



# Video: Mental Health in Context: Afghan Newcomers

## Transcript

### Introduction

**Narrator:** This video will help you understand the cultural beliefs surrounding mental health, trauma, and substance use among Afghan newcomers. It will describe explanatory models for mental health and trauma, prevalent culture-specific syndromes, and typical help-seeking patterns.

### Afghan Newcomers in the United States

**Freshta Taeb:** Hi, my name is Freshta Taeb and I am a senior refugee interventionist. I work with refugee couples when it comes to marital discourse. Domestic violence issues is one of my specializations. I work with children and adolescents. I teach workshops on anger management, bullying, and parenting in the West.

**FT:** There has been decades of turmoil. In 1979, the USSR, the Soviet Union, invaded Afghanistan. Ever since then, there's been decades of war, revolutions that have occurred. As a result, the Afghans have dispersed globally. One of the places in which they have traveled to has been the United States. On August 15th, 2021, the Afghan government collapsed and the Taliban regime took over. As a result, the United States evacuated over 80,000 Afghans to the United States, mostly folks that had worked with the U.S.

**FT:** There has been a great deal of impact, a lot of trauma, a lot of PTSD. Folks have been forced to leave their homes, separated from their families, displaced. There has been fear of separation, fear of not having a legal status, financial issues, identity crisis. As you know, we already have a housing crisis in the U.S., so one of the main issues that we had in the beginning was housing all of these folks.

**FT:** As a result, there was a lot of trauma because folks had traveled from Afghanistan to one lily pad, which could be any country in the world, and then eventually came to a military base. Then after leaving the military base, they had to stay in a hotel for a certain amount of time until, finally, they were sent to their final home. This was a lot, especially on the children who are trying to get used to living from one place to another.

**FT:** The Afghan refugees feel a lack of identity. They feel that they've been separated from their families. They've lost a sense of who they are. They've lost a sense of belonging. They may have said things like, "I was an engineer, and now I'm a pizza delivery person." They feel, due to the language barriers, that they're not able to have the jobs that they had in the past. This really impacts their mental health status. This really makes them feel depressed. It makes them feel afraid and anxious.



## Perspectives on Mental Health

**FT:** In a collective society such as Afghanistan, people are really thinking about and living for other people. Here in the United States, we have an individualistic society where we concentrate and focus on ourselves and our nuclear family unit. Back home, people are really concerned about what other people think, what other people say, and this has a very high impact on your mental health status.

**FT:** Religion and Islam is really the center of every Afghan's livelihood and home. Following the religion and using the religion in order to heal from these mental health disorders is quintessential.

**Rosalind Rogers:** My name is Rosalind Rogers. I am an Afghan American and a licensed mental health counselor and an international psychologist. Afghans have a slightly different way of perceiving the causes of mental illness or mental distress or stress in general. Although a lot of their explanations of causes are situational, but there's also more supernatural.

**RR:** We have *nazar*, which is basically the evil eye. The belief is that if you are experiencing hardships that it could potentially be as a result of someone being very envious of you. The evil eye represents envy, which then could cause you to experience hardships or difficulties. In Afghan culture, a lot of times when you give a compliment to someone, you want to do it sparingly or be accompanied with *Namekhuda*, for example, which basically uses God's name to protect you from the evil eye.

**RR:** Another reason that Afghans will explain mental health is sins, for example, having a disconnection from their faith in God or Allah. It could be viewed as a test from God to get through as well as potentially punishment for not being a good Muslim, for example. That's an additional reason.

**Mohammad Shafiq Qureshi:** My name is Shafiq Qureshi. Originally, I'm from Afghanistan. By profession, I'm a doctor, medical doctor. I have MD. I work for the county as a senior community health specialist. I conduct public health outreach in the Muslim and South Asian community. Also, I'm a behavioral health specialist and I provide mental health counseling for severely mentally ill clients.

