COLONIAL TRAUMA, COMMUNITY RESILIENCY AND COMMUNITY HEALTH DEVELOPMENT
The Case of the Oromo people in Ethiopia

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INTRODUCTION
In human history it is well known that among the many people who have lived in highly stressful social conditions, most of them are likely to die prematurely, live in poverty, and experience other social adversities in their lives (Lang & Dickason, 1996). A few of them successfully overcome these adversities and are able to lead competent lives. Those who overcame these difficulties are considered resilient. However, it has not been clearly understood how these individuals and communities overcame the stress and adversities while the others did not. To understand how some communities overcome stress and violence and lead successful lives, it is important to enquire into the conditions in which the community members lived and identify the circumstances that are common to them and take a close look at how these groups rebuild healthy community following adversity. In addition, one needs to look at the social conditions that are essential for resiliency and if such conditions can be replicated in other places and look for the building blocks of community resiliency.

This paper has emerged from the presentation I made in 2004 in the conference of the Canadian Association for Studies in International Development (CASID). In this paper, using primary and secondary data, I take a close look to understand what those who overcome stress and trauma have in common, and identify the necessary social conditions for resilience. In doing so, I make an effort to figure out whether or not the Oromo people’s healing and resiliency could be cultivated.

It is well known that lived circumstances are a factor in predicting achievements. Researchers in public health
identified the social determinants of health (Raphael, 2004; Farmer, 2003) and the conditions that help protect people who might be at risk of developing health problems. Our knowledge in this area suggests that negative life experiences or living conditions are linked to poor health. In the past, scientists had closely looked into the biological conditions that make the difference between healthy survivors and those who succumb to diseases. They discovered antibodies for a number of disorders (Bock & Sabin, 1997), and were able to develop vaccinations against deadly infectious diseases. From the time of Virchows work in 1848 in Upper Silesia, a region predominantly Polish but ruled by Germany, the pathogenicity of colonial power relations and unhealthy social relations has been well known (Taylor & Rieger, 1985). However, there is still a lack of understanding regarding community healing and resiliency processes. Recognizing the importance of individual and community resiliency or healing processes is recently capturing the imagination of researchers and policy makers.

The vulnerability of a community to a given risk is a function of its sensitivity to a potential threat and its adaptive capacities (Farmer, 1999). For example, it is well known that community social order is central to community resiliency. If there was no social order, an individual’s selfish desire would run wild and such societies would lead disrupted life conditions. To prevent this, society has to be empowered in order to establish order in the community. However, under colonial rule where justice is denied, poverty follows, and when the State is organized to oppress, conspire, rob and degrade, the community cannot maintain any social order and heal itself.

The study of community resiliency and healing begins with the ‘diagnosis’ of clear accomplishments or resiliency despite adversity and violence faced by a community. This paper examines resiliency conditions in Oromia, touching on the social and economic problems that the Oromo people face. Oromia is environmentally prosperous, however, war, wide spread human right violations (Human Rights Watch, 2006), famine, HIV/AIDS, malaria epidemics and Iodine Deficiency Disorders (Dugassa, 2005, 2006) have ravaged it. Part one of this paper introduces the concept of community resiliency or the healing process, collective violence and collective rights. Under this, I explore the necessary conditions that are vital for individuals and the community to overcome adversity and develop better community health conditions. Part two of this paper examines the role played by individuals and community resiliency in community health development. Part three of this paper takes a close look at the presence or absence of resiliency conditions in Oromia. Capturing the experience and the realities with which the Oromo
people have lived for over a century, this paper reveals the social and the economic problems and their root causes. Part four covers how and why resiliency conditions have been hampered in Oromia. Here I examine the relationship between the long-term effects of collective violence against the Oromo people and community resiliency. In part five, I discuss the ways that resiliency or healing conditions can be cultivated. The Oromo people are the single largest ethno-national group in the Horn of Africa. In studying the situation of Oromo people, this paper brings of light another dimension for the socio-economic and health problems such as famine, war and instability in the Horn of Africa.

OBJECTIVES

This paper has two major objectives. The first objective is to explore the known circumstances that foster resiliency and healing which should bring about fundamental understanding of the ways communities overcome stress or adversity and recover from collective violence. I am hopping that understanding and identifying the social conditions that foster or deter resiliency would broaden our current knowledge and thinking. The second objective is to investigate the relationships between resiliency conditions and chronic and acute collective violence. In doing that, this paper intends to inquire into the underlying reasons why the Oromo people’s social conditions have been deteriorating over time.

