Bangladesh-UK Link Project in Clinical Psychology

by Dr. Anisur Rahman

The Psychology Department of Dhaka University has finally launched a 3-year post graduate training course in Clinical Psychology leading to the degrees of M.Sc and M Phil. This is a link project with the University of London. The British Council, Dhaka (at the writer's request) sponsored the visit of an eminent expert, Dr Graham Powell, to Bangladesh in Dec. '94. During his visit Dr Powell had encouraging discussions with the VC of Dhaka University, its Psychology Department staff and quite a few Psychiatrists of the country. A suitable training course was then designed and a link project proposal was submitted to the ODA, at British High Commission in Dhaka, through the British Council, for funding.

IT is interesting to mention here that Prof. H J Eysenck (one of the most imminent psychologists) of London University created the Department of Clinical Psychology (first of its kind in UK) almost exactly 50 years now at the Institute of Psychiatry (I am proud to say that I happen to be one of his disciples).

What is Clinical Psychology? The discipline of psychology is as vast as that of medicine. They are also related in some ways. Clinical Psychology is one of the applied specialties of psychology. It is concerned with the application of psychological knowledge and principles to the study, assessment, treatment and prevention of people's mental health problems and also health problems in general.

Psychiatry is the corresponding specialty of medicine, it is thus closely related to Clinical Psychology, the chief difference being that psychiatrists tend to conceptualize abnormal behaviour and its treatment in medical rather than behavioural terms. Psychiatry includes drug treatment ECT, organic disabilities with psychological manifestations etc. However, it includes many aspects that have little to do with the domain of medicine in a strict sense, including behaviour therapy, psychodynamic therapy etc. There is a great deal of overlapping between the two mental health professions. At any rate, dealing with psychopathology requires team approach — the principal members of the psychiatric team being psychiatrists and clinical psychologists. It would be excellent if the same person could train in and master both the specialties. But that idea has till date remained — and perhaps will ever remain an ideal. So, the desirable alternative, in the interest of all concerned, particularly that of the unfortunate sufferers, seems for these two professionals to work together in a spirit of cooperation and mutual respect.

Psychiatric problems/abnormal behaviour dealt with by Clinical Psychologists include: generalized anxiety disorder, phobias, depression, obsessive-compulsive disorders, conversion disorders, mood disorders and suicide, sleep disorders, sexual disorders, personality disorders, adjustment disorders, schizophrenias, paranoid disorders, dementia, 'essential hypertension, asthma, recurrent headaches, peptic ulcers, disorders of eating and weight, cardiovascular and respiratory diseases, chronic pain, drug and alcohol problems, disorders of childhood and adolescence, mental retardation, problems in the elderly, marital conflict etc.

The issues that the Clinical Psychologists investigate include: reason for seeking help and duration of the main complaint, brief chronological history of the complaint, impairments caused by the client's difficulties, his/her coping patterns, prevailing mood, the content of his/her reported thoughts, his/her reported beliefs, abnormal appearance and behaviour, cognitive-intellectual functioning, attitudes to his/her difficulties etc.

A Clinical Psychologist assesses a client's problems by means of structured interview, observation, standardized questionnaires and psychometric tests. After gathering comprehensive information the clinical psychologist makes a formulation of the problem. This means description of the problem and explanation as to how it has arisen and why it persists.

Clinical Psychological treatments have the following general features: 1) Treatment follows the formulation; 2) The patient is helped to understand the formulation and the nature and rationale of the treatment. This improves client's insight into his/her problems, enhances his/her knowledge and awareness, and facilitates realistic expectations about treatment outcome and future life;

3. The client is given frequent feedback concerning the improvement that is being made. This could be the frequency of temper tantrums in a child, number of times there are pleasurable exchanges in a rocking marriage etc.

4. Big problems are broken down into smaller manageable tasks. A graded approach is taken to the tasks — starting with the easier ones that the client is most able to face and working up to the most difficult.

5. Change of dysfunctional beliefs: People hold beliefs that lower their mood or undermine their confidence of self-esteem e.t. "I am hopeless at everything". The clinician helps patients to challenge dysfunctional beliefs by looking at the evidence, thinking of alternative viewpoints, considering whether the thoughts help or hinder them.

6. Transferring treatment from the clinician to the client: The emphasis is on the client learning gradually to help herself/himself to acquire better skills of coping and management. (The term 'patient' is closely related with a medical 'sick' role and the passive stance of being cured by the physician. So the term *client* is preferable because it implies more responsibility and active participation on the part of the person for bringing about his/her own recovery).

