

Failed Diaspora: Experiences of *Dhaqan Celis* and Mentally Ill Returnees in Somaliland*

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ABSTRACT

Somali migrants do not always succeed in meeting the high expectations of their families and communities. This article focuses on this “failed diaspora”, i.e. the experiences of those Somali migrants who have been deported or returned to Somaliland, either by authorities or their families, because of criminal behaviour, mental illness, drug abuse or life styles that Somali parents cannot accept. It is hoped that they will recover in Somaliland by being “returned to culture” or by receiving religious and traditional treatments.

In the diaspora a Somali migrant continues to belong to an extended Somali family, its values and networks, and the family may make strategic decisions on behalf of an individual. Ultimately, the success of a transnational Somali family is dependent on the behaviour, achievements and resources of its individual members. This article is based on a total of 6 months ethnographic fieldwork that was carried out in Somaliland in 2005–2011.

Keywords: *dhaqan celis, mental illness, Somali returnees, transnational family, Somaliland.*

INTRODUCTION

Abdulqadir, a 23-year-old man, sits on the floor in Sheikh Ahmed’s clinic in Hargeysa, Somaliland. He has chains around the ankles – because he wants to escape, the sheikh explains. Abdulqadir tries to speak Norwegian with me, and almost the first thing he says is “Everyone wants to have my passport, they are interested in my passport. Someone is using my passport. They can change another photograph.” Our appointment is brief and it is difficult to get a complete picture of what has happened to him. Gradually, however, a story unfolds. Abdulqadir had lived in Oslo since he was 6 years old with his mother and siblings. There had been some “family problems” and he had also had fights with school mates. Someone had stabbed him in the back. He was suspicious and could not trust anyone, he says. A Norwegian doctor diagnosed him with

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depression. Abdulqadir emphasizes that he did not use any drugs or alcohol in Norway. The family in Norway had Abdulqadir taken back to Somaliland, first to another city, Burco, and from there to the sheikh's clinic where he has stayed for three months. "I came back here because this is my country", he says. He repeats that a relative in Burco has taken his passport.

Transnational mobility and connectedness is part of most migrants' lives (Vertovec 2004). Apart from easy travel, the development of Information and Communication Technology (ICT) in particular over the past 15 years has facilitated communication across borders, including communication within transnational families (Wilding 2006). Transnational social fields (Levitt and Schiller 2004) may be perceived as a resource and opportunity for both sending and receiving communities, as well as for those who stay and those who leave. Migrants face hardships such as marginalization, unemployment and loneliness in their resettlement countries and may find relief and opportunities by keeping regular contact with friends and relatives across borders, and they may also rely on transnational health care practices in conditions that they believe require alternative approaches to conventional biomedical care (Tiilikainen and Koehn 2011; Messias 2002).

On the other hand, the importance of migrants with regards to the economy, rebuilding and development in their countries of origin has been acknowledged. For example, the total flow of financial remittances from the Somali diaspora is estimated to be 1.3–2 billion USD annually, of which some 130–200 million USD per year is remitted for relief and development purposes (Hammond et al. 2011: 41). Moreover, the Somali diaspora is seen as an important factor which may contribute to building peace in Somalia (e.g. Abdile 2010; Hoehne 2010; Ibrahim 2010).

For this reason there are high expectations of the diaspora in general, and the Somali diaspora in particular, from families, communities or authorities in the country of origin, even if the diaspora does not always succeed in living up to them. In this article I am interested in the "failed diaspora": the experiences and destinies of those Somalis who are deported or returned to Somaliland either by the authorities in their countries of residence or their extended families because they have committed crimes, become mentally ill, abused drugs or otherwise adopted lifestyles that contradict their Somali parents' or custodians' understanding of decent behaviour.

Abdulqadir belongs to this group of (mostly) young people who have faced problems within the diaspora and been taken back "home" by his family, possibly forever. Therefore, in this article I do not regard those who return to Somaliland voluntarily for whatever reason and who may return abroad if they so desire as failed: my focus is on those who are not in a position to decide for themselves whether they travel or not. An enforced stay in Somaliland is often born of a family's reluctance to let a family member leave Somaliland because they are thought to be incapable of behaving responsibly and fulfilling their familial obligations due to mental distress or asocial or addictive behaviour.

To understand why some Somali migrants are removed by their families to Somaliland can be approached from at least two points of view: firstly, Somali cultural understandings related to explanations and the proper treatment of illness differ from Western biomedical ideas, particularly regarding mental health and illness. Families may therefore search for familiar remedies and treatments for problems that are seen to be caused by e.g. *jinn* spirits (e.g. Carroll 2004; Mölsä, Hjelde and Tiilikainen 2010). Secondly, a Somali migrant continues to be part of an extended Somali family, its expectations, values and networks, and if needs be the family may take responsibility for and make decisions on behalf of an individual. Somali family networks are “economies of affection” (Hyden 1983) which offer mutual support, interact and make strategic decisions based on kinship connections. According to Mulki Al-Sharmani (2006, 2007a, 2007b, 2010), a transnational Somali family strategically pools resources, minimizes risks to family members and makes collective decisions about issues such as caring for children and sick and elderly members of the family. In this article I am particularly interested in the second point of view.