THEORETICAL CONCEPTS

To avoid ambiguity, I begin the study of resiliency with the introduction of theoretical concepts of community resiliency, trauma and collective violence. Understanding the ways collective trauma is inflicted and raising awareness about resiliency conditions are instrumental in setting policies that would foster healing and resiliency.

RESILIENCY

Contemporary knowledge about resilience evolved in several stages. Initially the concept of resiliency emerged from physical and environmental science studies. In physical science, engineers were interested in functionality and durability of physical bodies as they completed a specific physical duty over a long period of time. For example, engineers are interested in the way springs and rubber maintain their elasticity while doing specific jobs, and
they called this phenomenon resilience. Forestry applied the concept of resilience to describe how forests naturally recover from forest fire or logging. Later, the term resilience was used in human psychiatry. Psychiatry has been using the concept of resilience to understand how individuals overcome emotional and stressful events and lead healthy lives. Since individuals make a community, over time the term resilience came to describe the protective mechanism and process that fosters community resilience and community health development.

Valentine and Feinauer (1993) defined resilience as the ability to cultivate strength or return to original form or position after being bent. According to Gordon (1995) resilience is the ability to thrive, mature, and increase competence in the face of adverse circumstances. The Resilience Alliance defined resilience as (a) the amount of disturbances a system can absorb and still remain within the same state or domain of attraction (b) the degree to which the system is capable of self-organization (versus lack of organization or organization forced by external factors) and (c) the degree to which the system can build and increase the capacity for learning and adaptation.

Gordon (1995) has classified adversities into biological abnormalities, environmental obstacles and/or human made social realities. Adverse circumstances may be chronic and consistent or severe and infrequent. Increasing research from the field of sociology has shown that most people can bounce back from stressful events, crises, and trauma and lead a successful life. The resiliency level of communities varies according to the social conditions in which they live. This suggests that community resiliency varies depending on the level of stress and types of adversities the community encountered and their preparedness for such events (Werner, 1994).

SOCIAL TRAUMA AND ADVERSITY

In this paper, trauma is a wound or injury or damage resulting from external force(s). It is known that a violent emotional blow has a lasting effect. This means that trauma could result from physical wounds or spiritual assault. Among colonized people, social trauma generally results from the exercise of colonial control over them through destructive, demoralizing, unjust, unwarranted physical and epistemological violence.

Trauma can be acute or chronic. Traumas can vary in their severity, acuteness and onset duration (Masten, 1994). Some stresses are natural and others are socially constructed. Some stresses are short-lived and others are chronic, either persistent or often repeated or endured. The resilience of indi-
viduals and communities depends on the nature of these adversities. It is well known that communities better overcome acute, less severe adversities than chronic and severe traumas. Colonial traumas can be chronic if the communities have experienced it for several generations or acute if it is for a short term. In terms of magnitude, the colonial trauma that Oromo people experience can be categorized as severe and chronic trauma. For example, Abyssinians invaded Oromia in a bloody and protracted war from 1880s to 1900s (de Salviaic, 1901/2005) and since then they have disregarded the rights of the Oromo people. They have employed physical force to kill, intimidate, subdue and destabilize the social structures of the Oromo people. The Abyssinians functioned within their epistemology, thus, they did not consider that their actions were morally wrong.

**COLONIAL TRAUMA—COLLECTIVE VIOLENCE**

Colonialism is a collective violence and it constitutes a long-term physical occupation. Colonial power relations constitute socio-economic-political relationships in which a group of people effectively overruns the political, social, economic, cultural, territorial and ideological sovereignty of another people. The colonial territorial conquests are inspired by economic interests and spring from a belief in racial and cultural superiority. Thus, colonial policies are designed to control political, economic, cultural and social affairs of the colonized people. Violation of the sovereignty and liberty of people, and the denial of their right to determine their own affairs are perpetuated at the collective level. Usually territorial conquests are followed by discriminatory racist social policies which promote and legalize racial-ethnic inequalities. Individuals are the ultimate victims, when the colonized people are categorized as inferior based on their skin color, ethnicity and culture and collectively deprived of their rights. This means colonialism and denial of collective rights is a form of collective violence. A WHO document (2002) defines collective violence as “political actions committed to advance a particular social and political agenda over the others”. Collective violence is committed by a group (s) or a state (s) against another distinct group (s). According to a document produced by the WHO (2002), collective violence could be physical, sexual and psychological, and involve deprivation or neglect.