**MSQ:** There are some important terms that can be used that reflect mental health concern among Afghan community and different in Pashto and Dari, they are different. I could give you the example of these are one terminologies called "*jigar khooni*" or mean like "liver is bleeding." Also, other term you can use "*jigar joshi*" or "the liver is boiling." It refers to deep depression or sadness.

**MSQ:** There are some other terms also, very common in Afghan communities. In Dari, it's called "*sarem-maytarqa*," or in Pashto, it's called "*sarmay-chawdigi*" that also refer to trauma. If someone experienced trauma, they use those terminology. Also, there are some other terminology also used. It's called "*dil-em tang ast*," or in Pashto, it says "*zera-may tang-day*." Literally, it means "tightening of chest." If someone is in a very sad mood or in anxiety, they use those terminology.

**MSQ:** It's very important for the service provider; they should know about those terminologies that usually reflect some somatic sensation or physical sensation, but it reflects some mental health concern. It's very important that the service provider should know about those terms and also what does actually reflect on their mental health issues.



## Stigma and Barriers to Seeking Care

**FT:** Afghans rely heavily on family support. The problem when it comes to mental health is, because there's a stigma attached to it, they may not feel comfortable to share their private feelings with other people. They may feel ashamed due to the stigma attached to it and embarrassed. Because if a woman, for example, shares and says that she has a mental health issue, the chances of her being married are going to be lowered. Her suitors are going to think twice before they marry somebody who, quote unquote, has gone mad or is crazy. These are the terms that are used for people who have mental health issues in the culture.

**FT:** Community elders, especially in the rural areas, they're very important. They are consulted when it comes to legal issues, when it comes to law of the land, when it comes to disputes between neighbors, family members. But when it comes to mental health, because there's such a push for privacy, most likely, folks will not go to community elders to share this information.

**FT:** They will be afraid that somehow this information will get out into the rest of the neighborhood and the community and that these folks will be looked down upon. People are judged. Being judged is not going to help you open up about your mental health issues. Therefore, it's a very big problem. If folks go and reach out to people like elders or community members, they will be judged. They will be told different reasons why they're feeling this way. "It's okay. Go home and pray. Go to the imam. He will cure you."

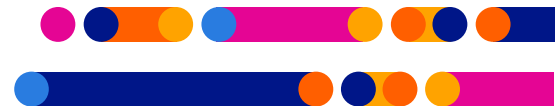
**MSQ:** Stigma also is something that's a barrier to the mental health care, to seek mental health. Stigma is very common in Afghan community, which leads to social isolation. Stigma, it's more double for Afghan women. If a woman is suffering from mental health condition, she is more likely to be victimized or labeled of stigma surrounding mental health.

**MSQ:** I can give an example that if a woman has a mental health condition, and so the community members where she lives, they disengage from this family. Not only from her, but from the whole family. They don't want to have a relationship with this family. Also, it impacts her social standing. It impacts her marriage. It impacts her education, career, or job. Also, if a young woman, she is suffering from a mental health issue, the community members where she lives, they don't want to even marry her. It's a very serious thing in the Afghan community. It's very important that we should address stigma in the Afghan community.

**MSQ:** Fear of judgment. This individual, if he or she is having a mental health issue, because of fear of judgment, that person will not seek help. This will be a barrier for seeking help. If that person is not going for therapy or go to a psychiatrist, her or his mental health condition gets more worse. It's very important that we educate our community members on stigma, on mental health, so that the person can easily go without fear or without being stigmatized and seek therapy or help.

**RR:** There is high stigma surrounding anything related to mental health. I think it's cultural. I think it's also socio-political where the mental health infrastructure was basically absent in Afghanistan. Mental health literacy among Afghans is very, very low, unless there's some select Afghans who lived right in Kabul. In the last decade, there was some development of mental health services there, but very, very low. I believe the statistic was 0.001 psychologists for every 100,000 in the population in Afghanistan.