The data was collected as part of my postdoctoral research on transnational healing practices among Somali migrants, during which I carried out a total of 6 months of ethnographic fieldwork (summer 2005–January 2011) in Somaliland, mainly in the town of Hargeysa and its surroundings (see Tiilikainen and Koehn 2011; Tiilikainen 2012). In the course of the fieldwork I observed and had discussions with several local healers at their clinics, participated in healing rituals and interviewed Somali patients from the diaspora. Moreover, I collected data from the Hargeysa Group Hospital mental health ward and the mental hospital in Berbera. In January 2011 I was also able to visit a few “psycho-social centres” that had been opened quite recently. The data used in this article is therefore part of a wider body of data regarding Somali cultural understandings of illness and healing, and the role of the transnational family in organizing appropriate care. This explorative article focuses on only one dimension of the identified reasons for why diasporic Somalis return to Somaliland to seek treatment (see Tiilikainen 2012), and I do not discuss positive return experiences such as healing experiences (see Tiilikainen and Koehn 2011) but rather address the more negative ones.

A few methodological notions must be mentioned. In this article I try to capture and give space to marginal and rarely-heard voices and experiences. Some of my interlocutors, however, suffered from mental illness and/or used *khat*¹ excessively, so the information they imparted may not always be accurate or totally “true”. Furthermore, some of them were not interested in sharing experiences with an outsider, or were not able to produce a full story, or indeed a story at all. In some cases I have been able to check some background information from patient documentation, responsible staff or from a relative – and at times I have been told another version of events. The final “truth” is

¹ The leaves of the *khat* (*qaad*, *jaad*) bush have a mildly stimulating effect and are commonly chewed throughout Somaliland.

therefore obviously relative and subjective. Moreover, interviews and discussions at the mental health institutions or clinics were conducted in the presence of staff who sometimes also helped with regards to language and communication with the patient and chose which patients (with diasporic backgrounds) were interviewed. That probably had an influence on the information the patients provided and what I was able to access in the first place.

In Somaliland I accessed the field and collected the data with some female and male assistants who also assisted with the Somali language, in which I am not sufficiently proficient to conduct interviews. Some of the interviews and discussions were conducted in English or one of the Nordic languages (Finnish, Swedish). Sometimes a patient from the North chose to use a Scandinavian language in their discussion with me, which may have been a way for a patient to create a private and confidential space despite the presence of hospital/clinic staff. The meetings inside the institutions and clinics were mainly one-off appointments, but I also met some interviewees several times, particularly if they were not in-patients. In addition to those interlocutors whom I met at various institutions, I found interlocutors with the help of friends and some helpful healers. All the names are pseudonyms.

In the next chapter I will discuss some of the features of a Somali (transnational) family and what relatives in the country of origin expect of the diaspora. I will then present my findings on diasporic Somalis who have been returned or deported to Somaliland, and who, for various reasons, are unable to return to Europe or other Western countries. Finally, I will draw some conclusions.

1. SOMALI FAMILIES, STRONG PERSONS AND TRANSNATIONAL TIES

Somalis have been leaving northern Somalia since the late 1980s and central and southern regions of the country since the collapse of the central government in 1991 as asylum-seekers and refugees, and also through family re-unification procedures (e.g. Gundel 2002). Today an estimated 1–1.5 million Somalis live outside the country (Hammond et al. 2011: 1) and they can be found all over the world. Outside the Horn of Africa the largest Somali diaspora groups can be found in the United Kingdom, Canada and the United States. In 2010 there were almost 13,000 native Somali-speakers in Finland (Statistics Finland 2011). The political situation in central and southern Somalia remains unstable but the north-western part of the country, known as Somaliland, has been relatively peaceful since the mid-1990s: it has built democratic governance and is striving to gain international recognition (see Bradbury 2008).