**THE COLONIAL EXPERIENCE OF OROMO PEOPLE**

Understanding history provides us a theoretical tool to critically glimpse the past, identify the wrong, and comprehend the need of the society and change
things for the better. In Said’s (1994) view colonialism is not necessarily about the presence or absence of a metropolitan military. He argues that colonialism is about idea and ideology. Colonialism perpetuates its crime not only through its military but also through its ideologies that provide theoretical reasoning for the colonizers to justify their actions and inform the colonized people that they should accept their misfortune as natural phenomena. Through its ideological impositions, colonialism exploits natural and human resources that lead to social disturbances, fragmentation of the family and community and incapacitate individuals and communities. Economic exploitation and the suppression of social activities in the community significantly affect its social fabric and increases vulnerability and health risks.

European racist epistemology provided theoretical justification for the Abyssinian elites to colonize and enslave the Oromo people. European map makers, influenced by the European myth about Prester John, drew a map of Africa and over exaggerated the empire of Abyssinia (Dugassa, 2008). The Abyssinian elites used the distorted European map making, and the racial and cultural superiority discourses as theoretical reasoning to invade and colonize the Oromo people. In addition, the European empire builders, driven by racist theories, provided the Abyssinians with military hardware and advisors (Holcomb & Ibsa, 1991). As a result, when most of the African people fell under European colonizers, Oromia plunged under Abyssinian rule.

Colonial power relations are established after physical traumas have been perpetuated, and other forms of colonial violence follow. For example, in the case of the Oromo people, in the process of colonization, millions of them were killed, and many sold into slavery (Bulcha, 2002). Later, as they were incapacitated by the bloody war they were affected with famine and epidemics (Dugassa, 2008), the rest became Abyssinian serfs (Lata, 1999). This reduced the Oromo population from 10 Million to 5 million (de Salvic, 1901/2005). The colonial education system was used to invalidate the Oromo worldview and morality, both of which were replaced by the values of the empire builders. This not only disrupted their social order, but also affected the ways in which they knew the world and the ways they related to each other, to their neighbors and to the natural environment. The colonial worldview disrupted the Oromo concept of peace, health and community relations. Colonial social and economic disruptions affected the Oromo’s social fabric that had sustained them for centuries. Colonial moral teaching led to the fragmentation of communities and families and this is but one of the colonial traumas that the Oromo people are now working to recover from.
For the Oromo people the colonial experience is a trauma. For them colonialism is the major trauma and adversity which resulted from collective violence. In this sense, healing and resilience resonates with the removal of oppression (cunjursa), exploitation (samicha), disempowerment (hunna buusa) and destabilization (jequmsa). Many authors such as Sen, (1999) have observed that colonial power relations are oppressive, exploitative and disempowering. What is probably unique to the Oromo people, or under discussed in the literature, is the destabilizing effect of colonialism.

The Ethiopian government deliberately destabilized the Oromo people’s community and family relations. For example, in the 1880s, the Abyssinian king Menelik conquered Oromia in a bloody war, famine and several infectious diseases caused the death of more than half of the Oromo population (de Silviac, 1901/2005). After the conquest the landownership proclamation was declared, which gave 70 percent of Oromo lands to Abyssinian individuals and institutions such as the Crown, the Orthodox Church and their military officers and civil servants. The Haile Selassie regimes (1920-74) who inherited the power from Menelik implemented the landownership policy. In addition, the regime imposed Orthodox Christianity upon the Oromo people. Newly converted Oromo individuals were indoctrinated in Abyssinian teachings and forced to disassociate themselves from their community and family members. In fact, those who could not stand the pressure and accepted the Abyssinians’ values were identified as the civilized (yeselele). The Abyssinians armed these Oromo individuals and provided them financial initiatives to spy on their own people. In addition, the regime evicted millions of Oromos from their lands.

Haile Selassie The Dergi regime (1974-1991) took power as the resistance of the Oromo people weakened the Haile Selassie’s regime. First, to win the support of the Oromo people the Dergi regime introduced land reform. As a result, in 1975 by proclamation the land became the property of the people. However, later on in the 1986 constitution, once again the regime changed the land ownership and made it state property. Changes in the land ownership made all the Oromo people landless and tenants.

