Ethiopian Journal of Behavioral Studies, April 2025, 8(1), 198-209

A Glimpse into the Intersectionality of Individual and Collective Trauma and Resilience: The Inner Dialogue of a Reflective Practitioner

Waganesh A Zeleke[1]

Received: 14 December 2024; Accepted: 23 January 2025

Abstract

This reflection addresses the complex interaction between trauma and resilience based on the experiences of the author who is a researcher and psychotherapist while working with internally displaced people (IDP) in Ethiopia. Using a reflective practitioner framework, the narrative applies biopsychosocial, spiritual, and ecological perspectives to address the multifaceted impact of trauma. The embodiment of trauma and the critical role of culturally responsive holistic care were discussed using 'Hiwot's' case as a focal point. By reconceptualizing trauma as both an individual and collective experience, the paper underscores the profound effect on physical, emotional, and social well-being while advocating for culturally sensitive interventions. This paper emphasizes the importance of a practitioner's humility, active listening, integration of local traditions, and culturally responsive approaches in trauma-informed mental healthcare services.

Keywords: *Trauma and resilience, internally displaced persons, biopsychosocial framework, culturally responsive care, spirituality in trauma healing, collective and individual recovery*

[1] Associate Professor, Department of Rehabilitation Counseling, College of Health Professions, Virginia Commonwealth University. Email- waggy.zeleke@gmail.com

Introduction

Trauma refers to emotional, physical, relational, and psychological wounds stemming from direct or indirect exposure to adverse events or a series of events such as forced displacement and violence (American Psychiatric Association, 2013). This construct of trauma is based on the effect of trauma on individual well-being but does not show the phenomena of the context and the intricate ties of trauma to cultural and social realities.

In their phenomenological study of war-related rape survivors in Ethiopia, Wendie, Zeleke, and Melesse (2023) described how such trauma experiences create layers of embodied pain and silence with survivors often navigated by social stigma and isolation along their psychological wounds. The collective dimensions of trauma, shaped by cultural and social realities, extend beyond individual narratives. Hirschberger (2018) highlighted that collective trauma disrupts social cohesion and reshapes communal identities and shared meanings. In settings like IDP centers, trauma becomes a collective experience, deeply interwoven into the social fabric (Chandan et al., 2023). However, such contexts also reveal resilience pathways, as community-based healing practices have emerged as essential coping mechanisms. This article underscores the transformative power of culturally attuned care, particularly when addressing trauma in resource-constrained settings.

Methods

Utilizing a reflective-practitioner model, specifically a reflective-on-action approach, this brief paper aims to integrate lived experiences with theoretical constructs, emphasizing the significance of culturally embedded and holistic

approaches to trauma care. Reflective practice is essential for clinical competency in counseling psychology (Mann et al. 2009).

To design a reflective practice, reflective practitioners would have to evaluate and examine how interactions within the therapeutic relationship affect the overall process. This involves a careful assessment of the impact of one's engagement on therapeutic dynamics. In this reflective process, I followed a reflection-on-action approach (Schon, 1983), which involves the practitioner reviewing, describing, analyzing, and evaluating events to gain insight for future practice.

The following section presents insights that emerge from the reflective process of the therapeutic relationship I established with the IDP community over a four-month period. It provides a context in which the therapeutic relationship occured, the client's issues and background, an analysis of the client's case utilizing bio-psychosocial-spiritual and ecological models of trauma and resilience, the awareness raised through this reflection, and a conclusion with implications for other Ethiopian practitioners in counseling and psychology.

Ethical Statement: This short communication is based on the author's personal reflections and professional experiences while working with internally displaced populations. All identifiable details, including names and locations, were anonymized to protect the privacy and confidentiality of the individuals involved. The narrative employs pseudonyms and composite scenarios to preserve the authenticity of shared experiences, while ensuring ethical safeguards against identification. As this work involves deeply sensitive topics, the author has approached storytelling and analysis with the utmost respect for the dignity and lived realities of those represented. Cultural sensitivity and humility were integral to the reflective process, ensuring that the

community's perspectives and practices were honored. The intent of this communication is to amplify the voices and resilience of affected individuals, offering insights into trauma care without compromising their rights or wellbeing. This work complies with ethical standards for professional and scholarly reflection, emphasizing respect, beneficence, and non-maleficence in the dissemination of knowledge.