Somalis can be regarded as diaspora as they have dispersed from their original homeland to several countries, but they still continue to orientate themselves towards their real or imagined home country. Moreover, they often

regard themselves as different from and not fully accepted by their host societies (compare Safran 1991: 83–84; Hammond et al. 2011: 18). The civil war has dispersed not only Somalis as a nation, but also Somali families. In general, transnational families can be defined as families whose family members are scattered in different countries but who maintain and create a shared family identity and unity and a concept of welfare that includes mutual responsibility across national borders (Bryceson and Vuorela 2002: 3; Eastmond and Åkesson 2007: 23). Among Somali families in Finland it is common for close siblings, grandparents, aunts, uncles and cousins to be scattered across different countries in Europe, North America, the Middle East or to be in Somalia and elsewhere in the Horn of Africa. Despite physical dispersal the family members' connections are maintained by telephone, internet and also visits. For instance, a Somali mother told me that she telephoned her mother in the UK almost daily for advice and support in rearing her teenage son, and finally she sent him to the grandmother because she could not manage the situation in any other way (Tiilikainen 2003). Contacts with relatives in the Horn of Africa are also part of everyday life: family rituals such as the birth of a new child or weddings are shared with relatives in Somalia by sending them money for a celebration or by sharing recordings of the events. Additionally, remittances are sent to relatives in Somalia either regularly or intermittently (Tiilikainen 2003; Lindley 2009, 2010).

Somalis in the diaspora are “pressured” to send remittances to Somalia: they feel a strong social pressure to remit and also the poverty and insecurity faced by those left behind encourages remittances (Lindley 2009: 1325). Somalis from the diaspora whom I met during my fieldwork in Somaliland commented that Somalilanders often believed that everyone living in Europe was rich, and that it was easy to earn money in the diaspora. Migrants complained that local people in Somaliland thought that money in the diaspora was “growing on trees”: they just saw the expensive sunglasses and Western clothes worn by returnees, and the fine houses that members of the diaspora were building in Hargeysa. Relatives in Somaliland could not understand or appreciate how much migrants had to struggle in their resettlement countries to save e.g. 100 or 200 USD for monthly remittances. One woman reported that after the normal working day she used to do some extra cleaning work just to earn the money to remit. Another woman, a 25-year-old student from London, related how she tried to provide for her parents and two disabled brothers in Somaliland as well as occasionally supporting her brother, who was studying at the university in Pakistan. The young woman herself had been affected by polio as a child. I met her at a healer's clinic where she sought help for her own health problems, including nightmares and overt stress. Indeed my data suggests that, despite suffering from poverty and having to endure poor working conditions (Lindley 2009: 1326), Somali migrants even sacrifice their own health to try and help close relatives at home. The expectations of relatives back in Somaliland may also be experienced negatively: e.g. a woman from Finland who visited Somaliland for the first time

after her departure at the beginning of the 1990s complained in the summer of 2005:

The most difficult thing during this visit has been that everyone comes and asks for money and gifts. I was prepared to give gifts to some of the people, but I had to tell them that I did not have any money to give. It is difficult for people to understand that I do not have money even though I come from Europe. Even my sister said: “Why did you come if you do not have money to give? Your flight tickets were expensive, it would have been better to send that money to us.” My mother became angry and shouted at my sister that I had come to see her.

One of the interlocutors whom I met in January 2011 was a 70-year-old man who had migrated to England already in 1961. He was retired, after having worked for 35 years in the UK. He was planning to permanently settle down in Hargeysa once he had managed to sell his house in the UK. He would have liked to return to Somaliland even before, but could not do it for economic reasons: “*I stayed too many years away, abroad. When I used to visit home, people always asked what I had with me. So, I went back one more year to earn money, and one more year and so on.*”

Thus it is difficult to “just” visit the home country and relatives on holidays without bringing some gifts and money – not only relatives but also neighbours and distant acquaintances may drop into the house and ask for something. These expectations may increase the travel budget significantly, and can even be a reason to postpone travel plans. Furthermore, it is difficult to return to Somaliland permanently without wealth, property, a project, useful education, networks and/or a plan of how to earn a living and manage financially.

Sending remittances must be seen as part of the social relationships within extended Somali families. A Somali family is comprised of a larger amount of significant relatives and relationships than a nuclear family, which is a common family formation at least in northern Europe. A Somali family can be described as a network of people who rely on the inter-dependency and reciprocity within the group to ensure well-being and support for everyone. One can expect help from even distant family (and clan) members, but one is also expected to give support when requested (see e.g., Lewis 1994).

Patrilineal kinship ties are of central importance in the Somali social structure. According to the Norwegian anthropologist Aud Talle, they are considered “hard”, whereas matrilineal relationships, which are established through women, are considered “soft” and may be broken if necessary (also Lewis 1999). There is strong pressure to respect the agnatic bond and maintain its unity. Talle maintains that apart from numerical strength (number of males), the courage and bravery of the men in managing resources as well as the chastity and purity of the women define the social standing of an agnatic group (Talle 1993: 92–94).