A Clinical Psychologist employs therapeutic approaches like psychoanalytic, behavioural (based on learning, emotion and motivation theories), cognitive, humanistic, systemic/family, personal construct, eclectic etc.

One recent novel application of behaviour therapy is to the cases of serious physical disease such as cancer and coronary heart disease in terms of prophylaxis and amelioration. This follows from the psychomedical discovery that stress affects the immune system and that stress can be relieved through the application of the principles of behaviour therapy.

An interesting development has been the successful application of psychological principles to the treatment of physiological disorders like high blood pressure and coronary heart disease, addictive disorders like smoking and alcoholism; acute, chronic and post surgical pain etc. Called behavioural medicine this interdisciplinary approach (roots: Psychiatry & Psychology) addresses interactions between mind and body and their impact on disease and health. It helps people to relax, smoke less and, using biofeedback, gain control over various autonomic functions such as heart rate and blood pressure. Cardiologists Friedman and Rosenman (1958) identified heart attack prone behaviour pattern, called 'Type A' i.e. angry, aggressive, hostile, having intense and competitive drive, always in a hurry etc. Methods have been developed to help such victims. Armed with a broader perspective a firm scientific base and support from concern with costs of medical practices, behavioural medicine has already demonstrated exciting potential and enormous growth.

Psychology and Medicine: The employment of psychologists in medical settings is indicative of growing relationship between the two fields. During my recent visit to the UK I saw Clinical Psychologists working at medical centres with General Practitioners in primary health care system. This new arrangement has proved quite beneficial to patients, helpful to GPs and also cost effective because psychological problems are involved in large percentage of visits to GPs.

During recent years Clinical Psychology has begun to change its focus from intervention to primary prevention and from psychological and organic disorders to health. The future appears to point in the direction of a Clinical Psychology that applies comprehensive knowledge to treatment incorporating not only various psychological theories, but also medical and technological findings that expand our understanding of human behaviour each day.

Situation in Bangladesh: A recent survey revealed that about 12.25 million people suffer from various psychiatric problems. On top of that, as Professors AQMB Chowdhury, Nurul Islam and other physicians assert, about 40 per cent of the visits to GPs are for psychological problems or with a significant psychological component.

To help millions of unfortunate sufferers, Bangladesh needs several thousand Clinical Psychologists. An average country like the UK with half the size of our population runs 25 training centres in Clinical Psychology; the USA has 120; India established Clinical Psychology about 30 years ago.

Because of the weight of sheer number it is impossible to help mental patients directly. The primary new role of the Clinical Psychologists in the expanding concept of community mental health programming is as consultant. The consultant role consists of interactions primarily with professionals and administrative staff rather than with patients. Now a single consultant may be available to a score or more consultees, and through them, admittedly indirectly, large numbers of patients. As my *guru* has aptly observed, 'A society is judged by the efforts it makes to look after the deprived, the unfortunate and the unlucky,' our society could certainly do better than it has done in the past.

The writer is a Professor of Psychology, Dhaka University and Director of the project.

Dhaka Day by Day

Reliable Sources!

by Ayesha Fariha

When we are not talking about someone else's money or someone else's "messed up" children, we are talking about someone else's marital problems, whether he or she has any or not.

Rumourists, that is, people who take it upon themselves to spread rumours out of a perverted sense of duty to society, always relay the "latest gossip" in hushed tones (they really work those eyes and facial muscles in the process) to the gossip-mongers, who in turn spread the word. Rumourists have a tendency to add a sentence like "I heard from a reliable source" after each piece of news. About 90% of the time the "reliable source" is the rumourists' servant or the masseuse who visits the house, and almost 100% of the time the news is inaccurate.

Unknown to the rumourists, these people love to spin yarns simply because they enjoy being malicious and also because the patron will give them a large tip. One driver confessed that he makes up tales about people who live on the street because that is what "madame" wants to hear. He is aware that the more nasty the tales, the greater his chances of getting into the employers' good graces. Another "source", a masseuse cites similar reasons. She says that some of the women she massages constantly ask her questions about the other clients and when she tells them dramatic tales of adultery and unhappiness, they are quite pleased and she gets a larger tip.

