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Somalia: A critical comunnication [sic] conflict analysis of the ongoing conflict and its effect on the growing mental illnesses within the country

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SOMALIA: A CRITICAL COMUNNICATION CONFLICT ANALYISIS OF THE
ONGOING CONFLICT AND ITS EFFECT ON THE GROWING MENTAL
ILLNESSES WITHIN THE COUNTRY
By

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To God:

I will praise thee; for I am fearfully and wonderfully made: marvellous are thy works; and that my soul knoweth right well. - Psalm 139:14

To Mom and Dad:

Thank you for every prayer and encouragement. Thank you for every sacrifice made on my behalf just so I could meet many goals. Thank you for instilling in me importance of God trusting and obeying his word no matter how difficult life may have gotten. When I may have lost my faith you help to find it again just like the God fearing parents that I am so honored and blessed to have in my life. It you'll unconditional love that has kept me in the faith. With parents like you'll I know I serve an amazing God because I am beyond undeserving of you'll as my parents!

To my sister:

Thank you for everything even though at times I may have not seem as though I was appreciative.

To Darnell:

Thank you for teaching me the importance of stability in all areas of my life.

This thesis is in dedication to my Auntie Pamela R. Moore. Thank you for never allowing your mental illness to stand in the way of God's plan for your life! May He continue to allow you to defy adversity in order for you regain your empowerment as woman living a full life with no regrets.

In remembrance of:

Allen Moore, Sr. Mary F. Moore and Eunice R. Osborne

Civil wars in Somalia have created a collapse of all public and private institutions, resulting in no availability of assessment and treatment protocols for key mental health conditions within primary care facilities. Also, there is a lack of data on the current budget that is allocated to mental health. Currently, there is no mental health policy in Somalia nor is there a primary health care program that includes a mental health program (World Health Organization. 2009).

Somalia has only three mental hospitals, of the three hospitals one is a public/private mental health inpatient hospital to treat psychiatric emergency cases. The second is a rehabilitation treatment center in Somalia's capital of Mogadishu. The third is a mental hospital established in the year 2008 in Central Somalia. The Eastern Mediterranean Regional office of the World Health Organization (WHO EMRO) sponsored a three-month training course in mental health held at Bosaso in Puntland, Somalia in the year 2004- 2005. There are only five qualified senior nurses who attended the training and they are the only qualified workers in Southern and Central Somalia. They are responsible for prescribing all medications on the essential psychotropic drug list. According to the Department of Health the mental health facilities in Somalia has 86 human resources working in this department alone. This country lacks a monitoring system for their medical staff resulting in difficulty identifying the exact service place of any available mental health staff any data is not available on the professional training or the continuing professional development of the mental health staff in Somalia (World Health Organization. 2009).

Somalia's population of ten million, with about eighty-five percent of its population being ethnic Somalis ("Somalia."). The country of Somalia have a religious background that is of the

Muslim faith with a most being Sunni ("Somalia."). The Muslim religion is the Somalia people

foundation for its culture. In this case, culture is define as a learned set of shared interpretations

about beliefs, values, norms, and social practices, which affect the behaviors of a relatively large

group of people (Koester, 2012 pg.25).

Mental illness treatment in Somalia stems from their religious and cultural beliefs. What,

is found in the Koran is the only suitable way mental disorders are treated. The use of scientific

medicine is not a suitable alternative to treat the illness. It is a cultural belief that people with

mental illness (usually depression or schizophrenia) have a special power given by God. Some

believe these types of people should receive respect while other belief is that they are

possessed by the black magic or an evil spirit (World Health Organization. 2009).

In fact, a "public health" awareness campaign has been started in Somalia by

the Habeb Public Mental Health Institution to collaborate with the local broadcasting media

(radio stations). This institution has set out to tell people who suffer from mental illness or

people who know someone who is suffering from mental illness there is proper treatment. Also,

the traditional cure for mental illness of physical restriction or restraint of people with mental

illnesses has been prohibited. This organization has also started mental awareness programs in

the public schools across Somalia (World Health Organization. 2009).

While conflict has been a fact of life for the Somalia culture for years, the 2011 drought

has brought this country to its breaking point (Chothia). Studies have shown that war has caused

catastrophic effect on a nation's health and well-being. War often comes as a result of an

unresolved conflict or conflicts within a nation's infrastructure. A country such as Somalia has a

history of conflicts and wars that has caused more mortality and disability than any major disease

within its country. The Somali people have watched as wars have destroyed their communities and their families. As a result of these wars it has disrupted Somalia growth and development as a country that should have a stable social and economic structure. Ongoing wars have caused long-term physical and psychological harm to children and adults, as well as reduction in material and human capital. Other consequences have not been well documented, except for death statistics. This can include such things as: endemic poverty, malnutrition, disability, economic, social decline and psychosocial illness. Further, research could allow for a greater understanding of the conflicts in Somalia with help for a better understanding of the mental illnesses that seem to surface as a result of them over time. Only then could there be a possible coherent or effective strategies put in place to combat the growing mental illness issues in Somalia (Muthy et.al.).

It is the intent this conflict analysis is to look at the ongoing conflicts in Somalia as related to the growing issues of mental illness. With strategies found in communication conflict theoretical perspectives, there are direct or indirect correlations of those conflicts as it relates with the rise of mental illness in the country of Somalia. If so, how could something such as mental illness that possibly has grown as a result of political conflicts over the span of two decades be reframe as a public health concern? However, for this conflict analysis I have focused on the direct conflict between Abdirahman Ali Awale and the Somalian government and ongoing struggles in obtaining needed help to combat the growing mental illnesses in the country.

The Conflict

Abdirahman Ali Awale is a nurse that made it his mission to rescue Somalia's mentally ill. He has only three months of specialist training from the World Health Organization (WHO), yet he claims that he is able to treat any mental illness from post-natal depression to schizophrenia (Hooper). "The Habeb Public Mental Hospital in Mogadishu became the first of six" mental health centers in Somalia; these centers have treated "over 15,000 patients (Hooper)." The Minister of Health has awarded Awale a letter to carry, proving that he is the leading provider of mental health services (Hooper). Awale is known in the community as Dr. Hab thought he is not a real psychiatrist (Hooper).

According, Mustafe Hussein Hirsi, the mental health coordinator in the ministry, states that "Mental health problems have increased in Somaliland because of several reasons; that is why in October 2008, the Ministry of Health and Labour established a new department to deal with mental disorder coordination ("Humanitarian News and Analysis.")." Somalia's self-declared independent region of Somaliland health officials has expressed concerns over the rise in mental illnesses. Which in their opinion has been the result of post-war post-war trauma, joblessness, drug abuse and khat use ("Humanitarian News and Analysis."). According to the National Institute on Drug Abuse:

> Khat (pronounced "cot") is a stimulant drug derived from a shrub (Catha edulis) that is native to East Africa and southern Arabia. The khat plant itself is not scheduled under the Controlled Substances Act; however, because one of the mind-altering chemicals found in it, cathinone, is a Schedule I drug (a controlled

substance with no recognized therapeutic use), the Federal Government considers

Khat use illegal. ("DrugFacts: Khat.")

Public mental health hospitals are "lacking adequate facilities to handle the caseload" and

the "World Health Organization gives the [needed] drugs, [there is no] other support

except personal donations by members of the public ("Humanitarian News and Analysis.")."

There was a time when aid agencies showed some interest in supporting the efforts for mental

health in Somalia ("Humanitarian News and Analysis."). Hirsi expressed that "Aid organizations,

both international and local, often work on HIV/AIDS and female genital mutilation it is rare to

see organizations who are interested in helping this community of the mentally challenged, who

are suffering everywhere in the country ("Humanitarian News and Analysis.")."

