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Anima Mundi: The Epidemic of Collective Trauma

Eberhard Riedel

“Man was not made for himself alone.”
—Plato

Epidemic collective violence is perhaps the worst plague facing humankind today. I view states of collective trauma as a contagion because, if left unattended, they dominate people’s thinking and behavior and propagate future cycles of violence. Communities trapped in trauma cycles often are the breeding grounds for severe social problems and chronic violence. Diagnosing collective trauma, as well as research and attempts at finding effective treatments, are in their infancy. Yet we know that the human and societal costs of such trauma are enormous, including that traumatized communities are vulnerable to manipulation and exploitation by leaders with psychopathic tendencies. Radicalization and societal fragmentation have created dangerous situations in many parts of the world, including the United States. Epidemic collective violence is highly contagious; collective splitting generates enormous levels of raw emotional energy and has led, and can lead, to uncontrollable chain reactions.

This article explores the above issues in theory and practice. My case material is based on extensive humanitarian fieldwork in the eastern Democratic Republic of the Congo. I offer what I call a non-hierarchical “rhizomic system’s analysis” of community self-states, including states of collective violence and trauma. I find that the complex of collective violence, trauma, and social distress forms a stable self-propagating cyclical pattern. I describe how I evolve a container or *temenos* for the work, and discuss how I help traumatized communities renew and grow their capacity for curiosity and imagination by setting *embodied action* into motion. My longer-term goal with this *purposeful action approach* is to demonstrate that specific purposeful actions can become self-sustaining community-based movements of transformation.

This article is based on a paper presented at the XXth International Congress for Analytical Psychology in Kyoto, Japan, on August 30, 2016.

Supplemental material for this article can be accessed on the [publisher’s website](#).

INTRODUCTION

Collective trauma asks for collective healing. The issues I describe in this article grew out of fieldwork and clinical practice with traumatized communities in the eastern Democratic Republic of the Congo (DRC). But states of epidemic collective violence and trauma afflict populations worldwide. Diagnosing collective trauma and associated symptoms as well as research and attempts at finding effective treatments are in their infancy.

I view communities as complex human ecosystems and individuals as embedded in these environments. I offer a system's analysis of community self-states, including states of collective violence and trauma. For reasons that will become clear later, I refer to my approach as a "rhizomic system's analysis." My intention is to begin developing depth psychological methodologies to study complex human ecosystems. One result is a dynamic model for reducing collective violence. Expanding on previous work (Riedel, 2014), I ground my purposeful action paradigm in the rhizomic framework. Using examples from fieldwork, I evaluate the merits of this approach for setting into motion community-centered processes of psychosocial transformation.

The study of the art of social transformation has a long history. Many foundational myths and singular artistic achievements are the outcome of their creators' wrestling with individual and collective trauma. Such works offer case studies that are relevant to the topics explored in this article.

A work that has considerably influenced my thinking is Wolfram von Eschenbach's epic poem *Parzival* from 1200 c.e. (cf. Riedel, 2009). The epic radiates a *redemptive humanness* and a spiraling transformative mode in which every voice can be heard—for example, the poem has over 200 named characters. By contrast, founding myths with a logic of linear consequences tend to be hierarchical in nature and frequently lead to aggregation ideologies of domination. When the resulting psychological and cultural *interface emotions* harden into rigid fundamentalist attitudes, a frequent consequence is collective violence and trauma (cf. Riedel, 2013).

TRAUMA IN THE WORLD

Epidemic collective trauma is not localized in space and time. Take Picasso's painting *Guernica* (1937) with its depiction of traumatic dissociation and dismemberment, disunion, cultural icons fragmented, and memory destroyed. In today's world, epidemic *collective violence* is perhaps the worst plague facing humankind. And states of *collective trauma* are a contagion that, if left unattended, dominate people's thinking and behavior and propagate future cycles of violence.

These phenomena cannot be separated from the environments in which they occur. James Hillman had situations like these in mind when he demanded that psychology move out of the consulting room into the world to address the "vast disasters now being suffered by the world" (1995, p. xx). Synchronicities brought me to the eastern Democratic Republic of the Congo (DRC) in 2011. At the outset a dream instructed me, "*When you are a doctor, you don't have the option of not being there,*" and since then, an inner confrontation with the horrific suffering in these collectively traumatized communities has absorbed me. Maybe my birth star played a role: I was born in Dresden, Germany, at the beginning of World War II, in 1939. The Nazis were triumphant, *Kristallnacht*—the pogrom against German Jewish citizens—had happened the previous year, in November 1938. Hundreds of thousands of people had already been deported and killed in the death camps, and there was little resistance in the country. Were people too frightened, in collective denial, or did they believe Hitler's propaganda?