Physical and mental strength are highly appreciated among Somalis – maybe because nomadic life is considered to be extremely hard. In Somali families a

child is brought up to be physically and mentally strong as well as a good person, even with the help of “hard” ways such as strict control or physical punishment if necessary (Johnsdotter 2007: 162–164).² According to Sara Johnsdotter, who has researched Somali families in Sweden, rearing a child is a “project” for the whole family so the movement of children between relatives, who may take care of them for even long periods of time, is common. In a way, a child is considered the “property” of a family, particularly the patrilineal family, who may make decisions on his/her behalf for the good of the child (Johnsdotter 2007: 158–161). Mulki Al-Sharmani, who has studied transnational Somali families in Cairo and North America, emphasizes the importance of children as social capital: in the long-term they will ensure the continuation of the family’s support system (Al-Sharmani 2006: 58). Moreover, she argues that Somali women are assuming central roles in family networks: it is often women who facilitate the movement of family members and provide care for the sick (Al-Sharmani 2010).

A Somali family negotiates and decides not only on behalf of children, but also on behalf of family members who are not considered capable of making the right decisions for themselves due to e.g. “madness”, drug or alcohol abuse, or behaviour that is regarded as contrary to Somali culture and Islam and also beyond control. One of the reasons for families to take their members, particularly youths, back to Somaliland is to “return them to culture”.

2. *DHAQAN CELIS* – RETURN TO CULTURE

In the summer of 2005 I paid a few visits to a cafeteria called Landhan, which had been founded by a Somali woman who had returned to Hargeysa from London. Among the locals it was known as a meeting place for *dhaqan celis*.³ The Somali verb *dhaqancelin* literally means returning to culture, and *dhaqan celis* refers to a person who is being returned to culture. Ahmed, a young man from Djibouti who had come to Hargeysa for holidays, told me that he was called *dhaqan celis* by Somalilanders because he was not very fluent in the Somali language and because he dressed differently from local youths. According to Ahmed, Landhan café was not popular among local people – unless they particularly wanted to meet Somalis from the diaspora. It was believed to be somehow dangerous and morally questionable as girls and boys socialized there together and the music was Western pop music. It was also more expensive than other cafeterias. Also Farah, who was from the United States and had stayed in Hargeysa for four months, explained that he had been

² Interestingly, my recent data on the experiences of Somalis who rely on indigenous treatments in Somaliland show that many of the patients describe how they became *stronger* as a result of the treatments (Tiilikainen and Koehn 2011).

³ In the Somali language, <c> stands for a sound close to the Arabic ʿayn [ʕ] and <x> stands for Arabic ḥa [ħ].

called *dhaqan celis* at the beginning of his stay. Farah wondered how people knew that he was from somewhere else.

In general, it is easy to become called *dhaqan celis* in Somaliland. Anyone who has been abroad, particularly a teenager or someone in their twenties who comes from outside the Horn of Africa – or even from Djibouti like Ahmed – is easily referred to by locals as *dhaqan celis* as he/she is seen as different from local youths: fashionable Western attire or expensive sunglasses; boys who use shorts; girls who wear long trousers, tight clothes or who do not cover themselves; Somali youths who do not master the Somali language; even a different walking style is easily noticed. An 18-year-old boy who visited Somaliland during summer holidays mentioned that Somalilanders regarded Somalis from Europe as stupid because they “fought with flies”, and he demonstrated how he used to chase away small black flies with his hand when local inhabitants paid them no heed. A Somali mother from Finland claimed that all young people who come from Europe to Somaliland for whatever reason are viewed with suspicion: most of them are believed to have used drugs or suffer from some kind of a psychiatric problem or brain damage: either they are too lively or too quiet according to local standards. In general, a person is called *dhaqan celis* almost automatically when they are suspected of having adopted “corrupted” Western, non-Somali or non-Muslim behaviour such as using alcohol, smoking, having boyfriends or girlfriends, or having accepted new gender roles in general. These kinds of images may be even extended from youths to adults (also Abdile and Pirkkalainen in this journal).

In addition to those who visit relatives in Somaliland during holidays or work there temporarily, there are also those, particularly adolescents, who have been taken back for a longer period in order to learn more about religion and proper modes of behaviour, recapture an interest in their studies, and possibly get rid of bad habits such as smoking and drinking, and keeping bad company. I was told about several cases where a young person, typically a young man in the diaspora, had been “lured” by parents or other relatives by saying that they were going on holiday to Dubai or another Arab country, but they then found themselves in Somaliland. Their passport and contact telephone numbers would have been taken away from them by a parent or relatives. An employee in a local youth organization opined that most of the young people who experienced a family conflict in the diaspora and were relocated to Somaliland were children who had not lived in the diaspora with their biological parents. In some cases these *dhaqan celis* had managed to get help to return to Europe by contacting e.g. employees of various NGOs that they had happened to meet in Somaliland, or other people from the diaspora who might have e.g. given them money to travel to an embassy in Addis Ababa.