The WHO estimates that one in three Somalis are known to be affected by some types

of mental illness (Hooper). This compared to the global average of one in ten (Hooper). There

are certain areas of Somalia that have "been psychologically [wounded] from decades of

conflicts the rates [are] even higher" of those that has been affected by mental health (Hooper).

"Somalia has one of the highest rates of mental illness in the world and with a healthcare system

devastated by years of war, nor have they received proper medical help. Many Somalis [are]

chained up to trees or at home. Some are even locked in cages with hyenas (Hooper)."

Despite the ongoing efforts of Awale, "there is still no mental health policy in Somalia

and authorities show a general lack of [concern] at the [size] of mental health in the country

(Khalif)." Awale has met with the former President of Somalia, Sheikh Sharif Sheikh Ahmed,

the current Prime Minister, Abdi Shirdon and the Minister of Health (Khalif). "I told them the

real situation of the mentally disordered people in Somalia; nobody wants to support the

mentally ill people at this difficult time" said Awale (Khalif). What is difficult is getting those

who are suffering to recognize their condition is a direct result of not receiving the care that

they need for their ongoing mental health. The treatment of patients is a time sensitive as is

different. With no outside help focusing on the treating of mental health problems in Somalia.

The non-governmental organization (NGO) is not getting involved "because of the expenses

(Hooper)." According to ngo.org,

> A non-governmental organization (NGO) is any non-profit, voluntary citizens'
>
> group which is organized on a local, national or international level. Task-oriented
>
> and driven by people with a common interest, NGOs perform a variety of service
>
> and humanitarian functions, bring citizen concerns to governments, advocate
>
> and monitor policies and encourage political participation through provision of
>
> information. Some are organized around specific issues, such as human rights,
>
> environment or health. They provide analysis and expertise, serve as early
>
> warning mechanisms and help monitor and implement international agreements.
>
> Their relationship with offices and agencies of the United Nations system differs
>
> depending on their goals, their venue and the mandate of a particular institution.
>
> ("Definition of NGOS.")

In Somalia there is a shortage of qualified psychiatrist and nurses to give the needed

treatment to Somalis suffering from mental health issues. The growing struggle that Awale has

to give proper care to his patients and the suffering he has and is witnessing is taking a toll on his

health as well. What he does for his people indeed is a "physical and mentally" hard job for one

person to take on alone. He has admitted that when he started he was healthy but as time has

gone he is now suffering from diabetes. Awale is facing "a near insurmountable task (Hooper)." This leaves Awlae confused about "why are United Nation and the international community failing to see the plight of the mentally ill in Somalia (Khalif)?"

Framing the conflict

According, to Folger et al., (2009), the way where conflicts framed is also by conflict interaction with frames emerging in response to the conflict tied to the specific context (Folger et al., 2009 pg. 57, 87). Roloff and Miller (2006), defines a frame as a cognitive structure based on previous experience, which guides our interpretations of an interaction or event (Folger et al., 2009 pg. 55). Betty K. Garner's book "Getting to 'Got It!'" defines that cognitive structures are the basic mental processes people use to make sense of information (Garner).

In an interview with the African Review, Awale expressed that he "shed tears on the daily basis for failing to convince the government officials to show political commitment towards the mentally ill people [of Somalia]. Despite my tiring schedule, my mother is sick and I cannot leave her (in Mogadishu) (Khalif)." Buzzanell and Burrell (1997) would say Awale has framed his conflict as an impotence scheme. An impotence scheme depicts conflict as a "victimizing process [where] participants were powerless to influence or alter unpredictable events (Folger et al., 2009 pg. 55)." Folger et al., (2009), further explains that the parties see themselves as trapped in a conflict not of their own making, often trying vainly to protect themselves or to change a situation that is beyond their control. All this effort is felt wasted because they have little control (Folger et al., 2009 pg. 55).

Also, in this interview Awale explained that he has "met Sheikh Sharif Sheikh Ahmed (the former president of Somalia), the current Prime Minister Abdi Shirdon and the Minister of Health. I told them the real situation of the mentally disordered people in Somalia; nobody wants to support the mentally ill people at this difficult time. Why is the UN and the international community failing to see the plight of the mentally ill Somalia. Where is Ban Ki-moon to offer [help] by means of his influence? Look, the president fears death and hides inside bulletproof trucks manned by AU peacekeepers in Somalia (Khalif)." According to the United Nations, Ban Ki-moon who is the eighth Secretary-General of the United Nations:

> His priorities have been to mobilize world leaders around a set of new global challenges, from climate change and economic upheaval to pandemics and increasing pressures involving food, energy and water. He has sought to be a bridge-builder, to give voice to the world's poorest and most vulnerable people, and to strengthen the Organization itself. ("Secretary-general Ban Ki-moon, United Nations Secretary-general.")

Ban Ki-moon states in his United Nations biography that:

> "I grew up in war", the Secretary-General has said, "and saw the United Nations help my country to recover and rebuild. That experience was a big part of what led me to pursue a career in public service. As Secretary-General, I am determined to see this Organization deliver tangible, meaningful results that advance peace, development and human rights. ("Secretary-general Ban Ki-moon, United Nations Secretary-general.")

It makes perfect sense about why Awale would be asking where Ki-moon support of what is going on in Somalia. From his biography he understands what it is like to grow up in war and for him not to coming in to aid the people of Somalia is just puzzling to Awale.

Let's explore the idea of Expectancy Violation Theory, Folger et al., (2009) states that conflicts are situations where expectancy violation are likely to occur, and the associated with cognitive dynamics are …likely to influence conflict (Folger et al., 2009 pg. 59). Burgoon et al., (1995) would argue that when the other's behavior falls outside expectancies it creates emotional reactions and attempts to make sense of the situation (Folger et al., 2009 pg. 58). The expectancy violations theory also points to a connection between emotion and cognition in conflict. Expectancy violations trigger emotional responses, and these emotional responses tend to fuel responses to the violation (Folger et al., 2009 pg. 59). After all, there are 150 humanitarian agencies in Somalia that only focuses "only on health issues such as diarrhea, malnutrition, sanitation and hygiene (Khalif). Awale adds that "these agencies [are] doing a great job, [but] are missing the big picture (Khalif)." Needless to say that there is expectation of mental health care that Awale feels the people of Somalia should receive and are not receiving.

Attribution Processes

According, to Folger et al., (2009) there are two premises of the attribution process. One is "people interpret behavior in terms of it causes. People naturally attribute characteristics, intentions and attitudes to the people they [meet] (Folger et al., 2009 pg. 59)." The second is "these casual explanations effect reactions to the [judged] behavior (Folger et al., 2009 pg. 59)." Folger et al., continues by stating that the attribution process "enables [people] to behave

appropriately towards others in varying contexts. Though this ... people attempt to organize and understand the world around them (Folger et al., 2009 pg. 59)."

"Many patients take a long time to treat," Awale says. "There has been no outside help [focused] on treating mental health problems and the main reason NGOs are not getting involved is because of the [cost] (Hooper)." Awale is trying to "organize and understand the world" around him as a result of the conflict management strategies used in the ongoing conflict of the handling of the mental health issue in Somalia (Folger et al., 2009 pg. 59). Folger et al., (2009) emphasize Alan Sillars and his colleagues findings of their being three types of conflict strategies: integrative, avoidance, and distribution (Folger et al., 2009 pg. 61). As defined by Sillars and colleagues integrative strategies "as messages designed to manage conflict openly through discussion while reframing from negative evaluation of the partner. Avoidance strategies defined as attempts to avoid direct discussion and management of the conflict. Distributive strategies include the attempts to resolve the conflict in a zero-sum manner [where] one party wins at the others' [cost] (Folger et al., 2009 pg. 61)."