As the Oromo people were dissatisfied with the regime, the Oromo national movement led by the Oromo Liberation Front (OLF) grew popular. At this historical moment, in order to terminate the popularity of the organization and deny contact between activists and the people, the government introduced the villagization programme. Under this programme, millions of

1. Villagization program is one of the Ethiopian government policies that have forced people to abandon their traditional villages and settled them in bigger villages.
Oromo farmers were forced to abandon their traditional villages, leave behind their immobile properties and settle in relatively bigger villages (Kaplan, 2003). To further control the activities of the Oromo people, the regime massively resettled armed Abyssinians in Oromia. The regime also used a system, which they borrowed from the Soviet Union, to force all Oromo men and women to spy on their family/friend/community members. For example, in the programme known as Magalexi Zemecha (a campaign to expose), Oromo men, women, young and old were forced to inform on their family, friends and community members to government agents. The Dergi massively conscribed young Oromo men to the war front, where millions of them died in the war and many of them returned wounded, and became dependent on their community. These waves of collective violence are what the Oromo people called jequmsa (destabilization). These conditions incapacitated and crippled the healing capacity of the Oromo people.

In resisting conscription, young Oromo men refused to fight, and many of them surrendered to rebel groups like the Tigray Peoples Liberation Front (TPLF) and the Eritrean Peoples Liberation Front (EPLF) in the North. The refusal of these young men to fight for the Dergi, diminished the regime's capacity to fight, and this helped the rebel groups to win the war in 1991. The TPLF force then used these young Oromo men not only to fight the Dergi regime but also against the Oromo people. To deceive the Oromo people and TPLF formed a political organization known as the Oromo People's Democratic Organisation (OPDO) and asked young Oromo prisoners of war to join the organization. Moreover, they told them that the TPLF and OPDO had formed an alliance. In reality, the OPDO leadership were happened to be Abyssinians. Employing such political deception, the TPLF used the illiterate young Oromo men to fight against their own people. This further destabilised and wounded the Oromo people.

The TPLF regime represents the Tigray people—a minority group. In order to maintain power, they developed a social policy designed to divide and incapacitate the Oromo people. Using the OPDO, they armed one Oromo clan and provided it with financial initiatives to fight the other, and described the conflict as if it were really about competition for water and other natural resources. They also used the same technique to divide the Oromo people along religious lines and instigate conflicts. Besides that, the TPLF armed neighbouring peoples and financially helped them to fight against their Oromo neighbours.

The Ethiopian government’s social policies were designed to incapacitate the Oromo people, and these resulted in environmental degradation, chemical pollution, famine, several nutritional deficiencies, malaria, HIV/AIDS
epidemic, educational under-achievement as well as low life expectancy. These social problems are not separate from the collective violence and that is why the Oromo people call it destabilization (Dugassa, 2008).

From the Euro-Abyssinian perspective, colonialism is conceptualized as a ‘civilizing mission’. For example, Abyssinians explain their invasion of Oromia and other people in the region as uniting their territories and civilizing the people, a mission that they called ‘magnat’. From the perspective of the colonized people, colonialism is a ‘disease’ and ‘collective violence’. The colonial agenda included exploitation, manipulation, assimilation, subordination, denial of self-determination, and discrimination. It also included invalidation of indigenous knowledge and assimilation of the colonized people into colonial worldviews and cultural norms. Colonial trauma thus constituted physical, social, economic, political, cultural, environmental and psychological aspects.

COMMUNITY RESILIENCY AND COMMUNITY HEALTH

The concept of resiliency has a broader application to community health development in Oromia compared to an independent, autonomous or self determined peoples. Contemporary knowledge of resiliency suggests that there are qualities in individuals and communities that enable them to face difficulties and overcome burdens. The capacity of individuals and communities to cope successfully in the face of significant adversities or risks can deteriorate and change over time or become enhanced in the presence of favorable conditions. Community health development is a process that requires addressing the underlying social problems at a systemic level, and not just at an individual level. For example, in understanding the contemporary community health perspective, there are three broad categories of community risk conditions—social, environmental and behavioral (Stewart et al, 1999). In the case of the Oromo people, the social-political conditions under which they live, have implications for their social and natural environment.

To understand the theory about resiliency in nature and among human beings, let us re-examine some of the assumptions we hold about how persons and communities grow, mature and heal, as it has far-reaching implications for social action and inclusive policies. One such assumption is that individuals are living bodies—they react to stimuli provided by their social environment and circumstances in pre-determined and predictable ways. A variant of this is that humans are rational beings—they react to situations in ways that are predictable in terms of their self-interest. In this case self-interest means surviving and overcoming stressful events and trauma. This makes
social and problem solving skills one of the social conditions necessary for community resiliency and the healing process.

WHAT ARE RESILIENCY CONDITIONS?

