

An Unfinished Job: When Circumstances Conquer Counsels

Saeed Shoja Shafti

Emeritus Professor of Psychiatry.

***Corresponding Author:** Saeed Shoja Shafti, Emeritus Professor of Psychiatry.

Received date: February 11, 2026; **Accepted date:** February 27, 2026; **Published date:** March 09, 2026

Citation: Saeed S. Shafti, (2026), An Unfinished Job: When Circumstances Conquer Counsels, *Psychology and Mental Health Care*, 10(3): DOI:10.31579/2637-8892/366

Copyright: © 2026, Saeed Shoja Shafti. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

A young woman was referred to a mental health clinic for counseling regarding her marital complications. Her reason for reference also included nervousness, tiredness, and impaired sleep during the last few months. In an initial meeting with a psychiatrist, after an interview and mental status examination, she spoke at length about her marital conflicts, which she had presumed to be the main cause of her present inner tension. As said by her, she and her husband had recently immigrated to another and more advanced country for, apparently, making a better future for themselves and yet-to-come children. First, her husband moved, and after a while, she moved there, and they started a new life in a new place, which should be their final destination. But the circumstances, from the first, were not promising. According to her, although her husband could find a job and could cover primary expenses, he was not satisfied with his social position and new surroundings. Though he was not, culturally, traditional or, individually, nostalgic, he could not adjust easily to novel conditions or unavoidable social interactions in his neighborhood or work field, and his engagement with his compatriot groups, too, could not console him aptly. She believed that due to said reasons, which could, incidentally and psychiatrically, meet the diagnosis of adjustment disorder due to the stress of acculturation for her husband (if we presume that her stories and inferences were absolutely true and disregard other possible primary psychiatric disorders, like depression, or secondary psychiatric disorders, for example, due to substances), their previously small discrepancies turned into big disagreements, which sometimes could end in physical fights. He had become very irritable and intolerant of her comments or complaints. Actually, they were fighting, at all times, for everything. Even, as said by her, in one of such incidents, he was really going to suffocate her, though he later regretted it and asked pardon for his misconduct. Now, one year after her relocation, she had returned home to see her families and to resolve some of the unsettled problems. Thus, before departure in the next few days, she had made the current appointment for counseling regarding her marital glitches. In general, familial complications constitute, usually, the most prevalent stress among women, and financial stresses constitute the most predominant worry among men. Therefore, disregard for the context of their past or present difficulties; the frustrated hopes of a desperate housewife that are superimposed on the distresses of an, allegorically, broken partner, or the

existence of emotional coldness in one or both spouses, or the secret formation of a love triangle, which may happen during willingly or unwillingly long-term separations, could formulate, a bit, the possible foundation for significant inflation of discrepancies. When she was asked what kind of help she expected to receive from the psychiatrist, she replied that she wanted to know if there was any instant solution for her marital problem, because while she wanted to save her marriage, she could not tolerate that gloomy situation, either, and they should overcome that mess before parenting. Accordingly, while the consultant psychiatrist was a little worried regarding the said state of affairs, she described for her that no marital or familial intervention could be performed one-sidedly, and only enthusiastic participation of both partners could guarantee a favorable outcome. Therefore, she was advised to encourage her husband, after her departure, to make an appointment with a counselor, who, preferably, should not be unaware as regards both homeland and new area mores. By all accounts, an aware counselor could make a healthier passage between here and there during a transitional period. Also, she was explained that, regardless of social circumstances, the existence of psychopathology in any of the spouses might interfere with planned therapeutic approaches or problem-solving strategies. For instance, morbid irritability in a masked depression may prepare the mindset for unfortunate misunderstanding, miscalculation, or misconduct. Hence, diagnosis of mental conditions, especially among immigrants, who may not appreciate relocation as an actual (and sometimes never-ending) stress, by a skilled clinician is not optional. On the other hand, such a last-minute consultation for such a great brawl might suppose that perhaps she was not eagerly motivated to continue that relationship, but the official necessities of immigration had forced her to continue that connection till after neutralization. Anyhow, she was advised to ask guidance from some well-informed lawyers, too, whether here or there, for a legitimate understanding of the existing state of affairs. Furthermore, she was recommended to recognize there (in the new country) accessible shelters if there was not another reliable relative or friend. Likewise, she was warned against underestimation of any kind of intimidation, whether verbal or physical, and was given advice to seek help from law enforcement agencies in case of impending danger or an alerting inner sense. Even she was recommended to cancel her next