After, visiting Habeeb Mental Health hospital in Mogadishu in 2011, "Habeeb Hospital is one of the health facilities that implements WHO Somalia's Chain Free Initiative, which advocates for chain-free hospitals, communities and environments across the country. Dr. Aden Haji Ibrahim, Minister of Health for the Transitional Federal Government (TFG) and the Somali health authorities [are] committed to the cause. The initiative is [being] implemented by three mental health facilities and will expand this year to the remaining two [other hospitals] (WHO, 2011)." Mark Bowden, UN Resident and Humanitarian Coordinator for Somalia states that "After two decades of conflict and fighting, this mental health situation analysis comes at the

right time. The human rights of the [people] with mental disorders and of their families cannot be neglected. We need to [allow] them to change the stigmatized image of mental illness, contaminated with images of violence, sin and laziness (WHO, 2011)."

According, to a 2010 World Health Organization report: "A Situation Analysis of Mental Health in Somalia," there are no budget allocations for mental health by the [Minister of Health]. There is no fund allocated from the government for mental Health services in Somalia. World health organization allocated $8000 for the chain free initiative implemented by Habeb public/private mental hospital in 2007. About $ 3000 of this budget was to [buy] essential psychotropic medications. The length of this project was 81 days (WHO, 2011). However, there is still no official health plan of action by the Somali government "to combat mental illness, rebuild facilities, and grant funding to support programs (Ali Abdi)." Dr. Marthe Everard, WHO Representative for Somalia suggests that "mental health is still seen as an isolated sector, but is not integrated into primary health care. Interventions are not too difficult or costly, but the area is rather lacking resources and infrastructure. Taking care of mental health patients show the communities that mental illnesses treated effectively, without stigmatizing the patients (WHO, 2011)." Yet as of 2013, there is still no official health plan of action by the Somali government "to combat mental illness, rebuild facilities, and grant funding to support programs (Ali Abdi)." The issue with Somalia and Western Aid is that the aide is targeting only "communicable diseases, not least because results are quicker and cheaper to [get]. Awale says "he is left to run his organization with minimal resources and an erratic supply of psychotropic medicines that he sources from NGOs and private pharmacies (Hooper)."

It appears that in this conflict that all three types of conflict management styles being used throughout the attribution process. The government or health authorities seem using the integrative and avoidance strategies. Though they have visited Awale hospital and have committed to the cause, but the government or health authorizes have not stated they committed to the mental health cause. By the government not stating a specific cause to which they have agreed to commit to it "[denies] the presence of [the] conflict... and discusses [the conflict] through ambiguous talk (Folger et al., 2009 pg. 61)." Mark Bowden, UN Resident and Humanitarian Coordinator for Somalia, stated that "We need to [allow] them to change the stigmatized image of mental illness, contaminated with images of violence, sin and laziness (WHO, 2011)." This implies that there would be "collaboration and joint problem solving" of the mental health issues going on in Somalia. This type of statement comes from integrative strategies. With the use of those two strategies it makes it seem that a clever combination of conflict styles of competing and collaboration in their managing of this conflict. "A competing style is high in assertiveness and low in cooperation: the party laces great emphasis on his or her own and ignore those of others. This style is sometimes also called "forcing" or "dominating" (Folger et al., 2009 pg. 105)." Whereas, a collaborating style is high in both assertiveness and cooperation: the party works to [get] a solution that will meet the needs of both parties to the conflict (Folger et al., 2009 pg. 106)." The use of those types of conflict management has led Awale to believe then they were doing more to resolve the conflict than they actually are by their actions and statements. But the big picture shows that they are using the avoidance style of conflict. "An avoidance style is low in [assertiveness] and low in cooperation: the party simply withdraws and refuses to deal with conflict (Folger et al., 2009 pg. 105)." Even the visit and statement to commit to the cause, there is still no official health plan of action by the Somali

government "to combat mental illness, rebuild facilities, and grant funding to support programs (Ali Abdi)." This has left Awale to have to continue running his organizations with minimal resources and an erratic supply of psychotropic medicines that he sources from NGOs and private pharmacies (Hooper)." According to Folger et al., (2009) avoiding can also be effective if the party has a weak position or faces a formidable opponent. It may enable the party to save face by never raising the conflict" (Folger et al., 2009 pg. 113). Face is the communicator's claim to be seen as a certain kind of person (Folger et al., pg.174). As a result of face saving "conflict may arise because of many communicative acts, especially instances of social influences, are face threating (Folger et al., 2009 pg. 175)."

Awale is using the distributive strategies in his statements when discussing the ongoing mental health issue in Somalia. "There has been no outside help [focused] on treating mental health problems and the main reason NGOs are not getting involved is because of the [cost]. He is left to run his organization with minimal resources and an erratic supply of psychotropic medicines that he sources from NGOs and private pharmacies (Hooper)." Awale adds that "these agencies [are] doing a great job, are missing the big picture (Khalif)." Awale's statements have "included negative evaluation [some have been] insults, [open and] direct criticism (Folger et al., 2009 pg. 61)." "Why is the UN and the international community failing to see the plight of the mentally ill Somalia? Where is Ban Ki-moon to offer [help] by means of his influence? Look, the president fears death and hides inside bulletproof trucks manned by AU peacekeepers in Somalia (Khalif)."

Folger et al., (2009) states that when face wants [are] not addressed during interactions, one or both parties may experience a loss of face. "People are said to lose face when they are

[threatened] in such a way that their identity claims are challenged or ignored (Folger et al., 2009 pg. 176)." This brings me back to my earlier observation of Awale, that there was an expectation that he felt the people of Somalis should receive. So by questioning why the plight of mental health in Somalia is failing to acknowledge. Awale has the "need to [keep up] a favorable image, [which results in] face-loss [that has] lead to an impasse and exacerbate, [creates][or in this case escalated] the conflict (Folger et al., 2009 pg. 176)." Brown (1977) suggests that when someone is experiencing face-loss they "may feel inferior or less powerful (Folger et al., 2009 pg. 176)." Awale has tried convincing "the government officials to show political commitment towards the mentally ill people. He has "met Sheikh Sharif Sheikh Ahmed (the former president of Somalia), the current Prime Minister Abdi Shirdon and the Minister of Health. I told them the real situation of the mentally disordered people in Somalia; nobody wants to support the mentally ill people at this difficult time (Khalif)."

Likewise, both parties share the same conflict style of competing. Folger et al., (2009) points out there are two major components to the competing style. One is forcing, "parties exhibit low flexibility and disclosiveness and simply try to get others to go along with them by virtue of superior power. There is no expression of concern or understanding for the other's position, nor any effort to build or to [keep] a future relationship. The second is contending as defined by Pruitt et al, (1994) which is a "softer" form of competing. A contending style is somewhat flexible, as long as flexibility does not prevent the party from attaining his/her goals (Folger et al., 2009 pg. 111). Of the parties involved the government/health officials falls in the forcing style of competing. They are not concerned with creating or maintaining any relationship with Awale or in helping the people of Somalia as it relates to mental illness. Whereas, Awale falls into the style of contending, despite his use of distributive strategies style

messages, he actually "is concerned with future relationships" with the Somalia government and health officials (Folger et al., 2009 pg. 111). Awale is the type of competer that is contending, he also is the type of competer that is "active and highly involved in the conflict. He is also the type of competer that is aggressively pursuing the goals of others, "taking any initiatives necessary to [meet those goals] (Folger et al., 2009 pg. 111)."