From my review of literature, it is now clear that resiliency is a multi-faceted phenomenon that encompasses personal, social and environmental factors that interact in a synergistic fashion to produce community competency despite an abundance of adversity. It is also apparent that resiliency is a complex and dynamic process of coping with disruptive life events.

Although research is needed about resiliency conditions and how these settings interact to cause healing, current knowledge in the field suggests that there are known circumstances that are responsible for it. Masten (1994) argues that there are links between resiliency and adaptability. The author suggests that understanding individuals’ and community resilience requires identifying the major ingredients of adaptations. Masten (1994) has identified six intermingled social conditions that are responsible for the ability of communities to adapt. These ingredients are the community’s developmental path or history, the nature of difficulties faced by individuals and community, a community’s social assets, a community’s protective factors, environmental liabilities and the context for adaptation. The presence or absence of these conditions positively or negatively impacts on community resiliency.

Strong community social relations are vital for the survival of the members. According to Stewart et al. (1999), community relations, sharing a common history, social tradition, religion, small community size and community trust are central for community resiliency. In addition, community attachment is implicated in the maintenance of peace and social order and in the development of the skills necessary in decision making, problem solving and creating opportunities for meaningful partnership.

The importance of community empowerment in understanding and solving health needs are well recorded. Community resiliency is known to depend on the role that members play in determining the community’s needs and how well they deal with adversity. Community participation in decision-making processes on issues relevant to them is an essential condition in identifying their needs and finding economically viable, socially acceptable solutions to their problems.

It is known that the social support provided by communities is an important coping factor. The presence of community and family support organizations are essential in coping with stress. Colonial social policies intended to destabilize the family and community unity and self-help organizations affect
community resiliency. The Ethiopian government sees any independent Oromo organization, whether it is big or small, whether it is humanitarian or political, as a threat to their colonial agenda. Thus, the Ethiopian government does not tolerate independent Oromo institutions. For example, in 2005 when the Ethiopian government expelled hundreds of Oromo students from their university studies, the Metcha and Tulema Self-Help Association provided temporary shelter for these students. For sheltering these expelled Oromo students, the Ethiopian government charged the self-help organization, confiscated their property, imprisoned the leaders and closed the office.

**FOSTERING COMMUNITY RESILIENCY, REDUCING THE NEGATIVE CHAIN OF REACTIONS**

From the Oromo people’s perspective, the colonial experience has been a spiral of trauma. It is a spiral because one traumatic event follows another, and then leads to negative events that slow down a community’s resiliency. These traumas are spiral and intertwined. Even Ethiopian law, which is part of the colonial system, destabilizes the functionality of the Oromo community. The widespread collective violence incapacitates the Oromo people at large. Taking appropriate measures to stop the negative chain of these traumas is vital in promoting healing.

As researchers gained insight into the risk conditions and identified the onset of pathological social realities, policy makers attempted to set up conditions in which societies could avoid these circumstances. Similarly, understanding the root causes of violence and trauma that the Oromo people are experiencing can foster resiliency. As discussed above, the Oromo people’s major social trauma is the colonial power relation. Fostering resiliency should start by avoiding trauma and reducing or eliminating the impact of the violence or improving health risk conditions. Fostering resiliency operates at a deep structural and systemic level. To foster resiliency in Oromia one needs to look at the whole social fabric in which the Oromo people live and lived.

The impacts of community support programmes are not new. Effective community and family relations create a powerful social environment for survival (Gunderson & Holling, 2002). The Oromo people are family and community centered people. For them, family is an immediate social environment that provides them with safety, security, love, shelter and food. Community and family relations are among the assets of the Oromo people that have sustained them for centuries. The fragmentation of family and community has significantly affected their support networks. Colonialism affects the
community’s ability to reduce harm and to foster the healing process (Crichlow, 2002). This means that a community healing process could be fostered by getting rid of the colonial idea, ideology and power relations. Research findings suggest that a community’s social structure and the routine social order are central to the development of resiliency.

Community social cohesion is important in relation to resilience (Rolfe, 2006). Research about resilient children suggests that those children who are nurtured in love and received enough attention from their parents are better able to overcome stressful life conditions. Impoverished children who are in a stressful situation need other adults besides their parents to offer advice. Their parents may or may not be able to assist them in all situations. They especially need emotional support, another trusting relationship, and information and advice about the future.