According to Farah, whom I met in the Landhan café, it was painful for adolescents to admit that parents had lied to them and kept or left them in Somaliland against their will. It was therefore also sometimes difficult for me to know why a person from the diaspora had travelled to Somaliland. Mostly I was told that a person wanted to meet and get to know the family in Somaliland, to

see their home country, have a holiday, or “get some fresh air, sun and just chill out” as Deeq from London explained. In summer 2006 Deeq was 25 years old. He was born in Hargeysa, but had lived in London most of his life. His parents were divorced: his father lived in Hargeysa, but his mother and his brothers and sisters were in London. Deeq explained that he used to be a personal trainer in London and showed his self-made weights in the backyard of his late grandmother’s house where he lived. Deeq related:

I used *jaad* and marijuana as well. ... Every night I would go to night clubs and I used to like dancing and everything in the bar. I have been partying like five times a week. ... So I get to this stage where I have to drink a lot and take a lot of marijuana and everything. ...

Deeq had stayed in Somaliland before, spending six months there in 2004, after which he had returned to London. At the time of our appointment Deeq had been in Hargeysa for 2.5 months and he did not know how long he would stay. My assistant explained later that Deeq had been sent to Somaliland by his family in London and that his mother remitted him money regularly. Before being sent to Somaliland he had also spent some years living with relatives in Finland, where the family had hoped he would stop using drugs and alcohol. In 2006 he received some herbal treatment from a local sheikh in Hargeysa who had told him that he was suffering from the evil eye and was also a victim of witchcraft. Deeq used a lot of khat on a daily basis and said that he could also find alcohol in Hargeysa.

One afternoon I sat together with Deeq and his acquaintances Mohamed and Ahmed, who also had been living in London, while they were chewing their daily khat. Mohamed was 17 years old. He was born in Saudi-Arabia but had moved to London with his sisters and a brother at the age of 2. In London he lived with his mother as his parents had divorced. “I had problems in London, I dropped out of high school and I was arrested a few times. I lived in a bad neighbourhood and this was a reason I went in a wrong direction. I also had a problem with drinking”, Mohamed explains. When we met in summer 2006 Mohamed had already spent two years in Hargeysa. “I travelled here alone. My family in London wanted me to come here, and I wanted it too. But now I want to go back to London. I have a passport, but no money for the ticket. The family in London does not believe that I have changed, they do not want me to go back to London. I would like to go to London and work there.” Mohamed’s passport was valid until 2007. He added as a positive thing that he had got to know his family, including his grandmother in Hargeysa.

Ahmed was born in Hargeysa and lived in Denmark with his family for about 11 years before moving to London in 2001. After finishing secondary school he took some college courses. Ahmed also used alcohol and cannabis in London. He came to Somaliland for two months in 2002, then again in 2005, a year before we met in Hargeysa. Ahmed said:

I travelled alone to Somaliland. That time my grandfather was sick, he died later. I live at my mother’s sister’s place where I get food and

maintenance. Families send their problem youth back to Somalia to see life here. Some of them get married, some of them get crazy. I have also started to see and experience strange things. ... I would like to return to London in September. When I came here I did not know that I would stay this long, and my return ticket is no longer valid. I have not directly discussed my return with the family, I am not sure what they think about it. But I am afraid they want me to stay in Somaliland. Actually I would like to go back to Denmark, I am a Danish citizen. I feel like I am trapped in Somaliland. I have only wasted my time here. It would have been better if the family had sent me to Denmark; there would have been a private school and good friends. There are uphill and downhill in life. All parents want the best for their children and in that way I respect their decision to send me to Somaliland. But staying here has not changed my situation in any way. ... Could you help me?

Some of the *dhaqan celis* such as Deeq, Mohamed and Ahmed spend their days mainly hanging around chewing excessive amounts of khat, but some attend courses at private schools or universities. Some of them are kept in institutions or clinics run by various healers where they are strictly controlled while they receive religious and herbal treatment. For example, at an Islamic healing clinic I was told about an in-patient who had been brought from Australia to get off drugs. I was not allowed to meet the patient, but it was explained to me that the plan was for the 22-year-old man to stay in Somaliland for three months and return to work in Australia after that. These same clinics, along with mental health wards, also house mentally ill migrants who have been removed from the diaspora.

3. BROKEN STORIES OF MENTALLY ILL MIGRANTS

In the Somali culture, symptoms that in Western psychology and psychiatry are commonly connected to mental illness are usually seen as conditions caused by spirits, evil eye or witchcraft. Consequently, these kinds of problems do not get treated at mental hospitals or through Western-style psychotherapy, but by a variety of folk healers. Mental illness, as well as hospitalization at a mental hospital, carries a stigma for the patient (Carroll 2004; Mölsä, Hjelde and Tiilikainen 2010). A new phenomenon in Somaliland following the war is religious healing clinics, which in general are referred to as *cilaaaj*, a word that is derived from Arabic and means healing. The treatment mainly consists of listening to the recitation of the Koran and herbal medicine, and sometimes also “ordinary” medication (see Tiilikainen 2010).

