

## When Suicide Speaks Arabic

By Ibrahim Sablaban

Being the son of Arab refugees can grant you a unique perspective. One I don't think many people understand - or *can* understand. Secrecy, the ever-present air of fear and insularity were all hallmarks of my upbringing. For better or worse, I always felt like an alien. It all still seems completely reasonable to me - and I say that being a psychiatrist. My experiences had their handicaps, but as life unfolded, I found them to be of far more utility than I would have ever imagined.

I was working a consultation service back in residency at the hospital where I trained. We got called on for mental-health related admissions, from psychoses to suicides. My colleagues and I were consulted on the case of a Syrian boy in his teens, Rafiq. From a family of refugees, he'd left the middle-east and ultimately ended up being resettled in the United States (US). He hadn't experienced the trauma of war directly, but he and his family had lost everything in their displacement and moved several times before getting here. Along the way through the turmoil, he met a girl who he sparked a relationship with. With his resettlement however, their long-distance relationship floundered and died. The day after they broke up, he was admitted for a suicide attempt. He was caught by family overdosing on a bottle of pain medication.

Although I reviewed the chart, when we were consulted a white colleague of mine was assigned to the case. He emerged from Rafiq's room about thirty minutes later with fairly encouraging news.

“His attempt was impulsive and out of character. The bottle wasn't full, and this kid's got aspirations... he's got family. His father's supportive and on board. I don't think he's in danger... The attempt was haphazard, more a cry for help.”

According to my colleague, Rafiq acted impulsively. Having a girlfriend and not marrying her was a big deal in the culture, but Rafiq felt as though he'd over-reacted in the aftermath of the breakup. His father would be there to support him through his emotional trauma, and was willing to do whatever it took to help. Besides, Rafiq and his family were devout Muslims. In the literature, religious affiliation is a massive protective factor against suicide.

And so our team developed a plan. We'd send young Rafiq home, enroll him in a structured treatment program and get him close outpatient follow up after. He and his father were in agreement. This was of course, all voluntary and unmonitored. But still reasonable. In

fact, we got cases like that almost every day. Teenage love leads to impulsivity, known the world over.

But something didn't *feel* right.

This wasn't just another patient. He was a refugee. His dad was a refugee. As a Muslim, an Arab and the son of displaced parents, I couldn't wrap my head around how smoothly everything had gone. As haphazard as this suicide attempt was (which we'd all but stopped calling it) I couldn't imagine devout Muslim Arabs from abroad taking it so *well*. Suicide is a massive deal in the Islamic faith, the dishonor of it is arguably a bigger deal in Arab culture.

I had to see him for myself.

I walked by Rafiq's room peeking in, and the face he wore betrayed the story we'd just heard. He was looking up at the ceiling, jaw clenched, eyes red and tears streaming down his cheeks. His face looked paralyzed with anger and he was utterly silent as I approached. I saw the father sitting as far away from his son's bed as he could with a blank gaze off into nowhere. There was a coldness between them. A feeling of dread permeating the room. I walked in and introduced myself. They both turned to me and composed themselves, immediately forcing smiles. "Assalamualaikum," I said - peace be upon you in Arabic. Again, a change in affect - a startled confusion. They responded "walaikumsalam" - "peace upon you as well."

I decided to speak exclusively in Arabic to Rafiq and his father. I had to. I already heard their story in English, and from my experience, it could be a distant language. Spoken without much emotion. Easy to twist narratives and lose meanings in. But Arabic was their mother tongue. *Our* mother tongue. I asked Rafiq's father to leave the room so I could speak to his son privately.

The facade didn't last long. Rafiq recounted his story and after a few minutes, started talking at length, tears in his eyes. He told me he was morbidly depressed. About how he started failing classes as his relationship crumbled. How he lost weight. How he couldn't bring himself to get up in the morning. How he wanted to go home and be left alone. We pause and take a moment.

"Your father didn't look too happy," I say.

He chuckles, "Would yours be?"