Therefore, it recognizes that the description of style is not [enough] to fully capture what is happening when parties enact a conflict (Folger, p.135). "The [choice] of a style does not tell [the] story. Style choice has a major influence on conflict processes, but conflicts are also driven by the larger interaction context and by cycles of action and response, which are beyond any individual's control. It is important to neither underestimate [nor] to overestimate the difference judicious style choices can make (Folger, p.135)."

Reframing the Conflict

Political issue into a Public health issue

Whether private or public, public health is an organized measure to which steps are taken to prevent diseases, promote health and prolong life ("Public Health."). Public health's sole focus is to give conditions to which people can be healthy as an entire population ("Public Health."). Public health work is to improve communities or country's total health system not just patients or the eradication of a particular disease ("Public Health.").

According to the WHO, the three main public health functions are: (1) the assessment and monitoring of the health of communities and populations at risk to identify health problems and priorities, (2) The formulation of public policies designed to solve identified local and

national health problems and priorities and (3) to assure that all populations have access to appropriate and cost-effective care, including health promotion and disease prevention services ("Public Health.").

The assessment and monitoring of the health of communities and populations at risk to identify health problems and priorities: In this country, there is a weak monitoring system and as a result it is difficult to identify the exact service place of the mental health staff. No data is available on the professional training or the continuing professional development of the mental health staff in Somalia (World Health Organization. 2009).

The formulation of public policies designed to solve identified local and national health problems and priorities: According, to the World Health Organization, Somalia has the highest rate of mental illness in the world; with one in three Somalis suffering from some form of psychological disorder (Khalif). The state of mental health in Somalia is many Somalis are being diagnosed with post-traumatic stress disorder (PSTD) (Khalif). Such diagnose made to a "tentatively-recovering country of 10.2 million [Somalis who have witnessed] untold atrocities and horrors visited upon their families and friends (Khalif)." "Many [of] these Somalis have also lived through harsh drought," such as the 2011drought which brought this country to its breaking point (Khalif; Chothia). The high prevalence of mental health disorder comes as a result of the Somalis endurance of the stress brought on by more than two decades of civil war (Khalif). These ongoing civil wars caused the country to go into a "Hobbesian-like state", where life could aptly be described as "poor, nasty, brutish and short (Khalif)."

To ensure that all populations have access to proper and cost-effective care, including health promotion and disease prevention services: It is important to note that there is

communication barriers that hinder the understanding of and proper treatment of those with

mental illness. Let's use the word depression for an example. The word depression "has no direct

translation in Somali, it is instead describe as Qulub, referring to the feelings a camel has when

its friend dies (Khalif). Also, the concept of nontraditional mental health treatment is still fairly

new among the Somali people (Khalif). The WHO has funded a "Chain Free Initiative:

> with the aim of eradicating the practice altogether, starting with the use of chains
>
> in hospitals. But even Awale admits to having chained up some of his most
>
> aggressive patients. He tells the story of how, in 2007, one
>
> unintended consequence of his acquisition of a batch of the anti-psychotic
>
> drug, fluphenazine hydrochloride, was an increased appetite in his patients. They
>
> took to scaling the walls of his hospital in Mogadishu to scavenge for food. But
>
> still desperately unwell, some of the escapees had been shot when they ignored
>
> orders at a military checkpoint. Chaining them to their beds, concluded Awale,
>
> was the only option" (Hooper).

According to Abdi Gure, a community development worker for Mind, a mental health

organization based in Harrow, north London states that "post-traumatic stress, depression and

anxiety disorders are the most common mental health problems experienced by Somalis who fled

their country to settle in the United Kingdom ("Humanitarian News and Analysis.")." Due to the

"uncertainty over immigration status, housing and language barriers can compound mental

illness, but fear of being stigmatized may prevent sufferers from seeking support from their

community as well as from the mental health services ("Humanitarian News and Analysis.")."

Just like in Somalia there continues to " lack of data specifically [on] mental health in the Somali

community, which could be due to the fact that Somalis categorized as "Black African" on medical forms; it is not possible to disaggregated the number of Somalis seeking help for mental health from the available data ("Humanitarian News and Analysis.")." Sile Reynolds, Mind's senior policy and campaigns officer, states that this comes as a result of "the broad ethnic categorization adopted by the National Health Service (NHS) [which] can hide the different needs of migrant communities from health providers." He goes go to say that "Health services are still designed to meet the general needs of the population and do not necessarily address the needs of migrants. Service providers are struggling with getting information to migrant communities as well as getting information back from those communities. It's a two-way process and the challenges that come with it [has] yet to be overcome ("Humanitarian News and Analysis.")."

Furthermore, David Schuchman, the director of Immigrant and Refugee Behavioral Health for Volunteers of America (VOA), states that "As big as the mental health stigma is in American culture, the stigma is even worse in immigrant cultures (Russell)." As these new immigrants struggle to settle into their new homes in America, there [have] been many communication break downs between the cultures (Russell). Schuchman has pointed out that "In the Somali language, there are words for "crazy" and "sane," but there are few if any distinctions between (Russell)." For instance, in the United States uses a "DSM-IV manual listing several hundred mental disorders: schizophrenia, bipolar disorder, delirium, depression, attention deficit disorder, dissociative disorders, eating disorders and more (Russell)." Schuchman finding that getting Somalis to [discuss] mental health is another way [where] there is another cultural disconnect. "The idea of paying a stranger to [discuss their]

problems is really foreign to most people around the world... many Somali immigrants lived

through the civil war ... trauma is part of the Somali community, says Schuchman (Russell)."

"As Somalia starts the process of economic and political [revival after] the military

successes of the African forces, there is one [last] battle which cannot be won through the barrel

[of] mental illness (Khalif)." Awale has tried convincing "the government officials to show

political commitment towards the mentally ill people (Khalif)." This no longer an issue just

affecting the people of Somalia it has become a global issue affects the health providers in

London. Who is struggling with how to give the best care to Somalis who has migrated to their

country seeking help. Awale believes that "no Somalis [have] good health, be it physical, mental,

social and even spiritual; right from the president to the [average person] (Khalif)." He goes on

to say "that Somalis live in constant state of fear of being killed, inevitably leading to mental

stress (Khalif)."

Since, the Somalia government has passed the buck on to other countries has escalated

this issue of mental health in Somalia even more. Pass[ing] the buck defined as "to make them

responsible for a problem that you should deal with yourself ("Pass-the-buck.")." Those trying to

get help for their mental health issues that cannot be offered have to leave their country for a

better life. This ongoing conflict is in need of a great reframing of the issue at hand. It has not

been able to get the political support needed resolved. So it is my suggestion that the conflict

be reframe into a public health issue for "possible solution."

In other words, Folger et al., (2009) explains that "reframing can redirect conflict

interaction in either [a] constructive or destructive direction. If parties want to control conflict

interaction and direct it constructively, they need to [be] able to reframe issues and problems so

that a wide array of alternative solutions considered (Folger et al., 2009 pg. 89)." Awale and the WHO have worked together to combat the issue of mental health. They have made great strides together already, and if they could expand their issue into a public health issue they would gather greater success. With their support Awale could have a fighting chance. A chance that is gives his cause a more serious solution to his effort to combat the mental health issues in Somalia. For this to work they would have use to the concept of issue expansion. Walton defines (1969) issue expansion as when "extra issues are attached to the conflict [to] increase the [clear] distance between the parties' position (Folger et al., 2009 pg. 89).