**SKILLS AND COMMUNITY RESILIENCE**

Knowledge is power (Foucault, 1992) and it is continuously constructed and built on the foundation of the past (Berger & Luckmann, 1967). Given that knowledge is power it is little wonder that the colonizers and the colonized have been contesting. Indeed, one of the major tools whereby colonizers incapacitate the colonized people is through invalidating their knowledge and experiences. Community resiliency is linked to knowledge through reasoning ability. Fostering reasoning ability necessitates members to critically understand the circumstances they are in and act accordingly. In other words, to be resilient society needs to critically understand their socio-economic realities and have the ability to solve them. By understanding their realities they can develop action plans for all significant events in their community lives. Reasoning ability is not inherited but taught and influenced by the social environment and learning (Freire, 2002). Reasoning ability is essential in problem solving and in making the process of decision making more conscious and deliberate. Problem solving skills are enhanced through education and by making the members aware of the nature of their problems. For instance, through education one can make people learn to manage their anger better by realizing that others have feelings, and thinking about the consequences of their actions before they act.

Community resiliency is part of a process of healthy social development. This argument stresses the idea that each person and society has an innate capacity for resiliency, a ‘self-righting tendency’ that operates best when people have resiliency-building social conditions. As any other living system, individuals and communities have the capacity to return to balance, with little
or no outside help. Individuals, families and communities integrate to build the capacity to heal, transform, modify, adapt and survive. This reminds us that human beings are not passive recipients in need of outside support and intervention. Whether or not there are favorable conditions, societies always make efforts to change their situation. Their success is dependent on the magnitude of their adversities, durability and preparedness. Developing social skills can foster competency in life. Masten (1994) suggests that communities’ social and economic assets are essential to promote healing from trauma and violence. Skills are social assets that can moderate vulnerability or risk factors or adversities.

The ways in which living systems maintain their integrity varies, but in each case the same basic principles are at work. A living body normally balances pressures between external forces and internal structures and in so doing limits the foundation, which affects its capacity to maintain itself. Within those limits, the system generates internal and external changes to adapt to adverse conditions. In living systems balance is achieved through movement, proliferation of genetic variety, balance specialization, flexibility, functional and structural redundancy, internal diversity, etc. Seasonal migrations and changes in birth rates are dictated by environmental factors and natural selection resulting in the evolution of species, all examples of the forces that make for the resilience of plants and animal life. In terms of resiliency, human beings follow the patterns of social environments. In the same way, in order to adapt to changes, human beings use physical as well as symbolic tools to change both its structures and environment.

RESILIENCY AND EXTERNAL SUPPORT

Contemporary development discourse is based on the assumption that Third World countries should follow the same path through which the Euro-Americans have passed. This discourse suggests that external support is needed to escape from situations in which these countries exist. It also suggests that Western countries are needed in building or repairing the conditions of Third World countries. The discourse implies that the Western way is the only way to bring about social transformation. It is tempting to think that external support would enhance resiliency. However, the relationship between resiliency and external backing is complex. In the short term, external support makes it easier for communities to overcome stresses that they are encountering. However, in the long term, the power relations created by such external support could become one of the ways in which the dominant groups perpetuate violence. The discourse creates a false image between the saviours and those who are saved. A closer
look at how resilience works suggests otherwise. It is possible that facing the challenge of adversity serves communities and individuals by increasing their ability to think critically, thereby enhancing their resiliency.

The prevailing view of development discourse is that society is an artificial creation, a notion that underlies much of the current thinking of social engineering and social planning. Communities are viewed much like mechanical systems that can be built, adjusted, repaired and improved by experts. In this scenario, social problems tend to be addressed through institutions and programmes designed to manage problems, and the community is not allowed to heal itself. Such discourse focuses on weaknesses, not on strengths, and emphasizes what the donors can do but not on what they might damage. Social action as a resilience-enhancing strategy requires a reversal of contemporary development logic, and an emphasis on personal and collective responsibility as well as citizenship and community participation. This does not remove the need for institutions and programmes, but it changes the focus of the mission and the types of institutions.

Three generations worth of social, economic, political and cultural exclusion of the Oromo people incapacitated them and made them helpless. Social institutions are built on the culture and values of the society, and traditionally they are used to bring social transformation. Denying the Oromo people the right to freely develop and grow their social, economic, political and cultural institutions has hindered their healing. In order to bring about social transformation, develop independence, overcome helplessness and attain healing, the Oromo people’s rights to decide on their affair should be respected. The social, economic, political and economic entitlements foster the culture of participation and creativity, which are essential for social transformation. To bring about substantial change, the dominant colonial institutions need to move away from a strategy of suppressing the Oromo worldview, and focus instead on creating conditions for them to solve their own problems, ensuring participation by focusing on their strengths. This will not happen without a major paradigm shift in thinking on the part of the donor and colonial states.