So what motivates these women to be on the lookout for "reliable sources" time and time again? Some say that it is because they themselves are unhappy and revel in another's misery. Others say that they are incapable of doing anything else; they are people to whom the good things in life have come very easily and they enjoy creating trouble for others. Still others take a very harsh stand on the matter and say that these rumourists are "illiterate, stupid, and dull" and squeezing news out of servants and *malishwaalis* is a great source of pleasure to them. Whatever the reason, this whole business of spreading vicious tales about a couple or a person sourced by a reliable (?) person is indeed a sordid affair.

Health Sector has Major Role in Poverty Eradication

by K S Mustafa

MOHAMMAD Aslam had high hopes of making something of his life. Long hours at a cardboard manufacturing factory working as a skilled screen-printer earned him enough to support wife and a child, even though a quarter of his income went to pay the 'rent' of a 50sq ft bamboo hut in a Mohammadpur slum.

But fate had different designs for the 25-year-old Aslam struggling to break out of the poverty that had forced his family to migrate to the slums of Dhaka from their village home in Mymensingh 10 years ago.

Ill health had dogged Aslam for most of his life, with his poor family unable to afford the treatment cost. Now, chronic bronchitis and a host of infections sapped his energy, and earned him a dreadful notice from his employer. "My boss told me he wouldn't be able to keep me at work anymore", Aslam said.

Getting treatment was easier said than done. A private hospital he visited demanded Tk 15,000 for the check-ups and treatment. Aslam could not bear to go to the government health facilities whose image consisted of ill-treatment by attendants, indifference of doctors, need to pay for medicines, even bribes for hospital employees for a bed.

Out of a job and too ill to take up manual work on offer, Aslam's dream of a better future for his wife and son now lies in tatters. The mounting debts incurred to feed his family mean that his immediate future has turned bleaker than his impoverished past.

Aslam's story is not unique in Bangladesh, where poor health continues to cause people to turn into paupers. A recent survey by the Bangladesh Institute of Development Studies (BIDS) says that more and more non-poor people are being driven into hard-core poverty by ill health. The BIDS survey found episodes of ill health resulting in loss of income and employment and increase in indebtedness. The survey said poorest families spend seven to 10 per cent of household income son private medical care alone.

On the other hand, their poverty ensures that there is little they can do to improve their health status.

It is a vicious cycle that health professionals believe can only be broken by increased and more effective investment in the health sector. Although over a billion dollars flow into Bangladesh annually as foreign aid, less than six per cent of that is channeled to the health sector.

"The health sector has an important role to play in poverty reduction, but neither the government nor donors are sufficiently alert to the role of health in poverty alleviation", said a long-time observer of the aid scenario. "It really is time donors woke up to the need to direct more resources to the health sector as part of the overall drive to eradicate poverty in all its forms".

Lack of donor support is matched at the national level, with health getting low priority in government fund allocations. Between the mid-80s to the mid-90s, health received around three per cent of total allocations in revenue budgets while the investments sanctioned in annual development plans were little better.

The World Health Organisation (WHO) has already lent support to international campaigns for a stronger commitment to reduce poverty and its consequences for health. The organisation has suggested that the health sector has an important role to play in poverty alleviation in developing countries such as Bangladesh.

"Ill health is one of the major reasons for deepening poverty", says Dr Witjaksono Hardjotanojo, WHO Representative in Bangladesh. "The national health policy needs to have poverty reduction as a major focus".

In recent years, the link between health and poverty has come under global attention, particularly with deterioration in health conditions of the urban poor in a number of developed countries. Medical professionals around the world have voiced concern over the effect of ill health on the poor, terming it a major cause of poverty.

International concern over the link between ill-health and poverty came under focus at a conference in London at the end of February, in which medical professionals reiterated their commitment to work to direct more health resources to the district levels of their health care system.

The conference, co-sponsored by Britain's Royal Colleges of General Practitioners, Nursing and Physicians formed part of growing international activities to promote greater equity in health care in both the developed and developing worlds. It was inspired by the London Declaration produced at an earlier conference sponsored by the WHO, which led to increased awareness among medical professionals about the link between ill health and poverty.

But while government leaders and donor agencies in Bangladesh regularly pledge to make poverty alleviation their top priority in the development agenda, health continues to have to compete with roads and bridges for resources. The net result of this unequal competition is that public health facilities are ill-equipped, poorly manned, suffer from medicine shortages and low motivation of doctors.

The effect of this is felt across the country, where some 50 per cent of the 120 million population live below the poverty line. Referral system remains weak, with less than half the patients going to the health service for treatment.