At this point in the reframing of this conflict will be the concept of fractionation. Fisher, (1964) defines fractionation as a concept that "involves breaking a complex conflict into component issues that dealt with singly or in sequence." Also, it introduces the ability to use the concepts of umbrella and issues expansion "by identifying specific, [each issue]." The setting of an agenda for dealing with conflict is what makes fractionation useful (Folger et al., 2009 pg. 91).

That is to say, expanding the issue of mental health from lack of political support to a public health issue, "may allow parties to save face by shifting attention to others' shorting [comings], and enable them [to] point out that others share the responsibility for the conflict (Folger et al., 2009 pg. 89)." This might in some ways "accelerate the conflict and create a perception that is hopeless to try to work out a reasonable resolution (Folger et al., 2009 pg. 89)." If the conflict is carefully [reframe] solely as a public health issue alone without casting blame as to who, is exactly responsible for the ongoing conflict. The reframe should be "successful" if not "there [will] just [be] too many [issue] to untangle (Folger et al., 2009 pg. 89)."

An example of possible ways to expand this issue could be the use of the hyena treatment as a solution to cure mental health in Somalia. The hyena treatment is an expensive treated as its cost is more than the average annual wage of a Somali. The clawing and biting of the hyena on mental patients, is believe that the hyena will be able to free the evil spirit that they believe inside the patient. These patients often include children as well adults, it has been known that during these treatments for people to die (Hooper).

Hence, expanding this conflict to a public health issue which focuses is in the protecting and improving of health in communities; in this cause it the protecting of a country failing to help their people suffering from mental illness ("What Is Public Health?"). Public health is to educate, promote the benefits of healthy lifestyles ("What Is Public Health?"). The education and promotion of mental health is a key part to living a healthy lifestyle for the people of Somalia.

To illustrate, there was a young man who shared a windowless room with a wild and hungry hyena. He will share this room with the hyena until believed he is free of the evil spirit that is said inside him. Thus far he has spent two days in the room. His body lies bloody and open with fresh wounds. His body is so thin you can count all of his visible ribs. His face stained with tears from suffering the brutal pain of the biting and clawing. Omar is only 21 scarred for life mentally and physically ("Somalia: Hyenas Treat Mental Illness.").

Furthermore, Ali Khader, one of the few mental health workers in Somalia, believes that "the treatments for such illness often only [serves] to increase the problem. The worst thing is that the patients [are] chained up. [Either] his [or her] legs or arms [are] tied up to a tree or bed. [This] is an abuse and violation against the patients' rights, in contrast with the families and

relatives believe that [believe] they [are] helping the patients ("World Report 2013.")." Omar should not have to live in a country, where the attack of hyenas believed the best cure for mental illness ("Somalia: Hyenas Treat Mental Illness.").

Walton suggests using a concept called umbrellas. He has defined (1969) as issues one party introduces to legitimize grievances when the original issue is [method] others would not normally [accept] as valid (Folger et al., 2009 pg. 89). Though expanding the issue is helpful in the reframing of the conflict process it is only the first step in making the issue legitimate with all parties involved. As mentioned earlier, in Somalia there is a shortage of qualified psychiatrist and nurses to help give the needed treatment to Somalis suffering from mental health. The growing struggle that Awale has to offer proper care to his patients and the suffering he has and is witnessing is taking a toll on his health as well. What he does for his people is a "physical and mentally" hard job for one person to take on alone. He has admitted that when he [started] he was healthy, but as time has going he is now suffering from diabetes. Awale is facing "a near insurmountable task (Hooper)." This leaves Awlae with the question of "why are United Nation and the international community failing to see the plight of the mental ill Somalia (Khalif)?" This is the umbrella needed to legitimize the issue expansion if reframing this conflict of lack political support into a public health issue. The use of an umbrella of the lack help to properly combat the growing issue of mental health in Somalia; is what redefine the issue of mental health in a where it narrow and refocuses the conflict (Folger et al., 2009 pg. 89). Without access to proper treatment or qualified medical health professionals for their or relatives mental illness, they are left to try or rely on unsuccessful harmful yet traditional ways of healing ("Somalia: Hyenas Treat Mental Illness.").

Public health professionals "try to prevent problems from happening or [recurring] through implementing educational programs, developing policies, administering services, regulating health systems and some health professions, and conducting research ("What is Public Health?")." As has been noted, there is no mental health policy in Somalia nor is there a primary health care program that includes a mental health program (World Health Organization. 2009). This is why in the midst of ongoing political conflict the needs to be brought to forefront the importance of this mental health issue and the great need for public health professionals in the country. It is the concern of public health professional "with limiting health disparities and a large part of public health is the fight for health care equity, quality, and accessibility ("What is Public Health?")."

If Awale had help in the reframing process his cause into a public health issue "thereby could influence and start a possible negation process need to combat the mental health issue (Folger et al., 2009 pg. 88). However, Brown, (1983) points out that reframing is not always mutual, so it is completely up to Awale along with those that support his cause to push this need of public health profession within their country even further (Folger et al., 2009 pg. 88). The point stressed in the reframing of this issue is the needed guidance from public health professionals for overall protection of the health of an entire population; those people are public health professionals not the government officials at this time. ("What Is Public Health?") Fisher and Ury's (1981) *Getting to Yes* suggest that people should "focus on the problem, not the people. If we state our issues as problems without blaming the other party, the other party is much less likely to become defensive. The attention of all can then be on the problems before them and not on defending themselves or feeling blame or guilt (Folger et al., 2009 pg. 236)."

Managing Conflict

The reframing of the conflict is important; however, management of the conflict is a key to the success needed to a possible solution. If the reframing of the conflict were accepted by all parties involved, the parties involved must be willing to engage in a mutual collaboration with each other. This process is called problem-solving (Folger et al., 2009 pg. 234). According to Folger et al., (2009) states that "if it is done well, collaborating is the one approach to conflict that has the highest probability of yielding an outcome that will result in satisfaction and prevent eventual relapse back into conflict (Folger et al., 2009 pg. 234)." This then "sets the stage for moving forward with the other party (Folger et al., 2009 pg. 234)." However, "sometimes collaboration is not feasible, or we have motive other than to work out a mutual solution, so conflicts can also be managed through compromise or one other styles (Folger et al., 2009 pg. 234)."

For a well-managed conflict that could transition from a political issue to a public health issue there needs to be the use of what is called Effective Conflict Management Model. Folger et al., (2009) the Effective Conflict Management Model is a model that has two stages a differentiation stage and an integration stage. When the differentiation stage "is handled effectively, parties are able to express their positions and emotions. At the end of effective differentiation, parties have come to understand others' positions (though they might not agree with them), to recognize the legitimacy of others, and have the motivation to resolve the conflict (Folger et al., 2009 pg. 34)." However, during the effective integration, "parties explore a range of solutions, develop a solution that [meets] the needs of all, and work out means of implementing the resolution (Folger et al., 2009 pg. 34)."

For the parties involved to work though these two stages successfully Folger et al., (2009) suggest that parties "have to prevent the uncontrolled avoidance and escalating cycles" to enter into these discussions of the conflict (Folger et al., 2009 pg. 34). Some signs of the avoidance cycle are: "quick acceptance of proposals, low levels of involvement, and discussion of safe issues (Folger et al., 2009 pg. 35). These are some signs of the escalating cycle are: "threats, difficulty in defining the issues and sarcasm (Folger et al., 2009 pg. 35). Folger et al., (2009) continues by suggesting that those using this model "requires [the parties involved] to [do] a tricky balancing act [where] they have ... disagreements, but [they] cannot let their interactions get too far- out of control (Folger et al., 2009 pg. 34).

