



HELSINGIN YLIOPISTO
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UNIVERSITY OF HELSINKI

Cultural views of mental distress: examples on Somali migrants

Marja Tiilikainen

PhD, Postdoctoral Researcher

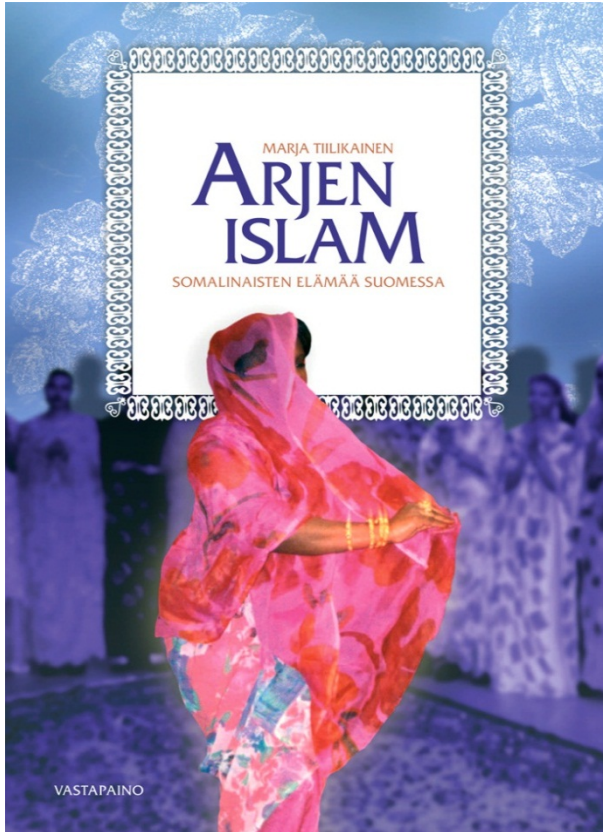
Department of Social Research

marja.tiilikainen@helsinki.fi

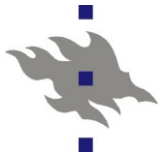
Ethical aspects of mental health 31.10.2011



Arjen islam: Somalinaisten elämää Suomessa, 2003 (Everyday Islam: The Life of Somali Women in Finland)



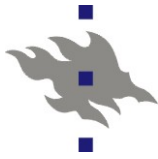
- PhD research 1996-2002
- Metropolitan area
- Main informants: 22 Somali mothers
- Ethnographic methods: homes, mosques, health center, parties, healing rituals etc.
- Illness experiences, healing ja everyday religion
- Finland makes us sick, worries
- New illness explanations and names
- Importance of transnational family connections



Suffering, Healing and Health-care: The Transnational Life of Somalis in Exile, 2005-



- Multi-sited ethnography
- Somaliland, in total 6 months
- Healers and patients: observations and interviews
- Doctors, nurses, traditional pharmacies, mental wards
- Healing rituals
- Women's religious rituals



Somalis in Finland

- 1990: asylum-seekers
- 2010: 12 985 Somalis
 - ~50% Finnish citizens
 - ~ 47,4% women
 - ~ 39% under 15 years of age
- largest group with refugee, African and Muslim background
- metropolitan area
- unemployment, discrimination, racism
- cultural, religious, social, climatic differences
- experiences of war, traumas, worries



Somali views of mental health

- "Madness" may be caused by
 - shocking events
 - strong emotions (disappointment - qalbijab, worry - welwel, love ...)
 - problems in social relationships (evil eye, witchcraft)
 - problems in relation to spirits (jinn or saar spirits)

- Without support "qalbijab" or "welwel" lead to "madness", waalli: seen as incurable condition
- Qalbijab or depression? Welwel or stress?
- Search for treatment: family, health center, mosque, healers in Somalia?
- Mental hospital is the last resort



Symptoms caused by spirits

- fears
- nightmares
- hearing voices
- sensations in body and skin (eg. itching)
- general malaise, unhappiness
- tiredness, powerlessness
- lack of appetite, loss of weight
- feelings of pressure in the chest
- pains in bones and muscles
- paralysis, disability
- infertility
- epilepsy, other neurological symptoms



Reasons to “go home”

Medical doctors do not manage to find a reason for problems, to give diagnose, or prescribe proper treatment and medication.