**WORLD VIEW OR SOCIAL EPISTEMOLOGY**

Self-esteem is a cognitive process. A belief system and a strong notion of self-concept are important conditions for society’s resilience (Gordon, 1985). Very often a society’s social epistemology provides positive self-concept, self-image and this enhances self-esteem. Such epistemology often promotes achievements even against odds, and provides ways to overcome failure. Indeed, as a method of fostering resilience, both researchers and practitioners
promote self-esteem. It is well recorded that among children who suffer from poverty and other stressful situations, those who have a higher self-esteem are more resilient.

Individuals and communities who maintain their self-esteem and function in their own epistemology are more likely to overcome their social and environmental adversities. It is known that resilient adults, from adolescence itself, have an internal locus of control. This trend continues throughout their growth and development. An internal locus of control is a belief that one can have an impact on one's own destiny. Such a belief is something that can be easily learned. For instance, an internal locus of control can be fostered by showing individuals and communities the ways in which their actions, abilities, and beliefs can influence their fate. Giving them some small experiences, where it is evident that they have control over the outcome, can help them envision a better future. As Audie Lorde (1984) said, “the masters’ tool will never dismantle the masters’ house”. No colonial ideology or tool will help the Oromo people to recover from their wounds. The tools that can facilitate their healing effectively can only come when their actions and plans are rooted in their own tradition and worldviews.

When societies function in their own epistemology, negative experiences can be used positively. In some cases societies accept the negative as it is and focus on the positive aspects of it and incorporate such experience into their action plans. Resilient communities usually use the negative experience as a learning moment. It is helpful for communities who are going through negative experiences to focus on their strength while they go through such challenges.

**LEADERSHIP AND RESILIENCY**

Systemic social reform efforts and development requires planning, coordination and motivation, and this necessitates visionary leadership. Leadership provides the theoretical reasoning to unite people, to confront overwhelming obstacles together. Thus, leadership has always been an important social factor in human affairs. Kotter (1988) defined leadership as the process of moving a group of people in some direction through non-coercive means. In my view, leadership is a collective action of individuals or groups that provides direction, guidance and vision for the future. In the Oromo case, denial of leadership has deliberately deprived them of direction and a vision for the future and prevented them from taking the initiative in promoting the best interests of their members. To achieve a community’s desired goals, leadership utilizes the social epistemology to theoretically equip itself and then arms
the members thereby stressing the importance of competency, usefulness and optimism as these relate to the future.

Leadership can effectively mediate changes if other social conditions are fulfilled. According to Werner (1994), social environments that enhance self-esteem, trust, and cooperation act as gatekeepers to the future; they mediate protective conditions as well as foster community resiliency. According to Rutter (1995), reducing the impact of risks, negative chain reactions, opening opportunities, developing positive cognitive processes are known to foster the healing process. Werner (1994) maintains that resilient communities cooperate and coordinate their efforts and develop skills necessary in problem solving and in understanding their social conditions. Such communities are autonomous and have an internal locus of control and produce developed community leaders.

Community and public health concerns never end, therefore, good leaders are expected to think systematically and act logically; promote change, support the value of the community, monitor and evaluate the effects of change and practice systems thinking at all levels (Rowitz, 2001). In fulfilling these duties leaders orient the society toward the future. Leadership also facilitates community networks. A supportive community and the presence of effective social organizations provide conditions for healthy development. Social organizations not only provide support but also consistent expression of social norms, encouraging community members to develop desirable behavior. For example, it is well known that outside the family, in the community, resilient children will find emotional support. It is important for policymakers to understand that people who are not empowered with regard to their own affairs, who are stressed and impoverished, need not only resources but also a support network. Resilient communities usually seek out these types of relationships on their own. However, if they are not autonomous and empowered, they cannot easily develop such a network.

DISCUSSION AND CONCLUDING REMARKS

Although more work needs to be done to learn how resiliency conditions work, current knowledge suggests that resiliency is a complex phenomenon, as summarized in figure 1. Resiliency encompasses personal characteristics and social environments such as community support, community leadership, worldview, resources and skills. As concisely described in figure 1, these conditions can be subdivided into separate circumstances. These conditions work together to facilitate resiliency, and in the absence of one or
more of these conditions, community resiliency might be either impaired or non-existent. Under colonial rule, it is practically impossible to foster resiliency conditions, however, these can be achieved if the community has its autonomy.