Somalia Current State

According, the 2013 World Report as of "February 2012, the United Nations declared that the famine in Somalia was over, but stressed that at least two million people were still in need of emergency humanitarian [help]("World Report 2013.")." Yet, Humanitarian access needed "still remains restricted due to ongoing conflict, insecurity, restrictions imposed by parties to the conflict, and diversion of aid ("World Report 2013.")."

This explains in greater detail why Awale has framed his conflict as an impotence scheme. An impotence scheme depicts conflict as a "victimizing process in which participants were powerless to influence or alter unpredictable events (Buzzanell & Burrell, 1997, p. 125) (Folger et al., 2009 pg. 55)." Folger et al., (2009), further explains that these parties see themselves as trapped in a conflict not of their making, often trying vainly to protect themselves or to change a situation that is beyond their control. [All of their efforts are] felt to be wasted because they have little control (Folger et al., 2009 pg. 55). Noted that "a person's style of

communication often serves as a maker of the social group to which he or she belongs (Folger et al., 2009 pg. 93)."

What cannot be ignored is power and its use in continues of this conflict, with the unwillingness of coming to a resolution to save thousands of people live. Power defined by Folger alt., (2009) is "the ability to influence or control events. Social power stems from relationship among people (Folger et al., 2009 pg. 140)." Also, individuals have power "when they have access to resources that can be used to persuade or convince others, to change their course of action, or to prevent others from moving towards their goals in conflict resolution (Folger et al., 2009 pg. 140)."

As a result of the "diversion of humanitarian aid within Mogadishu by government forces, allied militia, officials and others, and insecurity at food distribution sites have [definitely] limited the access that displaced [people] have to [help] ("World Report 2013.")."The use of power establishes the set of actions that [people] may use and sets limits on effectiveness of other parties' moves [within the conflict] (Folger et al., 2009 pg. 139). Also, the 2013 world report stated that:

> Al-Shabaab maintains restrictions on humanitarian assistance and prohibits more than 16 humanitarian organizations, including the UN's Children Fund (UNICEF) and Action Contre la Faim (ACF), from working in areas under its control. On October 8, 2012, al-Shabaab banned one of the last remaining international aid organizations, Islamic Relief, from working in areas under its control. ("World Report 2013.")

Under those circumstances, I think it is important to highlight that during this crisis the United Nation was aware of al-Shabab leadership divided over the handling of the food crisis. However, they chose not to exploit the knowledge of their growing internal issues to gain access to the starving people of Somalia (Chothia). The report (2013) continues by stating that:

> In towns recently vacated by al-Shabaab, insecurity, including infighting between TFG-allied forces, has limited access by aid agencies. Targeted attacks on humanitarian workers persist throughout the country. On August 27, 2012, a Somali staff member working with the UN Food and Agriculture Organization (FAO) was killed in Merka. ("World Report 2013.")

Also, this explains Awale concerns about "why [are] the UN and the international community failing to see the plight of the mentally ill Somalia? Look, the president fears death and hides inside bulletproof trucks manned by AU peacekeepers in Somalia (Khalif)." The ongoing political conflicts are too violent for people who want to help to be able to help safely. The Somalia people are no strangers to conflicts or droughts in fact it is a common thread through their culture. Notably, "cultural patterns refer to a socially shaped frame-work for viewing the world and one's roles and actions within it. This broadest context acknowledges the influences of one's particular cultural experience and how it shapes how all experience viewed and interpreted (Folger et al., 2009 pg. 205)."

Social Identity

Al-Shabab grew as a result of its country decades of turmoil. The youth that makes up this organization grew up under such military dictatorship that they have come to mirror. As a

result of growing up under a dictatorship the type of "communication [used has] played an important role in [their] social categorization, [for] it is the medium through which people are taught categories [to which they place themselves in to have an identity] (Folger, 2009; Hogg, 2003; Operario & Fiske 2003) (Folger et al., 2009 pg. 91)." At the heart of intergroup conflicts "[lies] the basic human need for identity." Social identity is one source of identity. Social identity is "the sense of identity we get from belong to a larger social group." This as a result "foster [the need for] social categorization. Social categorization is the "basic social process whereby people define themselves by identifying the groups they and others belong to (Folger, Hogg, 2003; Tajfel&Turner, 1979) (Folger et al., 2009 pg. 92)." Their cultural patterns have been socially shaped by the past experiences living under military dictatorship. Those experiences have set their frame of reference about how they view the world and their roles and actions within the world where they live. Folger et al., (2009) suggest "although [al-Shabab] may not be the ultimate or original cause of conflicts, intergroup differences often [give] to the persistence, intensity, [and] violence of conflicts (Folger et al., 2009 pg. 91)."

Government

This growing mental illness came as an indirect result of the Somalia central government collapsed. There have been countless attempts to restore a functioning government (Gettlemen). From January 1991 to August 2000 Somalia had no working government. In 2000, there was a fragile government formed, but shortly after in 2003 it was dissolved failing to set up control of the country. In the following year a new parliament was successfully instituted and [chose] a president (Chothia). As a result, the use of civil law, religious law and customary law serve as their country conflict resolution resources ("Somalia."). Billig (1976) brings awareness that "in most [intergroup conflict] one or both groups have economic or political interest in the

conflict; one or both stand to gain from the others' defeat (Folger et al., 2009 pg. 91)."

"In intergroup [conflicts their] differences used by parties to [prove] the conflict, but [al-shabab] they are certainly not its [last] or original cause (Folger et al., 2009 pg. 91)."

Intergroup Conflict

According to Operario & Fiske (2003) intergroup conflict "stems from group differentiation which complements the idea of social categorization, group differentiation is the polarization between groups and the attendant stereotyping of the other groups that trigger conflicts (Folger et al., 2009 pg.94)." Folger et al., (2009) emphasizes that are "a wide range of events, [that causes there group differentiation] including economic and political problems, natural disasters, war and population movements, can create conflicts of interest between (Folger et al., 2009 pg.94)." Also, Folger et al., (2009) states that "conflicts can also arise due to the structure of society, as groups put into opposition by historical traditions, the structure of economic opportunity, the nature of the political system, changing demographics, long-term shifts in economic fortunes, and other large currents." As a result "groups tend to attribute responsibility for their problems to other groups and unite against them (Folger et al., 2009 pg. 94)." The al-Shabab, or the Youth, is a Somali Islamist group that the U.S. regards as a terrorist organization that is heavily involved in these intergroup conflicts. This group has a conflict with outside help coming into their country trying to help the people of Somalia. This is causing another conflict Awale mental health issue to not be acknowledged. The resource he is in need of could be coming through those aides blocked by al-Shabab.

In this case, al-Shabab has accepted and created their social categories. As a result they "act toward those in other groups on the basis of characteristics or expectations that they attribute

to [those not in their social] categories (Folger et al., 2009 pg. 93)." As a result "this set up a self-reinforcing cycle that preserves theories about other social groups (Folger et al., 2009 pg. 93)." Folger et al., (2009) also says that "conflicts tend to be perpetual by self-reinforcing cycles of behavior. [Also they can be] linked to the human tendency to reciprocate behavior and to predictions about others' responses that [led] to behavior that elicits the expected responses (creating self-fulfilling prophecies). [This self-perpetuating pattern gives] conflicts a momentum of their own and may make it difficult to change the direction of conflicts. (Folger et al., 2009 pg. 35)This open up for continuance of what Thomas Scheff (1967) calls pluralistic ignorance. Pluralistic ignorance is the idea that "each side is mistaken about the other, but neither is aware that is mistaken (Folger et al., 2009 pg. 93)." As a result of those mistakes "both sides act on their "true" beliefs and invite behavior that confirms their views (Folger et al., 2009 pg. 93)."