**RR:** Afghans in general culturally believe that issues, struggles, pain, emotional pain, family conflict should be strictly kept within the immediate family and should not be spoken to anyone else outside of the family. Problems are mainly handled within the family. Going to an outside person that is not part of the family is



stigmatized, potentially because it could bring shame to the family and the family name. That is a huge, huge form of socialization in Afghan culture, but also a way to keep everyone within the social norms that are expected of Afghans.

**MSQ:** About the confidentiality—because of the confidentiality, some community members, they don't trust the provider. Because of that, they do not want to seek help. It's very important that we should explain confidentiality to our Afghan community that everything that we discuss with the provider, it's kept confidential. We have to give them a safe environment that they can explain or they express their emotions with the mental health care provider. It's very important that we should explain and make them assured that confidentiality can be maintained while they're having discussions with the provider.

## Family Dynamics

**FT:** This is not general. This is not for every single household. There are households where there are females who are working and who are educated, but the traditional family, I would say, the male is having to work outside. Because there may be some literacy issues or language barriers, they have the pressure of registering the kids to school, doing the work from outside, and not having an outlet. The anger is within them and they don't really have a way of processing it. What ends up happening is there's domestic issues, domestic disputes. Essentially, this trickles down from spouse to spouse to the children. It creates an environment in which domestic violence is prevalent.

**MSQ:** It's also very important for the service provider to understand the family hierarchy and also family dynamic in Afghan community. Because in the Afghan community, mainly, all family matters are run by the head of the household who is the man. For example, if a woman, she would like to participate in a community event, she has to get the permission from her husband because he is the head of the household. There are many things controlled by the men of the house. Also, he's the main breadwinner as well. If in case a woman does not follow her husband's order to not attend a community event or to go to shopping, grocery, or any family members, then conflicts start between husband and wife.

**MSQ:** It's very important that we should also understand the family dynamic. Also, we have to educate this community that there are some rules and regulations of the United States where they live. They also need to follow those rules and regulations because family violence in this country is considered very seriously. We really need to educate husband and wife, both, about the family dynamic that how the family system works in the United States in order to avoid conflict or domestic violence, and also to have peaceful environment at home.

## Substance Use

**MSQ:** Substance use among Afghan community. It's not only used here in the United States. Before arrival, Afghanistan is a war-torn country. It's been more than four decades; there was war, unemployment, poverty, and also lack of education. Many Afghans, especially youth, they started using substances in order to cope with the trauma, with the pain they are suffering from the system in Afghanistan with the war.

**MSQ:** A major substance that they use in Afghanistan was opiate and also alcohol use. When they come to the United States, they have different challenges, problems, and issues such as losing their loved one, leaving their country behind, losing their jobs, and adjustment with the new culture, culture shock. In order to cope with



those issues, in order to numb their feelings, they would like to start using substances such as I said, alcohol or opiate.

**MSQ:** Because of easy access to alcohol, they may increase the level of alcohol here. Also, the new pattern they can start, for example, vaping is a major problem in the United States. I have seen some of my Afghan clients, especially youth, they started using vaping, which is very dangerous for them. There are some problems with the substance use with the newcomers. The reason of using or starting substances, because coping with the pain they are having from coming to the new country, culture shock, losing their loved one, and also leave their country behind.

**MSQ:** Those are some of the challenges they are facing. Because of that, they are using substances. Using or consumption of alcohol or opiate, both, they are haram in Islam. Also, not only that they're haram in Islam and using alcohol or substances in Afghan community, it can bring shame to the individual, to the family, and also to the community. Because of this shame, some of the Afghan community members that they are using or they have consumption of alcohol or opiate, they would like to hide. They don't want to seek treatment for their alcohol or addiction, so this is another problem.

