A Trauma-Informed Lens to Support Afghan Refugee Mental Health Needs: a Student's Perspective

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My earliest memories are of the unpredictable, deafening roars of the Taliban launching their rockets from the roof of our home. The sounds of destruction terrified and haunted my family, but like many others enveloped by armed conflicts, we had no opportunity to process the trauma. Instead, our autonomic nervous systems merely adapted to an unrelenting survival and stress response. Stuck in the lowest levels of Maslow's Hierarchy of Needs, self-actualization was never an option; our physical and emotional resources were devoted solely to survival. Yearning for safety, my family was fortunate to leave Afghanistan and resettle in America when I was seven.

Had my family not fled the Taliban regime in the 1990s, I would not have had the opportunity to learn and practice psychiatry. My personal and clinical experiences as an Afghan refugee have helped me understand the unique mental health challenges of an Afghan's journey in a foreign country. The recent political turmoil in Afghanistan and resettlement of thousands of Afghan refugees have spurred my reflections on how traditional approaches to trauma can constructively interface with cultural humility and cultural competence.

Even after we were physically safe in the United States, our sympathetic system remained chronically activated. There were new dangers; newness itself signified danger, demanded caution. During our first few months, we longed for reassurance that we were in a safe and welcoming country where we would be valued and accepted as ourselves. Instead, we were tacitly expected to abandon our cultural practices in the name of assimilation while adapting to social norms that felt foreign, uncomfortable, and even alarming. The behaviors which had grounded our sense of community and culture were now viewed with distrust. Our neighbors looked on suspiciously

when my mother and I wore *peran tumban*, our traditional Afghan long tops and loose trousers. I longed to wear shorts and t-shirts, but even though it marked us as insiders, giving up our cultural identity was unacceptable.

In Afghanistan, women were prohibited from appearing in public spaces without a male chaperone and were to be timid and always reserved. As a child in America, my teachers wanted me to look directly at adults and exhibit self-confidence. I had learned in Afghanistan that such behaviors were disrespectful and thus dangerous, but here my silence meant I was shy and insecure.

Even in settings intended to be helpful, being seen as refugees meant my family and I were often understood as needing rescue rather than individuals resettling in a new country. Instead of having our day-to-day emotions and struggles honored as we tried to habituate ourselves to life in America, our therapist pushed us to revisit and describe our experiences as oppressed victims of the Taliban regime. By discounting the post-migration challenges of our daily lives as we adjusted to the individualistic norms of American classrooms, searched supermarkets for familiar foods, and navigated public spaces as visible outsiders, our initial therapist's methods were not consistent with a truly trauma-informed approach. Even as a child, I felt frustrated and stuck in what was meant to be a healing process. The lack of a meaningful therapeutic relationship during this crucial time created reluctance for me and my family to engage in further counseling, delaying needed trauma processing.

In August 2021, I watched my people struggling to flee Kabul, some plummeting to their deaths after trying to hold onto U.S. planes. As I connected with the Afghan community during this tragic time, I heard echoes of the survivor's guilt my family and I experienced: "Why am I here? Why was I saved?" Decades earlier, I had witnessed firsthand the paralyzing impact of survivor's guilt. Members of my family delayed and even refused social integration, clinging instead to the life they had known in Afghanistan, refusing to learn English, withdrawing from civic engagement, and returning

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to their home country when possible. Cultural bereavement and acculturative stress—the daily impact of beginning life in a new country and culture—are further complicated given past experiences of trauma in our homelands. Understanding the interplay of past and present challenges is key to informing and guiding providers' resilience-building approach to treatment.

As refugees begin life in a new country, the positive one-to-one connection and consistency integral to psychiatric therapy can be an important stabilizing factor in an otherwise unsettling time. Therefore, it is crucial to develop a long-term, empowering relationship with the refugee patient based on warmth and empathy. And yet, a well-meaning but individualistic therapeutic approach can have unintended consequences throughout an entire community. Just as Afghan culture is collectivistic, our healing happens collectively, which is often at odds with standard approaches to treatment in America. In my work with members of the Afghan community, I have found that incorporating group therapy has been particularly helpful in their healing journey.

I also see cultural competence and cultural humility as guiding concepts for the practice of trauma-informed care to empower Afghan refugee patients. Understanding cultural norms about revisiting painful events or linguistic tropes for communicating feelings can be particularly important when engaging in classic therapy exercises such as narrative writing of trauma. Dari and Pashto are distinct languages widely

spoken in Afghanistan; Dari has fewer words for negative emotion and less nuance when expressing such emotions. Thus, providers should explore with clients how they express emotions and whether their native tongue has the vocabulary to express their feelings. Providers should also be mindful of nonverbal ways Afghans may express emotions, such as body language, facial expressions, sighs, tears, and laughter.

Would a trauma-informed therapeutic approach, practiced through a lens of cultural humility, have helped me as a young child struggling with acculturative stress? Might my parents have then perceived mental healthcare in a more positive light, fueling intergenerational healing and post-traumatic growth? Openness to a collectivist approach to refugee therapy, along with an empowering therapeutic alliance to foster resilience, is key. These can be our first steps toward positive outcomes for today's Afghan refugee families and communities.

Declarations

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