Although true Awale has had meetings with the former president of Somalia, the current Prime Minister and the Minister of Health, in these meetings he has informed the state of mental health crisis he is facing in the attempts to give proper care. Yet, he is continuing to fall short with proper support staff and finical assistance. He knows it is a difficult time in his country, yet acknowledges the 150 humanitarian agencies in Somalia. However, they only focus on health issues such as diarrhea, malnutrition, sanitation and hygiene. These agencies are doing a great job, yet still are missing the big picture that also includes the care of those suffering from mental health illnesses (Khalif)."

Organizational Culture Theory

Needless to say that until this group that grew out of the two decades of turmoil in Somalia after the overthrow of the military dictatorship in 1991. Al-Shabab will continue to

develop their social identity and social categorization of others as they come into their new-found and growing power. Those two decades of turmoil has given this organization time to develop and enforce their culture on society. The Organizational Culture Theory explains that "the behavior of humans who are part of an organization and the meanings that the people attach to their actions." ("Organizational Culture.") Culture includes the organization values, visions, norms, working language, systems, symbols, beliefs and habits. It is also the pattern of such collective behaviors and assumptions that are taught to new organizational members as a way of perceiving, and even thinking and feeling ("Organizational Culture."). The culture of this organization is of a militant attitude. Merriam-Webster defines militant as having or showing a desire or willingness to use strong, extreme, and sometimes forceful methods to achieve something ("Militant."). It is important to note that Folger et al., (2009) states that "conflicts exist not because of difference between parties, but because of the actions parties take in responding to their differences. These moves and countermoves create and define the conflict, and they sustain it insofar as parties continue to make more moves and countermoves. This underscores the important of power in interpersonal conflicts because that types and effectiveness of moves on skillfully parties use their power (Folger et al., 2009 pg. 35)."

Unfortunately, no matter how this conflict is reframe until there is a successful defeat of the al-Shabab power. Awale will continue to struggle to give proper care to his patients and the suffering he has and is witnessing is taking a toll on his health as well. What he does for his people is indeed a "physical and mentally" hard job for one person to take on alone. Admittedly, that when Awale first started he was healthy but no longer is due to diabetes. Awale is facing "a near insurmountable task (Hooper)." Because of the there is an expectation that Awale feels the people should receive and are not receiving. He will continue to try to "organize and understand

the world" around him by a result of the conflict management strategies used in the ongoing

conflict of the handling of the mental health issue in Somalia (Folger et al., 2009 pg.59).

Third Party Intervention

The issues surrounding as to why it is difficult to move Somalia mental health illness

issues from a political issue to a public health issue may on the surface seem impossible.

According to Folger et al., (2009) they have suggested that to understand conflict it is important

to understanding that "conflicts are rooted in differences and incompatible interests, conflicts

always confronts participants with the possibility of change. Indeed, that differences arise at all is

a flag indicating a need for adjustment in response to conflicts between members, or a need to

resolve an external problem (Folger et al., 2009 pg.37)." Folger et al., (2009) continues that

"once a conflict emerges, resolution of differences may require redefinition of policies or goals,

reassignment or responsibilities, shifts in expectations for or of individuals, or even changes in

the unit's power and status structure (Folger et al., 2009 pg.37)." These suggestion can only

happen following when the "members' recognition of these possible change guide the form that

conflict interaction takes (Folger et al., 2009 pg.37)."

After, a party realize the need for change in the interaction of the handling of the conflict

and is willing relinquish some of their power in the hope to bring about a possible solution of the

handling growing mental health issues. This solution would best come if the use of a third-party

or intermediary intervention. The term third-party and intermediary "both used to refer to a

person or team of people who become involved in a conflict to help the disputing parties manage

or resolve it ("Third Party Intervention.")." Consultants that serve in third-party intervention

often are there to help "one side or both sides analyze the conflict and plan an effective response

("Third Party Intervention.")." Also, "they might act as facilitators, arranging meetings, setting agendas, and guiding productive discussions. Facilitators will also usually record what was said, and may write up a short report summarizing the discussions and any agreements that were reached ("Third Party Intervention.")."

The third-party role can take on two types of roles in conflict resolution one is a mediator. Mediators are people who [help] discussion; they take upon the responsibility "impose a structure and process on the discussions that designed to move the parties toward mutual understanding and win-win agreements ("Third Party Intervention.")." There are many styles of mediations. "Most mediators have the conflicting parties sit down together to explain to each other their views about the nature of the problem and how they think it might best be solved ("Third Party Intervention.")." Often mediators "tries to get the disputants to focus on underlying interests (the things they really need or want) more than their initial opening positions (what they initially say they need or want) ("Third Party Intervention.")." This is done "by clarifying the divergent views and reasons for those views, mediators can usually get the parties to develop a common understanding of the situation, which often yields a solution which satisfies the interests of all parties ("Third Party Intervention.")." In some situations "some mediators take a stronger role in option identification and selection than others, mediators do not have the power to impose a solution. At most, they can suggest a solution, which the disputants may or may not accept ("Third Party Intervention.")."

The second is arbitrator this role is to be "the most powerful third-party role ("Third Party Intervention.")." The role of arbitrator is to "[listen] to presentations made by both sides, examines written materials and other evidence [on] a case, and then makes determination of who

is right and who is wrong, or how a conflict should be settled ("Third Party Intervention."). The reason arbitrator role considered the most powerful third-party is because "the arbitrator's decision is binding and cannot be appealed. Thus, the arbitrator is the most powerful type of intermediary ("Third Party Intervention.")." The use of "arbitration works well when the parties simply want a settlement, and do not worry about losing control of the process or the outcome, however, for parties that want to maintain control, however, the other forms of intervention (mediation or facilitation) are often preferred ("Third Party Intervention.")."

According to Sheppard (1984) in the process of a "third-party mandates can carry with them a range of possible powers to conflict interaction (Folger et al., 2009 pg.256)." Sheppard continue with there are "specifically, three forms of third-party influence distinguished: process control, content control, and motivation control (Folger et al., 2009 pg. 256)." Kraybill (2004) says that process control is a process that includes "diverse activities as arranging when and where the parties should, meet setting time limits on speaking turns or interventions sessions, establishing how decisions will be made, setting rules for decorum and specifying moves the third-party will enact to support the conflict (Folger et al., 2009 pg. 257)." Folger et al., (2009) refers to content control as "to the third-party's influence over the argument and substantive position taken by parties or over the terms parties accept as final agreement (Folger et al., 2009 pg. 257). Also, Folger et al., (2009) states that motivational control is ["referred to as] the degree to which the third party can induce parties to [do] desired actions (Folger et al., 2009 pg. 259)."

Both parties involved have a shared invested interest in the need to want to maintain control of the conflict at hand ("Third Party Intervention."). No government wants someone to come into

their country and tell them how to handle their health issues. Nor does Awale want someone coming into his self-owned and financed hospitals telling him what to do. He is only looking for support in his efforts to combat this growing issue of mental illness. So the arbitration process seems to be best for the parties involved interest. However, in this stage of the conflict it is the best that outside help come assist and give these suffering people the proper help in treating and understanding their mental illnesses. Also, Crocker, Hampton, and Hall (2004) suggest that if "an international mediator [gets involved they] might threaten to withdraw economic resources from the [country] in conflict if they do not agree to stop violent attacks (Folger et al., 2009 pg. 259). Or possible in the case if the government does not try to combat the growing mental illness issue amongst people.