## Afghan Youth

**RR:** Obviously, parents have a lot of issues that they're dealing with, but I think Afghan youth have a subset of problems that parents don't have to deal with. A lot of times, they are dealing obviously with all the losses. They have friends that they've established, which we all know is very important in their development during that time, making friendships, maintaining them.

**RR:** A loss of friendship is a big deal as well as making friends here in the United States, right? Particularly if they aren't proficient in the English language, they go into an entirely new educational system, which is extremely difficult for them to navigate. A lot of times, they may not have had any kind of formal education when they were in Afghanistan. Coming into this formal education system with teachers and all these rules could be very difficult for them to adjust to.

**RR:** I think that Afghan children also step up. Research shows that children typically learn the language in the host country much faster than their parents. Oftentimes, they serve as cultural navigators for their parents, so navigating U.S. systems, whether it's the health care system or going to the DMV. Oftentimes, they're interpreters for their parents. They go to the doctor's appointments. They go to the DMV. They go to the grocery store to read labels for their parents so that their parents can basically get their needs met.

**RR:** It's an additional role that Afghan children have to take on in order to help their parents and have their parents begin to integrate and learn the systems here in the United States, be able to read signs, whether it's traffic, whether it's at the grocery store, as well as negotiate, whether it's with doctors, whether it's paying rent, whatever the case may be.

**RR:** Yes, Afghan youth definitely contend with identity conflict in terms of maintaining their Afghan identity and their cultural roots, and then also adapting and integrating into U.S. culture and the school system. There's also the whole American adolescent culture also that they have to adjust to. A lot of times, there's a push and pull between who they are outside of their home in the U.S. school system and who they are and are expected to be within their Afghan families. A lot of times, it creates a lot of conflict.



**RR:** A lot of times, we hear Afghan kids say that they are two different people: who they are with their families, and then who they are with their American society and in school. Typically, when it comes to that kind of conflict, I think service providers would benefit Afghan youth by really helping them connect to both of their cultures and developing more of a bicultural identity. Research has shown that developing a bicultural identity and having a strong Afghan identity as well as a positive American identity has actually led to more success academically for refugee youth in general, but also for Afghan youth as well.

## Working with Afghan Newcomers

**MSQ:** I would like to share one story that I worked with one client. After the August 2021 evacuation process, many Afghan newcomers, they were evacuated from Afghanistan. They were settled in different parts of the country. There was one family. There was an Afghan woman. She came with the family. She had kids and husband. In the resettlement agency, they find them a place in the area where, hardly you can find an Afghan family there. Even no Muslim community there.

**MSQ:** This woman, she was having panic attack almost every week. She was ending up to the emergency room. Then the county mental service program, they called me. They said, “We work a lot with this client, but still she is having this panic attack. Nothing is improving. Can you come and help us to assist this client?” When I went, the first thing when she saw me that I’m from Afghanistan, I speak the Dari language, immediately, her condition got improved and she calmed down. She started communicating with me and sharing her feelings with me.

**MSQ:** The main problem with this family member [was] that she didn’t have Afghan community where she was living. She was lacking to be connected with the Afghan community, even with the Muslim community. The area she was living, there was not even a mosque. She would go miles and miles to find the mosque, and they were newcomers. They didn’t have transportation. They didn’t have any other resources to go to different part of the county to be connected with the Afghan community.

**MSQ:** Then what I did, I shared this observation with the service provider and I recommended a few things to them. First thing I recommended, “Please find a place for them to move to the area there are more Afghan community or more Muslim community.” Also, I provided the list of community resources where more Afghan community participating for this family. I connected this to the one local mosque where most Afghan community are coming.

**MSQ:** They had monthly family night program, some other community events, and she started participating in those community events. Then her condition got more improved and she got connected with her own community, and then she never went to emergency room for her panic attack. It’s very important that when we work with Afghan newcomers, we are trying to work with them in the way that they feel safe and more comfortable to connect with their own community, talk [in] their own languages. Those are some of the things that we need to keep in mind while working with Afghan community.