During my fieldwork in January 2011 I observed that several new private places had been opened during the last four years to treat especially patients who suffered from *jinn* spirits, evil eye and/or witchcraft (*sixir*); mental distress; or

drug abuse. The patients typically stayed in *cilaaaj*, or “psycho-social centres” as some of them were called, for several weeks, months or even years. Treatment cost around 100–150 USD/month and included accommodation, food, medication and other treatments, which is expensive compared to local salaries in the public sector. Many of the *cilaaaj* are like small hospitals. Patients are not allowed to leave and rooms and gates are locked. Indeed, some patients believed they were in a prison.

The houses and patient rooms that I saw were crowded. Most of the *cilaaaj* that admit inpatients have only male patients. For example, one of the *cilaaaj* that I visited consisted of three different houses that held a total of 120 inpatients, out of which around 15 might have been patients from diaspora outside the Horn of Africa. In this centre there were also some medically trained staff such as a nurse and a consulting medical doctor, as well as a religious expert who provided Islamic treatments. Diagnoses thus also included Western psychiatric categories such as schizophrenia, psychosis, bi-polar disorder, post-traumatic stress disorder (PTSD) and *khat* abuse, in addition to other diagnoses relating to e.g. spirits and witchcraft that stem from Islamic and cultural frameworks. Several patients had chains around their ankles. The conditions in these private clinics, however, are often better than mental hospitals and wards, which are poorly funded and managed. It was explained to me that all those who could afford to preferred to stay in private clinics where sanitation, hygiene and medication were better. Most patients from the diaspora stay at the private *cilaaaj* and psycho-social centres as their families can usually afford to pay the high fees.

According to the staff at different *cilaaaj* institutions inpatients from the diaspora could be divided into three different groups: those who suffered from “brain disease” or mental illness; those who suffered from conditions caused by *jinn* spirits, evil eye or witchcraft; and *dhaqan celis* who were drug or alcohol abusers in need of rehabilitation. Some of the patients had also committed crimes and been jailed in the diaspora. One of the patients, Mukhtar, said he was in his forties, but he looked younger. He had been in the *cilaaaj* in Hargeysa for nine months:

I was born in Mogadishu. I went to Norway as an asylum-seeker in 1991. I left Mogadishu a week after the war broke out, so I did not see much of it. In Norway I went to school and studied the language. I was hospitalized in 1993, and after that I was in and out of the hospital. They said I was paranoid and psychotic. The last ten years I was in prison because I tried to kill someone, and then I was deported to Somalia. But I also wanted to come back too. My family is from Puntland and I was taken back there two years ago. I was put into a *cilaaaj* for 4 months, but I became more and more sick, and my mother decided to take me to Hargeysa.

In Puntland, all this religious healing was new for me, and I became sick of listening to the Koran. In Puntland I also received some anti-psychotic medicine from a medical doctor. In the *cilaaaj* in Puntland there

were only 4 people, here in Hargeysa there are 40; there are lots of people, it is noisy. It feels difficult to be here. I want back to Puntland where my mother lives. Nobody visits me here, nobody knows me. I would like to return to Norway and get the good medication that I used to have which did not have side-effects [mentions the name of a medicine that is used for schizophrenia]. But I cannot go back to Norway because I have been deported. My brothers who live in Sweden send me money. ... I wished that I would have become well once I came back to Somalia. ... Religion has not been that important for me and that has not changed although I hear about Islam and the Koran every day. In Norway I did not practice religion, but now I have started to memorize the Koran. ... My sickness was very difficult for my mother, she was alone. My father died when I was young. I am sick in my head. I was already sick in Norway when my problems started.

Mukhtar suffers from the “double stigma” of being mentally ill and deported. Deported Somalis are not welcomed in Somaliland, and deportation entails shame and speculation regarding the reasons for it (also Peutz 2006: 224). Moreover, the Somaliland government has said that it does not have the resources to manage and take care of deported criminals from abroad.⁴ According to Nathalie Peutz, who has researched deportees from North America to Somaliland, deported men connected the deportation to suspicions about Muslim terrorism in the wake of September 11 (Peutz 2006: 224). This also came up in my data as one of the deportees at the mental hospital explained: “They thought that we were al-Qaeda, then we were sent to Hargeysa (from London).”

I was also told about a couple of cases where a family in Somaliland tried to organize the relocation of a mentally ill prisoner from the diaspora to Somaliland: e.g. a doctor at the mental hospital said that a prison doctor in Denmark had called him and asked about available medication in Somaliland. It is not always clear, however, for a patient or his/her family in Somaliland why someone from the diaspora has been deported. For example, I was shown a schizophrenic patient who was kept at home, chained to the floor like an animal. He had been deported from the Netherlands 10 years ago without informing the family in advance and was left outside the airport. According to the old mother the man had lived for a couple of months on the streets before relatives had recognized him.