The topic shifted away from his lost love, and to him. "I'm ashamed of myself... I can't believe what I've done," he went on. "I've disgraced my family and my faith. I'm cursed. I'm weak." speaking about himself with an air of anger.

"Do you want to kill yourself?"

"No." he meekly replied.

“*Why not?*”

He was silent. He struggled to give reason. And then stopped trying. When I asked about Islam, he agreed of the sinfulness of suicide, but in a manner that didn't move him. He didn't care. This was a young man who was deeply depressed, and now, consumed by guilt. He was a tragedy waiting to happen.

Separately, I spoke to his father. He again belittled the situation, and pleaded with me that they go home- until I confronted him about the gravity of a suicide in the Islamic faith. A truly somber mood fell upon us both.

“It's apostasy.” His affect changed to sadness. To disappointment. To anger.

“He's ungrateful... I've sent him to school. Provided for him. I expected nothing in return. And for what? He betrayed our honor and betrayed God. Had he died, he would have gone to hell... He *can't* be my son.”

The father went on. His idea of treatment was different than ours. He'd take away his son's bedroom. He'd treat him more sternly. No therapy, no follow up, no treatment programs, no medications. He was to be punished. He told me he didn't believe in the Americans, or their system. At the end of his rant, overcome with emotion, he cried.

This picture, I understood.

I pleaded with him in Arabic. I had to. I couldn't be the stoic western psychiatrist I'd learned to be. Rafiq's outlook on life was entwined with his father's perception of him. I reminded him of what a blessing it was that his son didn't perish. That fate brought them to the hospital that day. To us. I had to emphasize my own religious background, and the perils my parents faced coming to the US. I quoted the Qur'an. To let him know that I understood. He may have been in an alien land, but at the very least, *I* wasn't an alien. And as we spoke, he grew more open - and concerned with my perception of he and his son. Concerned with honor. A fixture of Arab culture.

Ultimately, it wasn't a western interview technique that won the day. Not Beck or Freud either. I ended up citing *Majnun Layla* (literally Layla's Madman) - a 7th century Arabian tale of romance; the equivalent of Romeo and Juliet in the middle-east. The story ends with a young man driven to madness and death- with pages filled with notions of dishonor and regret. Fitting for an Arab father speaking to a psychiatrist. Far closer to Syria in spirit than America.

And he gave me a smile. A genuine one. I was able to show him we weren't dealing with some bizarre western perversion - but a theme ever-present within our own culture as well. And that's where we started breaking down the barriers between us and treatment. Because in this case, I needed Rafiq's father to be on board to treat Rafiq effectively. I was not oblivious to the challenges they'd still face - but this would be an opportunity to facilitate better treatment. And it ultimately did.

It's probably easy to look at the story and think of the culture as a whole- *Arab or Muslim culture*, as non-conducive to mental health. Plenty of medieval Muslim physicians and psychologists would disagree. The real problem is refugees and immigrants are told that they're the other constantly, and expected not to be when they step into a hospital. The rhetoric about them externalizes them to American society. Why would they trust us with their most intimate, socially interwoven problems? My family certainly wouldn't. So as positive as this patient encounter ultimately was, I can't help but feel like it was more a story about failure than success.

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**Bio: Ibrahim Sablaban is an inpatient psychiatrist at Henry Ford Hospital in Detroit, MI. A second generation American and son of Palestinian refugees, he takes a keen interest in minority mental health, culture bound syndromes and healthcare disparities across American urban centers. He sits on the Michigan Psychiatric Society's Legislative and Policy Committee and, in particular, is a proponent of medication assisted treatment for substance use disorders and the de-stigmatization of buprenorphine and methadone in the Arab and Muslim American communities. A life-long writer, he has a growing fascination with the study and exploration of acculturative stress in both immigrant and refugee populations given the turmoil abroad. His non-fiction essay "When Suicide Speaks Arabic" appears in the Fall 2020 *Intima*.**

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