**RR:** A case study that comes to mind is working with unaccompanied Afghan youth. These are kids who didn’t have their parents here. Their parents were still in Afghanistan and unable to come here to the U.S. They were an extremely difficult, challenging population to work with. I had a young boy who had arrived here with his uncle who was also an unaccompanied Afghan child. The uncle was going to be turning 18 soon, which means that they would age out of the program, and then they would be a full-fledged adult.



**RR:** He was extremely worried months and months in advance of being separated from his uncle, the only person that he knew. I basically used my connections and network to try to ensure that we can keep them together, so I reached someone in ORR. They assured me that they would be kept together. That, in and of itself, that practical support, that providing a solution to something that was outside of the service that I was providing was extremely helpful. They were able to stay together.

**RR:** The trust that was built because of what I did for him was huge. I've actually stayed in touch with both of them. Since then, I got them involved in soccer, a soccer tournament here. They got connected with a whole bunch of other Afghans. They're doing very well, enrolled in college now. I think the lesson I wanted to provide in that case study was that providing practical support and going outside of maybe your traditional role as a service provider to advocate on behalf of your Afghan clients will go a long way.

**FT:** There was an individual that I met on one of the safe havens. She had been sexually assaulted and did not want to speak to anybody about the incident. She had trusted one individual, but the story to that individual did not sound complete. Upon meeting her, I asked her to tell the story after I heard the story from the original interpreter. The interpreter was a male. She told me that she felt very uncomfortable to share details of this assault with this male interpreter.

**FT:** It's crucial and essential to have an interpreter that speaks the correct language, but also an interpreter or an individual that is of the same gender, especially when it comes to something as sensitive as sexual assault. I spoke to her. One of the things that really helped her was knowing what the rights were in the United States of America, knowing her rights as a victim, as a survivor, as somebody who had gone through this.

**FT:** Back home, things would have been different. A lot of times, victims of sexual assault are criminalized or victimized. A lot of the times, they're punished for something that has happened. She did not want to reveal the identity of the individual who did this because she was afraid she would also get in trouble. Basically, I explained to her what her rights were, what her responsibilities were, and this really helped her make an informed decision. It's important as a clinician to help these folks make informed decisions. She left the safe haven and she continued her education. I saw her a year later and she was doing very well. She had a job. She was in therapy. I'm happy to report that she's doing great now.

## Advice for Service Providers

**FT:** The first tip that I would give to U.S. clinicians would be take time to understand and educate yourself when it comes to the culture. Cultural sensitivity is going to be key to helping these folks. When people feel like they're seen, heard, and understood, then they can feel comfortable and build a rapport and trust with their clinician. It's important for us in the U.S. to have a liaison. Whether that liaison is going to be a religious cleric from the local mosque or it's going to be a community leader, it's important to partner up.

**FT:** The holistic approach is going to be the most effective way of getting through to these folks. Indirect communication is very important to think about when dealing with the Afghan diaspora. The first thing that you want to look at is 65% of communication is nonverbal. There are certain cues that you can hone in on. For example, Afghans do not make eye contact from male to female or female to male. Sometimes people take that as dishonesty because that's something that we do in our culture. We are encouraged to have eye contact.



**FT:** If a woman is speaking to a man and she looks down, that doesn't mean that she's being dishonest. It means that she is showing humility. She's showing modesty. It's important to take note of that. I've had clinicians come to me and ask me about that. Also, when it comes to mental health disorders, reading between the lines. There are individuals who say things. In our culture, it's very normal to say, "That's fine. I'm just going to go kill myself. It's better if I just kill myself." We've had this happen in situations and that doesn't necessarily mean that this person is suicidal. It may be a cry for attention. So important to do safety assessments and make sure that what you're hearing is valid.

## **Conclusion**

**Narrator:** We hope you find this information useful in understanding and effectively serving Afghan newcomers within your communities.

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