departure and to stay in her native country if the condition seemed to her to be too serious, because though at that time she did not seem to have any important psychopathology, the same feature could not be forecasted with respect to her far-away partner. As a result, the absence of thorough data might demand more patience and cautiousness by her till finding a substantial answer. Nevertheless, while she believed that her new homeland was a female-dominated society and she was confidently safer there than in her birthplace, she seemingly agreed with the counselor's counsel about the necessity of finding a counselor or marital therapist there and left the clinic to prepare herself for departure. For around six months the therapist did not hear anything from her or her family. After that, he read in the news that the said client was murdered a few days ago in her apartment in her new country. According to the local police department, she had been strangled, and her husband had been indicted for manslaughter after arrest by the local forces—a heartbreaking end for an unfinished job. No doubt, such a deficient report is far from being a standard psychiatric case report. Its subject, too, is not rare, everywhere, or at any time. But it may denote some issues, which should be handled thoroughly or moderately, depending on circumstances. Misapprehension of the phenomenon of immigration, with its unseen hassles, whether explicit or implicit, like affordability for inescapable expenses; perceived vulnerability of migrants, whether civically or self-consciously; the problem of acculturation, whether socially or interpersonally; the observed break between faiths and truths; unification of immigrants, refugees, and fugitives by natives or administrations; or altering of relationships between traditional households. On the other hand, except for asylum seekers who have moved to survive, some of the fun-hunters may not know why they have migrated or what they were in search of. Have they finally attained their ideal purposes easier, cheaper, or safer than before? Are they now on top of things or in control of their idyllic faith? Has their present household the prior spirit, or an alienated chi? Is it now more chaotic or more secure than before? Have they moved to a new nation or into their own dreams? These are questions that, if they remain unrequited, may increase the mental tension and may create doubt regarding all accomplished efforts; that is to say, shakiness in a daydreamer, who may feel that he has lost his confidence, in addition to his beloved belongings (relatives, realm, and respect). Now, disregarding the above-mentioned issues, which may be genuine or biased subjective inferences, there may be another problem in the field of mental health, which is basically different from medical checkups or management. For example, while evidence-based medicine is founded basically on biological standards and quantitative research, psychiatry is essentially based on a Bio-Psycho-Social approach and a mixture of quantitative and qualitative studies. The psychosocial aspect of life, too, polishes cultural values and moralities. An unaware counselor, who does not know how to deal with his clients' basic assumptions, may never reach a proper therapeutic alliance with them, may not help them thoroughly, may not correct their cognitive distortions, and may not deliver them functional guidance. Then again, an uninformed therapist may even make the situation worse by offering stereotypical recommendations or provoking a negative transference in his client, disregarding his own conceivable counter-transference, which may be formed due to the client's apathy. So, while attainment of deep insight is necessary for abreaction of unconscious conflicts in psychoanalytic treatments, formation of

something analogous to a partial or functional insight, as well, is indispensable for facilitation of adjustment in new surroundings. Nevertheless, lack of qualified counselors in a foreign country, individual coyness or uncooperativeness, financial unaffordability or shortage of coverage by health insurance, obscured psychopathology, and lack of supportive groups may turn correctable difficulties into uncorrectable complications. The said client had paid the cost of a series of belittled bugs in her life, which possibly could be saved by a more watchful approach or a different lifestyle [1-15].

References:

1. Saeed Shoja S. Higher Prevalence of Depression in Women: A Novel Evolutionary Justification. *EC Psychology and Psychiatry* 9.7 (2020): 01-06.
2. Saeed Shoja S. Marital Separation and Antidepressant Medication: A Casual Debate. *On J Neur & Br Disord* 2023; 6(5): 593-595.
3. Saeed Shoja S. Motherland, Immigrant and Clinical Psychiatry: A Reconsideration. *On J Neur & Br Disord* 2023; 6(5): 596-598.
4. Shoja Shafti S. Modernization, Anarchy and Evolving Societies: Reconsideration of a Challenging Stance. *Int J Psychiatr Ment Health* 2023; 5: 17-22.
5. Shoja Shafti S. Examination of a Grotesque Finger Pointing: Duplicity vs. Goodness, J. *Neuroscience and Neurological Surgery* 2025; 17(3); 1-3.
6. Shoja Shafti S. Sentience vs. Sensation: Review of an Inner Clash, *J Clinical Research Notes* 2025; 6(3); 1-2.
7. Shoja Shafti S. Talk to Me: Review of an Appeal. *Psychology and Mental Health Care* 2024; 9(2):1-3.
8. Shoja Shafti S. Unindustrialized Nations and Migration of Work Force: Evaluation of Human Capital during Globalization Era. *New Medical Innovations and Research* 2021; 2: 1-6.
9. Saeed Shoja S. Preconditions of Analysis: An Appraisal of Interconnected Rational Dynamics, *J. Psychology and Mental Health Care* 2020; 4 (3): 1-5.
10. Shoja Shafti S. Set-up madness: A review. *ASEAN Journal of Psychiatry* 2021; 22(2): 1-8.
11. Shoja Shafti S. Forensic Psychiatry and Psychopathology: An Amendment in Contemporary Period. *Current Psychiatry Research and Reviews* 2021; 17, 1-10.
12. Shoja Shafti S. Honor Killing: A Review in Developing Societies. *American Journal of Humanities and Social Science* 2021; 12: 48-56.
13. Shoja shafti S. Prevalence of psychiatric morbidities in acute coronary heart disease. *Cardiovascular Psychiatry and Neurology* 2014; 3(1): 1- 5.
14. Shoja shafti S. Psychological Management Set against Pharmacotherapy: A Scholastic Challenge in Contemporary Psychiatric Training. *Int J Neurobiol* 2019; 1(3): 1-4.
15. Shoja Shafti S. Management of an Anorexic Pubescent: Tricyclic vs. Novel Medications. *Journal of Neuroscience and Neurological Surgery* 2026; 17(5): 1-3.



This work is licensed under Creative Commons Attribution 4.0 License

To Submit Your Article Click Here:

Submit Manuscript

DOI:[10.31579/2637-8892/366](https://doi.org/10.31579/2637-8892/366)

Ready to submit your research? Choose Auctores and benefit from:

- fast, convenient online submission
- rigorous peer review by experienced research in your field
- rapid publication on acceptance
- authors retain copyrights
- unique DOI for all articles
- immediate, unrestricted online access

At Auctores, research is always in progress.

Learn more <https://auctoresonline.org/journals/psychology-and-mental-health-care>