Among the patients who suffered from mental illness there were several who, like Abdulqadir at the beginning of this article, wanted to return to Europe, but it was difficult or impossible because the family did not accept it. Another patient who desperately wanted to return to Europe was Suaad, a 26-year-old woman I met at the mental ward in Hargeysa in summer 2006. Suaad had lived

⁴ There have been a few cases where Somaliland has refused to receive deportees from Western Europe and sent them back in the same plane (e.g., *The Republican* 19.8.2006).

in London from 1990 to 2003. She talked quickly and without pauses, and her story jumped around and was difficult to follow. Suaad had moved to London with her mother, sisters and brothers. Her mother died when she was 15 years old, and her problems started after that, she said. (The nurse later explained that Suaad had smoked and maybe used also some drugs in the UK, and for some time she had been living on the streets.) She was admitted to a mental hospital in London for paranoia, but refused to take any medication. One of her sisters brought Suaad to Hargeysa. “She lied to me. She said that I would go to Somalia for 3–6 months, I could be with the family, and then I would return”, Suaad said angrily. She spent 4 years chained up at her brother’s house in Hargeysa, and was then taken to the mental ward (1.5 years ago). While Suaad talked, every now and then she came and hugged me, and repeated that she wanted to go back to London. Suaad wanted me to take a photograph of her in her small room, beside the suitcase that held her clothes and other property.

Most migrants who suffer from mental health problems do not live at institutions, but rather stay with relatives and only visit healers to receive treatment and medication. Nuur was a 31-year-old man who had lived in Sweden since 1991 when he was 16 years old. He lived on social security because finding a job was difficult, and in 2002 he decided to move to London. He moved alone although he had a child with a Swedish girlfriend. In London he found a job at a market. During a 6-month visit to Somaliland in 2002 Nuur got married with two women. One of the marriages was *dumaal*: Nuur’s brother had died and left two widows, Zahra and Amaal. Nuur married the younger widow Amaal, who also had two children. He then returned to London. He earned 350 USD weekly at an Indian firm and remitted some 100–150 USD monthly to his wives in Somaliland. He started to feel ill, and had fears and worries and could not sleep well. He travelled back to Somaliland and again stayed half a year, after which he returned to London in April 2005. This time he stayed in London only four months: he found a packing job, but due to the long commute he had to wake up at three o’clock in the morning: he could not sleep and his back was aching. Nuur stopped working and moved in with his brother, who also lived in London. The brother took him to a couple of sheikhs in London to find some herbal medication and listen to recitations from the Koran, but it did not help, so his brother then bought him a ticket to Somaliland.

Nuur had been in Hargeysa since July 2005, and his relatives had taken him to different sheikhs there to get treatment. At times he had also lived in a *cilaaj*, but mainly he lives at his brother’s house. He had divorced Amaal and had only one wife, who lived outside Hargeysa. He had not been able to keep contact with his girlfriend and child in Sweden because his mobile phone, which had all his numbers in it, had been stolen in Hargeysa. In the summer of 2006 Nuur felt that he wanted to travel back to Europe and also visit a good doctor, but he continued:

I have to trust the sheikhs. My brother has found a new sheikh. I cannot afford to buy a flight ticket to Europe, all the money has been used to buy these treatments. But my family helps me financially. I will probably stay

in Somaliland some 2–3 more months. My family here knows local healers because they have been here all the time, I do not have that kind of knowledge. ... I plan to return to London, find a job and stay there 2–3 years. Then I will build a house in Somaliland and settle down here. ... But my brother says that first I have to finish the treatment in Somaliland, only after that can I return to Europe. My older brothers and sisters know more about these things than me, I am the youngest child.

In Nuur's family sending an ill family member back to Somaliland seemed to be a kind of common pattern: Nuur's deceased brother's child Abukar, who had been hospitalized in a mental hospital in London, was also relocated to Hargeysa, and Abukar's sister Hibo from London was taken to Hargeysa for three years to get treatment for problems related to *jinn*. (According to Nuur, Abukar and Hibo's mother Zahra also had *jinn*.) I met Hibo a day before she was about to travel back to London. She told of her religious awakening and how she had learnt to fight *jinn* during her treatment and stay in Somaliland. I also met Nuur's cousin, who reported that he had returned a few years ago from the United States and had suffered from similar problems to Nuur's: at the time we met he was married and working at the family business, and he felt well. The relocation of members of Nuur's family to Somaliland in order to get religious treatment seems to relate the importance of Islam as a family value. Moreover, Nuur's family in Somaliland has financial opportunities to take care of ill family members from the diaspora as Nuur's brother has a successful business in Hargeysa.

