following a very destructive change in my family. I went initially because I needed some support and somebody to talk and get things off my chest. Since then I have used counselling services a couple more times but only for a few months at a time. This hasn't happened necessarily when there has been a crisis. Therefore I am someone who is familiar with counselling and therapy services. Luckily for me these services have either been cheap or free of charge.

I have visited Bangladesh several times in the last few years. On my last trip I went to visit my brother's grave. I was not with him when he died quite violently and unexpectedly in Bangladesh on his birthday whilst on a family holiday. Not only was he like my son and the person I loved the most in this world, but his agonising death has brought up for me painful memories of my childhood that have had a very deep impact on me so that his death is like a double death. When I went to Bangladesh on my own to see his grave I was in great need of support that I could not really get elsewhere. Friends in Dhaka were generally extremely kind, for which I am very grateful. However, I find it difficult to access help unless I am desperate, and usually keep difficult feelings to myself.

I decided to seek professional short-term emergency help from a professional therapist of some kind before going to my village to where my brother is buried. I have a difficult relationship with many of my close relatives and I needed to work something out so that when I went to my village I did not give vent to my anger against them in how they treated my son not only when he was alive but also after he died. I also wanted some kind of bereavement counselling as I was going through a very difficult time.

I wanted a female psychologist to talk to if possible as I would have been more comfortable that way. But, I was not at all prepared for the type of the session which was different to the environments in England where I have had counselling. It was unwise of me to expect counselling in Dhaka to imitate counselling in the UK. I realise in hindsight that I should have visited the clinic prior to the first consultation, familiarise myself with the location and so forth. Therefore I was taken aback at how different the room was when I first went. However these differences were simply a question of making some minor adjustments and me getting used to a different environment. I appreciate very much that Farah Deeba accommodated me as much as possible on this account. For example, I had expected a waiting room to separate the consulting room from the front door of the clinic. The language barrier was a slight problem because I was fluent only in English. I had to make a conscious effort to speak slower, and by the same token the psychologist made a similar effort to express herself in English only. This compromise was something necessary in order to facilitate the sessions.

Perhaps because of the slight language barrier or the speed with which the sessions took place I did not understand exactly what was going to happen until 2 or 3 sessions in. The sessions were all very focused, directed, something which I am not very used to. After a few sessions I understood that I was undergoing cognitive behaviour therapy a few sessions in. However, it would have made no difference to me at what point I knew I was doing CBT, as I was keen to get as much out of the sessions as possible. The sessions were very close together and I would have liked for them to have been more spaced out so that the

knowledge I acquired in each session could sink in. But I did not seek professional help until quite late into my Dhaka trip so there was not a lot of time.

1) Anger Management

The sessions were very practical and to me quite revolutionary. I had never tackled my anger towards my relatives head-on. I would have liked to have worked more closely on the source of my anger, and not just the symptoms but time constraints did not allow for that. The methods in the session were excellent for an emergency remedy. I visited my relatives during my brother's 'chollisha' and the fact that I had concentrated so much on my anger towards them dissolved much of my anger. I ended up not being too concerned about them as I did not live with them and have to see them everyday. I took the visit in my stride and tried to keep my relationship with them in perspective- namely, they are relatives I see only for a very short period at a time, and do not impact on my emotional life in the UK. I am very relieved to have shed much of my anger towards them as I feel lighter. I think the sessions in which I focused on the anger has helped to make this happen. In future once I am able to identify specific and repetitive situations that draw up my anger I will try to remember to apply the methods learnt in the sessions.

2) Bereavement counselling

I just needed someone to talk to because I am not very good at opening up to people to unburden my grief. These sessions were outnumbered by the anger management ones. I recognise that I would need more sessions with my bereavement counsellor on my return to the UK. I did appreciate some of the practical things I was told to focus on, which are preferable to always sinking into morbid or painful thoughts about my brother. I know I have to wait for time to do its job. But this is a subject I cannot say much more on because it is too upsetting.

About writer

Lubia Begum-Rob came to seek Psychological support from a Clinical Psychologist. In the present writing she expressed her experience of therapy.

Note from Editor

It is a spontaneously expressed essay of the writer. "The Clinical Psychologist" has published it originally.

**'20% of Children and Adolescent suffer
from an impairing mental illness'**

Source : A Global Mental Health Education Program of WFMH