Autonomous communities are much more likely to overcome their social and economic problems (Crichlow, 2002). For the Oromo people the major adversities to their social and economic development are Ethiopian government social and economic policies (Hameso, & Hassen, 2006). The Ethiopian government’s colonial policies are intended to control, exploit and manipulate the Oromo people. Under Ethiopian colonial rule, the Oromo people’s social, cultural, economic, religious and political institutions are legally banned. As Jalata (2007) recorded, they have been prevented from rebuilding any autonomous institutions. This conditioned the Oromo people to seek refuge in alien ideologies religions and institutions. Such a move cannot bring healing or resiliency. To foster their resiliency, the Oromo people have to establish their autonomy and revisit their pre-colonial history and social relations.

Several research findings suggest that autonomous communities are more resilient than those under colonial rule. Autonomous communities can accomplish their goals if they function on their own terms (Crichlow, 2002). The Nobel Prize winner in Economics Sen (1999), argues that one form of freedom may gradually support the advancement of other forms of freedom,
while the denial of such a freedom can slowly incapacitate a society and expose them to unwanted risks. For example, the freedom of peaceful assembly and association guarantee people to get organized and define the social, economic, environmental and health problem affecting them. If people are entitled to get organized they can identify they needs, develop problem solving skills and tackle their problem at grassroots level. Freedom of information and expression is essential legal tool in dissemination of information. If freedom to information and expression is respected, an independent researchers and media can systematically collect information and report them to the community and in doing so they make the members to known the risks they are facing and the advantages they can use (Dugassa, 2004). According to this author, under British colonial rule Ireland and India suffered from famine; however, after their independence they became self-sufficient. Records show that while the Irish people starved to death, British landlords exported grain.

The Nobel price winner in economics Sen (1999), argues that one form of freedom may gradually support the advancement of other forms of freedom and the denial of such freedom slowly incapacitate the society and expose them to unwanted risks. According to this authors under the British colonial rule Ireland and India suffered from famine, however, after their independence they became self-sufficient. Records show that while the Irish people starved to death, British landlords exported grain. Although Irish parliamentarians insisted to stop grain exports from Ireland and import food, they failed. After its independence Ireland became not only self-sufficient but a donor country. In the case of India, although they had been ravaged with famine under colonial rule, after their independence they averted major starvation.

It is now clear that autonomy is the condition in which the society becomes more independent and can understand its needs and wants, can set its own goals, plan and follow through with action plans and develop problem solving skills (Gordon & Coscarelli, 1996). For example, to prevent or reduce risks and improve their security, the Oromo people need to continuously upgrade their social security; however, if they are denied the right to do this and develop the necessary institutions, they will have missed these opportunities—perhaps forever. In practical terms, autonomous status means people having the freedom to be in charge of their own lives and deciding how to or where to allocate their resources.

For over a century the Oromo people have been denied to think about, and to do, what is right for them. For the Oromo people, their major adversities are the social and economic policies of the Ethiopian government.
These colonial policies are intended to control, exploit and manipulate the Oromo people (Hameso, & Hassen, 2006). Under Ethiopian colonial rule, the Oromo people’s social, cultural, economic, religious and political institutions are legally banned. As Jalata (2007) recorded, they have been prevented from rebuilding any autonomous institutions. This conditioned the Oromo people to seek refuge in alien ideologies, religions and institutions. Such a move cannot bring healing or resiliency. Major difficulties have put Oromos at risk of several health problems. To foster their resiliency, the Oromo people have to establish their autonomy and revisit their pre-colonial history and social relations.

REFERENCES


Responding to community trauma by equipping community champions to facilitate healing, CU P&R is a project of the Champaign County Community Coalition. Our group is open to any organizations and individuals interested in concretely addressing violence and trauma in our communities. We meet at the Champaign Public Library from 2:00 to 3:30 on the second Wednesday of every month. Watch this space for training opportunities so that when our community experiences violence, you can actively facilitate healing in the Champaign-Urbana area communities. See more. CU Trauma and Resiliency Initi Resilience research is particularly challenging due to the non-linear nature of resilience development, the use of subjective and objective indicators of resilience, and the difficulties recording baseline and pre-trauma functioning. Across the literature, there is a need for clarity between resilience outcomes and resilience processes. Resilience unfolds over a lifetime, and has been shown to express differently according to gender, culture and age. In childhood and adolescence, resilience is greatly underpinned by family processes and the not un-related development of effective coping skills.