Coordinated Management of Meaning Theory

With the lack of stability in its government, the use of civil law, religious law and customary laws came to service as the countries means of conflict resolution. The collapse of their central government southern Somalia is still ruled by the Al-Shabab. Under Al-Shabab rule it has imposed a strict version of Sharia law in areas under its control, including stoning to death women accused of adultery and amputating the hands of thieves (Chothia). The ability for their attempt to seek or for the third-party intervention successful still has the al-Shabab as a thorn in Somalia side.

According to the Coordinated Management of Meaning Theory, each person inevitably brings unique experience and meaning will be some degree idiosyncratic. There is an estimated to have 7,000 to 9,000 fighters that are a part of the al-Shabab (Chothia). There is truly a great deal of idiosyncratic, an unusual way in which a particular person behaves or thinks for them to

be able to carry out action and behavior this group has displayed before and during this crisis ("Idiosyncrasy."). This organization continues to be able to gain influences the already fragile economic system and unstable government. Its influence has been able to take advantage of Somalia's impoverished population of youth by recruiting them to their organization. Al-Shabab has been able to capitalize on the much insecurity that comes with having limitation to food creates in this population of youth. As a result, this organization has been able to grow during a crisis off the back the youth that sees their current situation not having any hope or future opportunities. Joining al- Shabab gives them a purpose out of their desperate need of basic necessities and a sense of empowerment ("Science&Space."). The more [people] share similar or complementary world views, self-concepts, and understanding of their relationships, the more likely they arrive at similar interpretations of conversations and messages (Folger et al., 2009 pg. 207).

Subsequently, the theory proposes that the interpretation of a conversation or message shaped by the context or nature of the relationship between the parties as well as the self-concept and culture of each [person] (Folger et al., 2009 pg. 205). The al-Shabab has claimed responsibility for the July 2010 bombing at a restaurant in Kampala, Uganda, that killed about 75 people who were watching the last game of the World Cup. The bombing was intended to send a message to countries that have sent troops to support Somalia's transitional government ("Al-Shabab Continues to Wreak Havoc."). Their issues with those countries have clouded their judgment when helping their people during their time of crisis. As a result they are able to deny humanitarian access to the hardest-hit areas and prevented starving people from leaving. That caused the desperate aid need diverted by local clan warlords and officials with the transitional government in Mogadishu (Dixon).

Conclusion

After the war, Awale believes the second biggest contributor to his country's mental illness issues is the widely used stimulant khat (Batha). The plant khat, "is chewed for its euphoric effects, has been linked to psychosis and depression (Batha)." Awale states that "we treat them in the hospital and they leave, but then they start eating khat again. Sometimes I see the same patients seven or eight times (Hooper)." He continues by saying that "I myself have saved many patients who have been left to die." Awale drives a minibus into rural areas, unchaining people and taking them to one of his centers. "Parents, siblings, relatives - they've just been chained up to a tree and the family has gone (Hooper)." "We are trying to show people that this is nonsense," says Awale. "People listen to our radio [advertisement] and they learn that mental illness is just like any other [illness] needs treated with scientific methods (Hooper)." Awale has expressed that "I am alone. I am one person and I'm dealing with big, big, big problems that no one is ready to admit. Personally, I cry seven to eight times a day. I'm a big man, I'm a grown-up man, and in this society it is not common to see a grown man cry (Batha)." Also, Awale stated that "I've cried on TV, I've cried in public places, I've even cried in front of presidents for them to speak about this problem, even for one day (Batha)." What has kept Awale so motivated in the fight to combat the growing mental illness in Somalia is that he knows that there are "thousands of patients he believes remain chained up in private homes. He sends through a spreadsheet showing what he needs - new mattresses, food for patients, and diesel for his minibus. There is also a shortage of qualified psychiatrists and nurses. The daily struggle to provide for his patients and the suffering he witnesses is clearly taking its toll (Hooper)."

There is already no proper treatment for any mental illness in Somalia. What proper treatment that is available is understaff and is lacking finical support of any kind. Awale is struggling to give care to those suffering from mental illness that population of people now include those with drug addictions. Awale doesn't have any training to help those people with their drug addiction. What training he does have is for people with mental illness and even that train still is lacking. What Awale is trying to do is admirable, but he needs help and the Somalian government has failed to help in any way to combat these growing issues. One man alone cannot fight this fight alone. Highlighting the growing drug use problem that has been link to causing mental illnesses is more reason for public health professionals to involve in the conflict resolution Awale is having with the Somalian government.

Something must be done to help these people; the suggestions outline in this analysis is good. However, the timing for any possible change to be made in this country as suggested is not. Awale believes that "the state of mental health in Somalia requires a Marshal Plan-like intervention (Khalif)." According to Marshall Foundation the Marshall Plan created by the State Department leadership under George Marshall with assistance provided by George Kennan, William Clayton and others crafted the Marshall Plan concept. That George Marshall gave in a speech on June 5th, 1947 at Harvard and is officially known as the European Recovery Program (ERP). The Marshall Plan was intended to rebuild the economies and spirits of Western Europe. Marshall was convinced that the key to restoration of political stability lay in the revitalization of national economies. Further, he saw political stability in Western Europe as a key to blunting the advances of communism in that region. ("The Marshall Plan.")

Europe to at one point too struggled to put their country back together after a war. In fact, there was a time where Europe too "was devastated by years of conflict during World War II. Millions of people had been killed or wounded. Industrial and residential centers in England, France, Germany, Italy, Poland, Belgium and elsewhere [lie] in ruins. Much of Europe was on the brink of famine as agricultural production had been disrupted by war. Transportation infrastructure was in shambles. The only major power in the world that was not significantly damaged was the United States. ("The Marshall Plan.")." The Somalia people could desperately use the type of support Europe received which united "sixteen nations, including Germany, became part of the program and shaped the assistance they required, state by state, with administrative and technical assistance provided through the Economic Cooperation Administration (ECA) of the United States. European nations received nearly $13 billion in aid, which initially resulted in shipments of food, staples, fuel and machinery from the United States and later resulted in investment in industrial capacity in Europe. Marshall Plan funding ended in 1951 ("The Marshall Plan.")."

If something like the Marshall Plan could be used to help Europe after their years of wars, surely these types of plans could be used to aid somehow in the growing mental health illnesses in Somalia. The results of the Marshall Plan serve to have a great impact of the recovering countries of Europe. Here is what came as a result of this plan for Europe the "Marshall Plan nations were assisted greatly in their economic recovery. From 1948 through 1952, European economics grew at an unprecedented rate. Trade relations led to the formation of the North Atlantic Alliance. Economic prosperity, led by coal and steel industries, helped shape what we know now as the European Union ("The Marshall Plan.")."

Even if a third-party could help the Somalian government lacks the ability to defeat this al-Shabab organization that has grown as a result of twenty years of this country ongoing conflict. As mentioned earlier, the al-Shabaab, is a Somali Islamist group that regarded as a terrorist organization that is heavily involved in these intergroup conflicts. This group has a conflict with outside help coming into their country trying to help the people of Somalia. This is causing another conflict Awale mental health issue to not be acknowledged. The resource he is in need of could be coming through those aides that are being blocked by al-Shabab.

According to the Kenya Defense Forces from Somalia, Defense Cabinet Secretary Raychelle Omamo states that "we do not think that this is the time to discuss exiting Somalia. This is the time to step up military operations. This is the time to crush the terrorist group in Somalia that [is] causing insecurity in this country (Olick)." She continues with saying that "2014 as a decisive year in the fight against the al-Shabaab (Olick)." Until this group is destroyed the people of Somalia will continue to suffer from their mental illness as an acceptable casualty of war. The efforts made by Awale to help his people will continue to go unnoticed.

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