

AFGHAN REFUGEE CASE VIGNETTE: Asadullah - *Ulysses Syndrome*

Group Discussion Moderators:

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Identifying Data

The patient, “Asadullah”, is a 40 year-old Afghan refugee male who was brought by police on July 02, 2019, to a psychiatric hospital in Sacramento, CA, because of a violent behavior that caused physical harm to a neighbor and the neighbor’s dog.

Presenting Complaint

This is Assadulah’s third admission since March of 2018. His family requested prompt and long-term treatment because of his unpredictable and unmanageable violent behavior.

History of Present Illness

Asadullah is a Pashtun Afghan refugee from Kabul who resettled in 2016 in the U.S. with his wife and three children, aged 12, 9, and 6. Before coming to the U.S., Asadullah was a medical doctor who collaborated with US government serving as diplomatic cultural broker for President Karzai and five US Ambassadors. He made a good living and was able to live a comfortable life and provide for his family’s needs. In Afghanistan, Asadullah’s wife Aminah did not need to work and instead, was expected take care of her of children and the household. In 2012 Asadullah and his family fled to Pakistan after receiving death threats from Taliban-connected individuals who warn him that all traitors who worked with the “American dogs” will receive their “dues”. During his flight, Asadullah witnessed the killing of his uncle Ali, a commissioner in the Afghan Police Force, at a Taliban point check near Jalalabad, 155 km east of Kabul. At the time Asadullah was traveling by bus with his wife and children in a group of eighteen people headed towards the Khyber Pass on the border with Pakistan. Ali was accompanying Asadulallah for protection when a Talib recognized him. To save his family, Asadullah had to refrain from intervening and witnessed the horror silently pretending to be a complete stranger to the victim. Ali was shot in the head and left on the road in a pool of blood. The bus then carried on towards the border.

Asadullah lived for three years in Peshawar, the capital of the Pakistani province of Khyber Pakhtunkhwa, haunted by nightmares, flashbacks, guilt, and shame. After Tehreek-i-Taliban Pakistan, attacked the Army Public School in Peshawar on December 16, 2014, killing 145 people, including 132 children, the Pakistani police have pursued a policy of punitive retribution that included raids on Afghan settlements, detention, harassment, and physical violence against Afghans, extortion, and the demolition of Afghan homes. Many Afghans returned to Afghanistan, some registered asylum claim in EU; and some resettled to USA on a Special Immigrant Visa (SIV). Asadulah was among them.

Once resettled to Sacramento, CA, Asadullah found his life to be more difficult than he ever imagined. With limited labor skills, other than being an international medical graduate (IMG) he was unable to find employment as soon as he had hoped. He also found it difficult to cover his household expenses with the little assistance provided by social services and the federal government. His wife Aminah struggles with limited-to-no English language skills, no driving skills, and no transferrable job skills. He lives in a 2 bedroom, bug-infested cheap apartment on Fulton Avenue, together with other Afghan refugee families.

Six months after arrival in the U.S., the tension in Asadullah's household began to increase. He was no longer able to communicate with his wife without getting into arguments. Asadullah's anger and resentment began to increase, as did his anxiety and depression. He would often lock himself in his closet to cry and would have frequent panic attacks. Asadullah's case manager encouraged him to seek counseling, but Asadullah refused, stating that he was "*jigar*", not crazy. He also did not want his family to know that he needed help. One evening, Asadullah's anger reached the point where he lashed out against his wife, shoving her against the wall after she made a comment about his lack of employment. Asadullah's oldest child called the police who arrested Asadullah and ordered that he stay away from the home for 72 hours – he slept in his car for the next several nights. Asadullah was ordered to attend anger management classes through the local county mental health center. The classes were only offered in English and Spanish and cost \$25 a meeting. While Asadullah was fluent in English, participating in-group anger management sessions would have been highly uncomfortable given his Pashtun cultural values of personal honor and discretion. He would be reluctant to share his personal experiences with a group of strangers whose alcohol, promiscuity, and drug problems he found utterly despicable. He has no support system, no friends, no guidance, no mentors.