According to the BIDS survey, a quarter of those who stay away from government facilities do so because of inadequate attention given by doctors. Another 13 per cent shun the supposedly-free public service because hospitals and health complexes ask for money. Poor quality of treatment and long waiting time were also cited as major reasons for not visiting government health centres.

News Network

Towards Precision

IN what to the laymen must seem like the ultimate contradiction in terms, even highly refined light suffers from the 'noise' pollution, which limits its accuracy as a measuring device in ultrafine research.

Now researchers at the Australian National University (ANU), Canberra, in one of very few experiments of its kind have succeeded in producing 'clean and squeezed' light. The result will have major significance for work on ultraprecise measurement in spectrascopy and for detecting very faint signals such as electromagnetic emissions from silicon chips.

The light can also be used for detecting very faint signals of all gravitational waves from deep space set off by stellar explosions. After four years of effort, the ANU team achieved success by using a bistable cavity-atom system. By passing laser beam through barium atoms in a cavity, they reduced quantum noise by a factor of two below its original limits.

CSE/Down To Earth Features

Metropolitan

Indian goods worth Tk 27 lakh seized

The members of Bangladesh Rifles (BDR) seized Indian goods worth Taka 27 lakh from Dinajpur and Feni, a BDR press release said yesterday, reports BSS.

The BDR personnel seized Indian sugar worth Tk 25 lakh from a truck on Hili-Ghorashal road in Dinajpur district on Mar 21.

In a separate drive, the BDR seized Indian sugar, skimmed milk and spices worth Tk two lakh from Rampur village under Feni district on Mar 24.

CPC team holds talks with WP

The visiting delegation of the Communist Party of China (CPC) held talks with the leaders of Workers' Party of Bangladesh in the city yesterday, reports UNB.

The talks featured, among others, improvement of relations between the two parties and the peoples of the two countries as well as the world communist movement, said a press release.

HERE and THERE

Bangabandhu College

State Minister for Information Prof Abu Sayeed has said the anti-liberation and reactionary forces are engaged in destructive and subversive activities at a time when the nation on its way to progress under the leadership of Prime Minister Sheikh Hasina, reports BSS.

He was speaking as the chief guest at a discussion on "Bangabandhu and Independence" organised by Bangabandhu College at Mirpur in the city Sunday.

RCMD

Rotary Club of Metropolitan Dhaka (RCMD) has launched three projects to help diabetic and hearing-impaired people, reports UNB.

The RCMD will implement the projects in cooperation with Annesha Welfare Trust, Hasina Jahan Memorial, Bangladesh Diabetic Association, Hi Care and Dhaka Community Hospital.

Community health camps will also be organised under the projects to provide free medicare to the rural poor, said a press release.

Bangladesh-China Friendship Assoc

A 21-member council of patrons, a 21-member advisory council and a 53-member national council for the year 1997 and 1998 were elected at the biennial general election of Bangladesh-China People's Friendship Association held in the city on Sunday, reports BSS.

Prof Abdul Mannan was re-elected as chief patron. Dr Mirza A. Sobhan, chief advisor, Anwarul Amin president and S A Sikder secretary general, a press release of the association said yesterday.

Bashir Uddin Ideal High School

State Minister for Youth, Sports and Cultural Affairs Obaidul Quade: has urged the authorities of the country's educational institutions to arrange regular programmes on sports and culture, reports UNB.

The state minister was speaking as chief guest at the prize giving ceremony of annual sports and cultural competition of Bashir Uddin Ideal High School at Mirpur in the city yesterday.

Speaker Humayun Rasheed Chowdhury handing over 'Kaladhhani Swadhinata Gold Medal '95' to Musa Sadik, war correspondent of Swadhin Bangla Betar Kendra, for his book on the War of Liberation, titled 'Muktijuddha Hridaye Mamo' at a function organised by Kaladhhani, a cultural organisation, in the city on Friday.

Weather

Rain forecast

Rain or thundershowers with temporary gusty wind is likely to occur at one or two places over Chittagong, Dhaka and Sylhet divisions, and Kushtia, Jessore and Barisal regions in the next 12 hours till 6 pm today, reports UNB.

Met Office said weather may remain mainly dry elsewhere over the country during the period.

No appreciable change in day temperature is expected over the country during the period.

The country's highest temperature was recorded 34.6 degree Celsius at Kutubdia and the lowest 15.3 degrees at Feni.

The sun sets today at 6:15 pm and rises tomorrow at 5:51 am.