The Context -Where the Therapeutic Relationship Occurs

In 2023, I embarked on a transformative journey in Ethiopia as a Fulbright Scholar, where I taught and conducted community-based action research at Addis Ababa University and the University of Gondar, respectively. While engaging in academia, my most impactful experience was the four months I spent as a community-based researcher and therapist at one of the Internally Displaced People (IDP)centers. Immersed in this environment, I encountered profound stories of loss, resilience, and survival, which reshaped my understanding of trauma and healing.

Upon entering the IDP center for the first time, I was struck by the palpable weight of the collective trauma. Stories of grief and survival were embedded in the postures, eyes, and voices of the most displaced individuals in the center. A mother clutching her child, an elder trembling while recounting the day of their displacement, and the haunting image of a malnourished child seeking comfort all exemplified how deeply trauma had been internalized within the IDP center. In this context, trauma was not just personal but also collective and intertwined with the social fabric of the community.

One example of this interplay is clealry reflected in a story of a woman I call 'Hiwot's' for this writing purpose. Her journey showcases the intersectionality of individual and

collective trauma and the mechanisms of resilience in the face of unimaginable adversity.

'Hiwot's' Case

When I met Hiwot, a mother of three at the time, her face spoke volumes even before her words. "How are you, Hiwot? Thank you for coming to and being willing to share your stories with me." I asked gently. Her response was brief yet profound: "Yemesgen' [thanks God].

As we began our conversation, her gratitude for God remained unwavering even as the weight of her suffering unfolded. Hiwot was in her thirties, slender, and around 5.4". Her beauty, although diminished by the strain of her experiences, was still visible, like a sky veiled by dark heavy clouds. The depth of what she endured in the past two years was unimaginable. Once happily married, she built a stable life with her husband in a village called Mai Kadra. Together, they ran small businesses and raised three children. Life was good. However, on November 9, 2020, six months into her fourth pregnancy, mass violence erupted against her ethnicity, turning her world upside down. She recounted, with a flat affect, the moment her life shattered: watching her husband brutally killed while holding three young children and carrying another child in her womb. For 48 agonizing hours, she sat beside her husband's lifeless body and was unable to leave. A priest who was their neighbor, a man of Tigrayan ethnicity, risked his life to help her bury her husband in their yard before urging her to flee the village with her children. This marked the beginning of Hiwot's forced displacement. During her escape, Hiwot spent one week hiding in the forest. She was assaulted and raped there, resulting in miscarriage. Eventually, she was rescued by people she could no longer

recall and brought to a temporary shelter. Although she and her three surviving children found themselves relatively safe, their emotional and physical tolls were immense. Her first year at the IDP center was very rough. Struggling with mental instability, she made a painful decision to send her eldest child to live with her in-laws 300 miles away. While visiting him, her brother-in-law, recognizing her fragile state, took her to a nearby church for holy water rituals. "I stayed for two weeks, fasting, praying, drinking, and being baptized in the holy water. I barely remember it all," she recounted. After a month, she returned to the camp, where her two youngest children had been left in the care of another displaced woman in the IDP center.

I continued to see Hiwot for a couple of sessions in a one-to-one setting. As our sessions continued, she began to show slight signs of progress. She engaged more during conversations and reported better interaction with her children more often. However, she still struggled with symptoms, such as nightmares, insomnia, weight loss, bodily pain, seizures, and suicidal thoughts. However, one day, I encountered an unexpected revelation. A local psychologist who assisted me in my work with the IDP center approached me with a puzzling expression. "Hiwot gave birth this morning," she said. "Did you know she was pregnant?" The news stunned me. Hiwot did not mention her pregnancy and it had gone unnoticed during our sessions. I was wrestling with self-doubt, questioning how I could have missed such significant details. How did she choose to keep this hidden and dissipate our therapeutic relationship where her body hides this pregnancy? Many questions with no answer flooded inside of my head. “Did anyone know she was pregnant?” I asked. The psychologist said,’ I do not think she herself knows she was pregnant; she is actually puzzled and left with all questions. She is not doing well psychologically either.” The following day, I visited her in a nearby

rented room, where women from the camp had taken her and her newborn to provide support. The space was crowded but filled with care. Hiwot sat quietly and was surrounded by other women who looked after her. One of the women from the camp took care of the newborn, a beautiful baby boy. I looked at Hiwot with a smile, and she tried to smile back, but there was no energy to shine her face. One of the women whispered to me, "Her body is asleep even though her eyes see you; she is painfully quiet and doesn't seem interested in nursing the baby," and asked me if I could get her any medication that would awaken her. At that moment, I was struck by the duality of her experiences. The trauma she carried was etched into her body and her story, but so too was resilience.