Asadullah's individually and socially imposed stigma is apparent. He struggles with a loss of face, loss of social capital and status, loss of hope in the future and feels deeply disempowered and humiliated. He is no longer able to be the main breadwinner and is unable to cope with this change in role. In Asadullah's eyes, the fact that he cannot find better paid work to help his ailing parents back in Afghanistan, and to properly support his family in the "land of opportunity" is a huge disappointment, which is further compounded by his arrest. Cultural mistrust plays a significant role in preventing him from reaching out for help. Although a medical doctor, Asadullah has little faith in the U.S. health system and, compounded with his own beliefs about mental health, he has even less faith in the mental health system. In the past three months he has have been having weekly nightmares and flashbacks of his uncle's murder by the Taliban and has become increasingly angry and violent breaking furniture in his apartment. Two days ago he kicked out a neighbor's dog that entered Asadullah's kitchen. In the quarrel that ensued, Assadullah beat up his neighbor.

Mental Status

At the time of admission Asadullah was described as neatly dressed and appearing his stated age. Poor eye contact. His mood was sad with restricted affect. His speech was

spontaneous and goal directed. No evidence of any delusions. Denied any auditory or visual hallucinations; denied suicidal or homicidal ideations at that time. Some anhedonia noted. He was alert and oriented x 3. Cognitive function grossly intact, insight and judgments excellent. No history of substance use; never drank alcohol, nor used drugs or tobacco. He presented no irritability or pugnaciousness and did not appear to be particularly distressed or anxious. His impulse control was adequate yet immediately after the MSE he suddenly abused verbally two ward staff, threatened to harm them with a chair, and had to be restrained. Patient attributes his explosive, uncontrollable behavior, to his anger against America. He added: "I hate my name ("Allah's lion"), it is a lie".

Family and Social History

No history of mental disorders on his father or mother's side. Asadullah's father had been diagnosed with diabetes mellitus type 2, requires a spine surgery; his mother suffers from a poorly controlled primary hypertensive disorder and advanced bilateral cataract which rendered her almost blind. An older brother named Akhtar had been diagnosed with Posttraumatic Stress Disorder in Kabul, and was taken to a psychiatric hospital seven years ago. Akhtar appeared hypervigilant and with persecutory delusions, but without violent behavior. After receiving psychotropic meds, Akhtar was discharged; no further hospitalizations and he managed to keep his accounting job ever since. Asadullah showed normal physical growth. His education was outstanding. After graduation from medical school, he worked in a state hospital in Kabul while also serving as a diplomatic cultural broker for the Afghan government. He worked hard until he became mentally ill four years ago in Pakistan. Prior to the onset of the disorder, he was an extroverted young man, highly intelligent, educated, functional, pleasant, and courteous, with no history of verbally abusive or violent behaviors.

Medical History

Normal birth and milestones. No known physical disorders.

Psychological testing

On PTSD Checklist – Civilian Version (PCL-C) Assadullah's score of 40 suggests a subthreshold PTSD. Additionally, Beck's Depression Inventory – II (BDI-II) score of 29 suggests a moderate depression.

GROUP DISCUSSION 15 minutes

What further questions would you ask? What further testing and assessment instruments would you use? Please elaborate on your diagnostic formulation and suggest 1-2 possible intervention strategies.

ADDENDUM

Counseling Afghan clients

Afghan refugees suffer from a range of physical and psychological problems including post-traumatic stress disorder, generalized anxiety, panic disorders, depression, psychosis, and

psychosomatic problems. They also experience intense bereavement and grief over the death of loved ones. This is exacerbated when numerous relatives or friends have died, as is often the case in war-torn countries. Although patients present with severe depression,

the low number of suicides may be due to the adherence of the Afghan community to the values of Islam, which strictly forbids the taking of one's life.

Counseling is a Western concept not familiar to most Afghans. In Afghanistan, older family members mainly conduct the counseling and it usually includes advice and direction giving, emotional and financial support and other types of material assistance. The problems are kept within the family and are rarely discussed with non-family members. Men are expected to be stoic and expression of emotion is inappropriate for them. Afghan men consider it shameful to cry, believing they should be tough enough to tolerate suffering without tears. It is also important to explain and normalize the PTSD symptoms of Afghan patients. 50% of Afghan patients express psychological distress through somatic complaints such as headaches, backache, and general body tension. This is the case in many non-Western cultures where psychological problems bear a lot of stigma, and sufferers risk being labeled 'mad'. In the case of somatization, psycho-education coupled with general health education and physiotherapy tends to reduce the physical symptoms, which in turn leads to the reduction of fears and anxiety. For some patients stress management and relaxation techniques and strategies may also be useful in the reduction of symptoms. For Afghan patients suffering from the physical consequences of torture or violence, these services can be particularly useful. As shown by Ken Miller in his **Afghan Symptom Checklist (ASCL)** is important to pay attention to Afghan idioms of distress, especially to *jigar khun, fishar-e-bala, and fishar-e-payin*.