➤ vague symptoms



Reasons to “go home”

A person or his/her family does not accept/trust the diagnose (in particular psychiatric and neurological diagnoses), treatment or medication given by a medical doctor.

- schizophrenia, psychosis, depression, autism, epilepsy
- or
- spirits, evil eye (*isha*), witchcraft (*sixir*)?



Reasons to “go home”

Illnesses and other problems are seen to be tied to the way of life in the diaspora. A person is taken to Somalia in order to be “returned to culture” (*dhaqan celis*).

➤ drug and alcohol abuse

➤ crimes, jails, mental hospitals

➤ “westernized” adolescents



Amina, London

I did not perform well at school any more. I cried a lot, had nightmares, lost appetite, had no sense of humour, did not want to talk. I was suspicious and believed that God and all Muslims hated me. My condition became worse, and finally my head started to pull aside when I listened to the Koran. That time my uncle and aunt got afraid and I was taken to a hospital, but no reason for the symptoms was found. Next I was taken to a mosque, where the Koran was recited on me. I felt like I wanted to run away and then a jinni started talking inside me, someone was laughing with a man's voice, like in a horror-movie. It was a frightening experience. But at the same time it was a relief and I was almost happy when I understood that it was jinn that caused all my problems.



Amina, London

When I came here [to Somaliland], I was unhappy, depressed and sad. I felt that something moved inside my body. I thought that maybe it was better for me to die. **But now I have my life back, I have my mother back. I know now how to fight. I am not afraid of jinn and I am not alone.** God tests people if they can keep their religion. My life is again normal, and I want to study. **I feel I am stronger** and I know myself better. Now I know that there can be difficulties in life; things are not always easy



Roda, Finland

- I became physically and mentally strong, and I got hope. **I used to be far from religion, but I came close.** Koran and the herbal medicine of the sheikh gave me peace inside, cleaned me from inside. ... Even today, I am not a very religious person, but I got power in mind and body, and they are still left. I know how to fight sixir [witchcraft]. The sheikh told me not to forget religion; he said that Shaytaan was controlling me and riding me like a horse. Now, when something bad happens, someone dies, for example, I just say that it was her/his time. I accept what is meant to me. Now I do not cry, but **I am strong and I control my emotions** better, I keep balance.



Experience of becoming healed

- culturally authentic and trusted treatments and healers
- a diagnose that can be understood and treated
- hope
- rebuilding social relationships
- becoming *stronger* (religious, emotional, physical, social strength)
- warm weather and organic, natural food (camel milk!)
- sense of being at home



Ethical questions

- Equality in mental health services?
 - Migrants use mental health services less frequently than native population: how to improve access and outcome?
 - Challenges in communication: different concepts and understandings, what is discussed/silenced and with whom (eg. gender, generation), language problems, availability of (cultural) interpretation
 - Culturally sensitive tests and tools have to be developed
 - Transnational health-seeking practices reveal gaps and lack of trust in multicultural healthcare encounters

- Medicalization of social suffering and problems of life?
 - Need for co-operation between social and healthcare workers
 - Need for co-operation between mental health professionals and traditional/religious healers?



Some references

- Marja Tiilikainen and Peter H. Koehn (2011). Transforming the Boundaries of Health Care: Insights from Somali Migrants. *Medical Anthropology* 30(5): 518-544.
- Mulki Mölsä, Karin H. Hjelde and Marja Tiilikainen (2010). Changing Mental Distress Conceptions and Practices among Somalis in Finland. *Transcultural Psychiatry* 47(2).
- Tiilikainen, Marja (2008). Somalialaiset maahanmuuttajat ja yllirajainen hoito. *Sosiaalilääketieteellinen aikakauslehti* 1: 74–87.
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