Holistic view of Trauma

Trauma is not solely about what happens to the individual but also about the internalized effects of those experiences; it is the answer we get when we ask the question, 'What happened inside the individual?'. Events such as Hiwot's displacement, loss, assault, and rape, affect a person's entire being, including their physical, emotional, mental, social, and spiritual well-being. The biopsychosocial model emphasizes that trauma is not confined to psychological symptoms, but also entails biological and social dimensions, which can influence long-term health outcomes (Balayan et al., 2023; Yehuda et al., 2015). Hiwot's symptoms—bodily tension, weight loss, and psychological disconnection—highlight the embodied nature of the trauma. Van der Kolk (2014) described how trauma rewires the nervous system, altering the brain's sense of safety and manifesting as physical and emotional dysregulation. If trauma is stored in the body and manifested in individual relationships, healing should occur in the holistic aspect of the individual, necessitating holistic intervention and addressing

the interconnected physical, psychological, and social dimensions of trauma in displaced populations (Sabholk et al., 2020). As demonstrated in Hiwot's case, the role of community and cultural context is essential in shaping the manifestation and recovery pathways of trauma (Chandan et al., 2023).

In Western societies, where emphasis is placed on the pathological aspects of human behavior, these manifestations align with post-traumatic stress disorder (PTSD) and associated somatic symptoms (Bogic et al., 2015). However, given the context and culture in which Hiwot's reality manifests, understanding trauma requires a culturally attuned perspective. Western approaches generally emphasize diagnosing and treating symptoms, but this framework does not always work in contexts such as Hiwot. Instead, Ethiopian traditions frequently emphasize healing the individual within their reality, integrating spiritual practices such as holy water rituals alongside psychological support (Fernando, 2012). These practices provide for an all rounded healing environment that addresses psychological, social, and spiritual needs.

Resilience and Coping pathways

Not withstanding her suffering, Hiwot displays impressive resilience. Her gratitude to God, expressed through "Yemesgen," demonstrates the role of spirituality as an indispensable coping mechanism. Spirituality often provides trauma survivors with a sense of meaning and purpose by anchoring them amid despair (Ai et al. 2003). Community support also plays an essential role in this process. The collective care provided by other displaced women in the camp illustrates how social networks mitigate the impact of the trauma. As Schumm et al. (2006) stressed, social support promotes psychological resilience, provides a buffer against the adverse effects of trauma, and enhances a sense of belonging.

Reflections as a Practitioner

As a practitioner trained in both Ethiopian and Western frameworks, I initially approached my role with a helper's mindset, expecting to provide tools and techniques for healing women in the IDP center. However, the experience deeply transformed my conceptualization of trauma and resilience, challenging my assumptions and expanding my perspective in unanticopated ways.

What I learned included the following:

- **The Power of Community in Healing:** One of the most significant lessons learned is that the community is at the center of trauma recovery. In the IDP center, I observed how collective rituals, mutual support, and shared experiences played a critical role in fostering resilience. The women in the IDP center cared for one another, shared food, and collectively tended toward the emotional needs of their children and elderly. Healing, in this context, was not an individual endeavor but a collective one. This reflection reinforces the importance of creating safe spaces in which survivors can gain strength from their shared humanities and cultural practices.
- **The Interconnectedness of Spirituality and Mental Health:** Another key insight is the profound role of spirituality in coping and recovery. Hiwot's reliance on her faith and spiritual practices of holy water rituals illuminates how deeply intertwined spirituality is with mental health in the Ethiopian culture. For many, spirituality provided not only solace but also a sense of meaning and purpose during despair. This taught me that culturally attuned care must embrace spiritual dimensions, recognizing their therapeutic value as part of a holistic approach.

