

IS GOING TO THERAPY ALL IT TAKES?

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Acceptance and openness to the idea of attending therapy sessions to seek help for personal psychological struggles or symptoms of mental illness has exponentially increased amongst the youth in a very short period of time. However, as expected for such a rapid change, many misconceptions have risen regarding the topic.



PHOTO: ORCHID CHAKMA

Most people have a vague idea of what therapy is and when to go, but foster a lot of misconceptions. While progress should always be celebrated, many come with expectations based on either lack of information or misinformation, which becomes counterproductive to your treatment.

A common misconception is that much like a doctor's visit for a physical ailment, one appointment, or at worst a couple, is enough to provide you with effective solutions to what you're struggling with.

Given the complexities of human lives, an opinion reverberates across all professionals we spoke to – one visit is truly not enough to even begin making an attempt to emotionally reach a person.

At best, one session can accomplish a brief, surface-level understanding of symptoms. In the first visit, a therapist just begins to get acquainted with the person and the situation at hand, leaving little time for feedback.

Ferdous Ara Reshmin, psychologist at Lifespring, shared with us a brief overview of the technique she uses for approaching her patients.

“Psychiatric patients, i.e. those suffering from illnesses such as OCD, anxiety and/or depression, need proper therapeutic sessions. The crucial aim of the first few sessions is to build rapport with the patients. The patient's understanding of mental illness, and willingness to accept it as an illness and openness to accepting treatment is a major factor playing into how long this takes. Absence of such openness and understanding, as is often the case in Bangladesh, takes away some time spent

in getting the patient on board. Alongside, we need to collect the patient's history, study them and their behaviour, and build a specific treatment plan for each individual. At a very rough estimate, all of this takes about three sessions, though this largely varies from person to person,” she says.

After this preliminary stage, the professional applies their plan into the sessions, and since behavioural patterns are extremely complex and deep rooted, they can be time consuming to modify. The number of sessions depends on the severity of the patient's situation.

Patients then become aware of their problems, receive some guidance, direction and understanding, and explore the possibility of solutions to personal issues. This sense of continuity lets them practise what they've learned, and then receive feedback.

Devi Ayu Das*, an 18-year-old A level student reflects on her therapy sessions, which went on and off for over several months for anxiety disorder.

“I truly believed in the power of therapy, went in with high hopes and gave my best to ensure my therapist knew everything I wanted to improve within myself. It took me a few sessions to be completely comfortable with my therapist as being in a vulnerable state is difficult. Building an emotional relationship

took time and effort but was worth it. Anxiety disorder doesn't just go away suddenly, it needs patience to work towards whenever it surfaces again. The consistency of my therapy sessions gradually made my symptoms more manageable,” she says.

Iman Ahmed*, a 17-years-old, says “During the first few sessions, I didn't really expect much. Building trust with a complete stranger who was much older than me and then being able to share such personal details was difficult at first. But I believed it would take time and patience. I knew things would be emotionally distressing. There was a lot of shame within me for what had happened, and having a good relationship with my therapist was important. It took me 5-6 sessions to even mention things that were not just surface level.”

What was once a completely stigmatised, shameful last resort is now seen by some as the Holy Grail, all-in-one solution

to all of life's problems. However, a range of factors disturb our psyche, and thus mental illness can be treated with maximum effectiveness with a three-dimensional approach. Such treatment includes a bio-psycho-social approach. Mental illness is categorised to two types, neurosis and psychosis. Neurosis is a mild mental disorder not arising from organic diseases – instead, it can occur from stress, depression, or anxiety. Psychosis is a major personality disorder characterised by mental and emotional disruptions.

Psychosis requires medication prescribed by a psychiatrist, alongside sessions with a psychologist, for effective, long term treatment. As for social factors, there exists many that are outside of the patient's, and the therapist's, control. Therapists are not advisors, nor can they provide immediate solutions or shelter you from any disruptive social factors.

“We teach patients to adapt, not escape or change their circumstances. The patient may have a behavioural weakness in dealing with a certain circumstance, through constructive discussion and positive reinforcement, we try to modify the behavioural weakness and to divert it to a strength. If we try to remove the problem, or ourselves from it, we are encouraging behavioural

weakness. This, the patient needs to apply the coping techniques they learned in therapy and apply them in their daily life,” adds Ferdous Ara Reshmin.

As children and young adults live at home with their parents in Bangladesh, sometimes therapists require collaboration with parents. This need mostly arises due to the stigma and lack of information surrounding mental illness and treatment. Thus, the therapist might do the work of a social worker akin to that of more developed countries to give parents guidelines on how to approach their struggling child. If the child needs medication, parents also need to be briefed on it.

If parents do see the need to take their children to therapy, they usually do so out of extreme worry, but aren't always aware of the responsibility that they themselves hold. When the sessions do not result in immediate progress, it is common to be dissatisfied with the professional, or reach the conclusion that therapy is an ineffective practice, leading to the struggling child not being taken back and denied help.

We spoke to Dr Tumpa Indrani Ghosh, Assistant Professor of Child, Adolescent, and Family Psychiatry at Mymensingh Medical College, who also works as a consultant at Lifespring. According to her, a child and adolescent psychiatrist at Lifespring, a lot of factors need to be accounted for to attain maximum effectiveness of therapy sessions especially for a child or a preteen.

“Young children do not develop enough to take full responsibility for their wellbeing and create boundaries between themselves and their surroundings. Effectiveness of therapy depends on their home and school environment,” she says.

For example, young children with ADHD usually struggle academically, and without the help of a therapist, it is common for parents to think this is deliberate, and can be fixed by humiliating and/or strictly disciplining the child. This always makes matters worse.

While more young people are open to going, most of them are not aware that therapy is a continuous process, and requires work outside of therapy.

Sabil Sadat Zahir, a third year student at BRAC University who consistently sees his university counsellor, attested to this in an account of his experience.

“When I've been in therapy long enough to see major positive changes to my life, I realised that my counsellor never handed me any solutions, rather they guided me towards the solutions that were within myself. The therapy itself didn't fix my problems, but it helped me manage them much better. It's about understanding your own emotions, weaknesses and strengths and finding more effective ways to deal with your problems. Therapy helped me deal with some of my lifelong issues like anxiety and self-hatred. Not that they've gone away, but I manage them so much better that these issues don't cripple me as they once did,” he says.

Niloy Abrar*, 19, says, “Going to therapy was never an awakening or magical experience for me, my brain did not restructure to think of my situation any differently, it just made my symptoms manageable. It didn't magically fix me, it made me more functional.”

Finances are a major roadblock in the consistency of one's therapy sessions. Devi and Abrar had to financially support themselves all throughout therapy, while some of the other people we spoke to had to hide that they were in therapy from their parents.

“My mom encouraged me and found a few therapists to see which one I would like. I was able to comfortably go and not feel guilty while I was in therapy,” says Iman, amplifying the importance of a good support system outside therapy.

Psychotherapy is an essential element of treating mental illness. When sessions are conducted responsibly by the professional, and cooperatively by the patient, its benefits are tried and tested. The experience of therapy, and how long it takes for you to see results varies from person to person. Each person's disposition and circumstances are very different, but therapy rarely delivers instantaneous results to any. Our young people have a right to accessible quality healthcare for both mental and physical ailment, especially when we have failed them in so many ways as a society.

**Names have been changed upon request*

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