CONCLUSIONS

In this article I have addressed some of the experiences of those Somalis from the diaspora who have been deported or relocated to Somaliland either by authorities or their families, and kept there according to a family decision. This kind of a diasporic experience can be regarded as a failure for both the individuals and their families: among Somalis in the Horn of Africa there is a huge desire for migration to Western countries to find a better life and education, but the process is difficult, time-consuming and extremely risky (see also Rousseau et al. 1998). This means that tremendous expectations are placed on those who manage to join the diaspora outside the Horn of Africa, particularly in the affluent countries of Europe and North America. Failure to meet these expectations and use given opportunities means failure not only for an individual, but also for their extended family.

Family members residing in the diaspora are expected to contribute to the "economy of affection" (Hyden 1983) and well-being of the transnational family by getting a good education, finding employment, and supporting the transnational family back home and elsewhere by sending remittances and also

offering other kinds of help. Members of the diaspora are also expected to be good, moral and responsible, and maintain Islamic and Somali family values even while living in Europe or North America. The expectations that are placed on the diaspora are also high because the family has often invested in the person who has managed to leave the Horn: they may have been given money, or extensive arrangements may have been made in order to unite a child with relatives in the diaspora. Returning home or being deported without anything to give back is shameful and a huge disappointment for the transnational family (also Peutz 2006: 224). If the “investment” has been lost or has not been used well a family might strategically decide not to give the unsuccessful family member another chance. The interlocutors’ fears that a passport may be given to another person are probably real – there are many others waiting for a chance to travel to Europe.

The family in the diaspora may resist the return of a family member from Somaliland because, apart from feelings of disappointment, the immediate family may be too tired or busy to take care of a mentally distressed person, or the family may not believe that a person who used to cause problems through e.g. drug abuse can recover and function normally again in the diaspora. These concerns are related to traditional views on mental distress in Somali culture and in particular *waalli* (“madness”), which is seen as an incurable condition (Carroll 2004; Mölsä, Hjelde and Tiilikainen 2010). An example of this is provided by psychologist Hussein Bulhan in Hargeysa, who spoke about his patient, a young man from the diaspora, that the family did not want let return to Europe despite his recommendations. Finally, the desperate young man committed suicide. In the worst cases Somaliland can become a prison for the most powerless and vulnerable people, while in the best cases it can be a key to recovery and healing (see Tiilikainen and Koehn 2011).

Repeated ethnographic work in Somaliland has made it possible to follow the changing state of health services, and it has allowed me to get follow-up information on some of the interlocutors. I was told that Deeq from London had tried to shoot someone and had been jailed in Somaliland. In 2007 I tried to find Nuur, but his relatives told me that he had returned to London. His cousin Abukar was still in Hargeysa. In January 2011 I learned at the mental hospital that Suaad had finally been taken back to London, having spent more than five years in Hargeysa. According to a nurse her condition had deteriorated during her time in Somaliland. In many cases relocation to Somaliland, including treatments from local healers and time spent with the family, means hope and healing (Tiilikainen and Koehn 2011), but for some *dhaqan celis* or mentally ill Somalis it just means the maintenance of basic care and control of destructive behaviour, at times in distressing conditions.

The ethnographic data shows that the Somali diaspora remits to and maintains not only those who have been left behind at home but also those who have failed in the diaspora and been relocated to their country of origin. Moreover, it is not uncommon for diaspora members to sacrifice their own physical and mental health through worry and trying to earn enough income to

remit. It seems that not only the patrilineal family but also maternal relatives play a role in organizing relocations and travel arrangements for *dhaqan celis* or ill family members. Female relatives such as a mother and sisters are important regarding practical arrangements (also Al-Sharmani 2010).

Finally, Somali returnees who are called *dhaqan celis* are a varied group, ranging from those from abroad who are just seen as somehow different from local Somalilanders because of the way they look, dress or behave to those who are seen as having big problems such as drug abuse or behavioural problems which require special treatment as well as religious, spiritual and social support and guidance in order to “reacculturate”. Some *dhaqan celis* are regarded as mentally abnormal, the abnormality or “brain damage” being caused by something that happened abroad, e.g. vaccinations, poisons or drugs and alcohol. There are also mentally distressed people whose condition are not seen to have a connection with foreign lifestyles but has rather been caused by other factors such as *jinn* spirits. Regardless of the reason behind the problems, taking an ill or troublesome family member back to Somaliland means hope for recovery by restoring and strengthening cultural, religious and family ties. The act also reveals who and what kinds of institutions are trusted or not. Taking an adolescent back to Somaliland may be a last-ditch effort to straighten a twisted branch. Ultimately, the success of a transnational Somali family is dependent on the behaviour, achievements and resources of its individual members. Focus on the failed diaspora adds new nuances to the discussion on transnational families and return migration, and also opens up new questions for future research.

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