- **Trauma as Embodied and Contextual:** My experiences underscored the embodied nature of trauma and the critical role of context in understanding its impact. Hiwot's unspoken physical and emotional struggles reflect the silent language of trauma that words alone cannot convey. Although trauma lives in the body (Van der Kolk, 2014), it manifests as physical symptoms, disconnection, and altered relationships with oneself and others. This realization prompted me to adopt a more attuned approach, paying attention not only to what clients said but also to how their bodies and behaviors expressed their inner world.
- **Adapting Western Frameworks to Local Realities:** I learned about the limitations of applying Western psychological frameworks in a context like the IDP center. Western approaches often emphasize diagnosing and treating symptoms; however, these frameworks can feel alien and inadequate in a culture in which collective identity and spiritual practices are central to coping. Instead, I realized the need to adapt interventions to align with the cultural and social realities of the individuals I worked with. This meant embracing flexibility, learning from local traditions, and integrating these elements into the therapeutic work.
- **Humility as a Practitioner:** Perhaps the most personal lesson is the importance of humility. Despite my training and expertise, there were moments when I felt helpless, unable to fully grasp the depth of the survivors' pain, or unable to provide immediate solutions. These experiences taught me that being present, listening deeply, and bearing witnesses to someone's suffering is often more

powerful than any other intervention. This reminded me that healing is a collaborative process, and that the practitioner is as much a learner as a guide.

- **Resilience is Multidimensional:** Resilience is not a singular trait, but a multidimensional process shaped by individual, social, and cultural factors. Although Hiwot's spiritual faith and gratitude were central to her resilience, the collective support of the IDP community and her inner strengths also played a vital role. This understanding shifted my focus from solely addressing deficits to recognizing and amplifying the strengths and resources that survivors already possess.

Conclusion and Implication for Practitioners

Hiwot's story is a testament to the complexity of trauma and resilience. Her journey illustrates the profound interconnectedness between the individual and collective healing. This reflection emphasizes the need for culturally attuned and holistic approaches to trauma care for psychologists and practitioners in Ethiopia. Healing, as I learned, is not solely an individual endeavor, but a collective act rooted in the connection, resilience, and silent wisdom of our bodies. This experience underscores the importance of a culturally sensitive, holistic approach—one that honors the body's wisdom, strength of communal ties, and healing power of spirituality–to trauma care in Ethiopia. Practitioners must integrate biopsychosocial and spiritual dimensions to recognize the unique coping strategies of displaced populations. Incorporating culturally relevant interventions and communal practices can enhance the effectiveness of trauma-related care.

References

Ai, A. L., Tice, T. N., Peterson, C., & Huang, B. (2003). Prayers, spiritual support, and positive attitudes toward coping with the September 11 national crisis. Journal of Personality, 71(6), 643-676. https://doi.org/10.1111/1467-6494.7104008

Bogic, M., Njoku, A., & Priebe, S. (2015). Long-term mental health of war refugees: A systematic literature review. BMC International Health and Human Rights, 15(1), 29. https://doi.org/10.1186/s12914-015-0064-9

Chandan, J. S., et al. (2023). Trauma-informed care: A global perspective. *Frontiers in Psychiatry.* https://doi.org/10.3389/fpsyt.2023.1261230

Erikson, K. (1976). Everything in its path: Destruction of the community in the Buffalo Creek flood. *Simon & Schuster*.

Fernando, G. A. (2012). The roads less traveled: Mapping some pathways on the global mental health research roadmap. Transcultural Psychiatry, 49(3-4), 396-417. https://doi.org/10.1177/1363461512447137

Hirschberger, G. (2018). Collective trauma and the social construction of meaning. *Frontiers in Psychology, 9*, 1441. https://doi.org/10.3389/fpsyg.2018.01441

Mann, K., Gordon, J., & MacLeod, A. (2009). Reflection and reflective practice in health professions education: A systematic review. Advances in Health and Science Education, 14, 595-621. https://doi.org/10.1007/s10459-007-9090-2

Schumm, J. A., Briggs-Phillips, M., & Hobfoll, S. E. (2006). Cumulative interpersonal trauma and social support as risk and resiliency factors in predicting PTSD and depression among inner-city women. Journal of Traumatic Stress, 19(6), 825-836. https://doi.org/10.1002/jts.20159

Schön, D. F. (1983). The reflective practitioner. New York: Basic Books.

Van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma.* Penguin Books.

Wondie, Y., Zeleke, W. A., & Melesse, M. (2023). In between the lines of the narrative map: Phenomenological analysis of war rape victims in Amhara Regional State, Ethiopia. *PLOS ONE.* https://doi.org/10.1371/journal.pone.0289106