Figure 1. *Remembrance of the Murdered*, Eastern Congo, 2011. © Eberhard Riedel

The population in the rural areas of the eastern DRC is caught in a human tragedy of unspeakable brutality (Figure 1). Over the past twenty years, an estimated six million Congolese people have suffered violence-related deaths and millions more are left physically and psychologically scarred. After the Rwandan genocide of 1994, more than a million genocideers crossed the border into the eastern Congo. A hotbed developed, from which the synergy between murderous impulses of marauding militia criminals and ruthless greed of international mineral profiteers propels cycle after cycle of violence. This collective psychosis is also a psychic event. We must not wait to address it. *Collective trauma is the ghost of dehumanization.*

CARE OF THE WORLD

What is the relationship between *anima mundi*—soul of the world—and collective trauma? Communities are *organisms* with psyche and soul. My dream suggests that “being there” could generate reciprocal and simultaneous sparks of relation. The question is, how to make this work?

Diary entry, June 28, 2012: Mass murder, mass rape, and other singular psychopathic events catalyze viral resurgence of warfare and genocidal violence; they are deliberately employed. I meet with surviving family members at a memorial site commemorating twenty women buried alive, and others—men, women and children—murdered. At one point, with permission and layers of pre-approval, I make documentary photographs. This causes a commotion that brings the chief executive of the territory to the scene. His house is located north of the memorial site, and bordering the site to the south is a large U.N. military camp. A Pakistani U.N. soldier observes me from one of the camp’s watchtowers, his machine gun aimed.

It would have been illegal to photograph the military installation. But the chief executive accuses me of something else: of “violating human dignity.” I sense *collective shame*. Foreign militias kill millions of Congolese people and the Congolese are unable to defend themselves and protect their women and children. The chief angrily states, “All weapons used here are manufactured outside of Africa—‘they’ use us as their market. . . . We are rich, but what do we do with all our resources?” I felt him say, “We are rich, but foreigners plunder our wealth and kill us. Then they come and take pictures of our shame.” I had introduced myself to the chief at the beginning of my visit and he appreciated my mission: post-trauma debriefing.

Now a different journey: As individuals we are attached to family, group, community, and country—and beyond to world and cosmos—but also to culture, history, and

mythopoetic roots. The multiplicity of attachments forms a living organism or network that I envision as a *rhizome*. The rhizome field is an integral part of being human and participating in both the natural world and in sociocultural evolution. Our brains are formed by the power of being with others within the matrix of these multiple environments. Nothing exists alone; everything affects and is affected. Collective trauma changes the social fabric and cultural self of community, and it affects the structure and functioning of the human mind. Cultures are not isolated but rather in constant relation worldwide, and the rhizome carries that history. Cultural and genetic evolution affect each other. I perceive the rhizome field as a particular rendering of *anima mundi*.

Collective trauma belongs to a species of problems that have no logically foreseeable resolution. I view the challenge of liberation from collective trauma as a struggle for humanization and mutuality. The health of the rhizome is our shared responsibility. Our hearts can help us find ways forward into the future.

In this article I present a heuristic approach to dealing with epidemic collective trauma in terms of a *rhizome mythology* (cf. Deleuze & Guattari, 1987, Chapter 1; Jung, 1961, p. 4; Lockhart & Mitchell, 2015, Dialogues III & IV). Confronted with the Congolese situation, a *dynamic model of collective trauma* emerged that guides me (Riedel, 2014). It expressed itself in terms of *dynamic mandalas*.

C. G. Jung observed that mandala symbolism often appears “in connection with chaotic psychic states of disorientation or panic” and offers “new centering” (1969/1950, par. 645). This mandalic intercession happened to me in the DRC. The dynamic model appeared as I struggled with fear and anxiety about facing the dangers and overwhelming affective energies associated with collective violence and trauma.

Mandalas are not only symbols that offer centering to individuals in chaotic psychic situations; they are also patterns that are inherent in and organize the concrete structure and dynamic of collective psychoses, such as *psychosocial states of collective violence and trauma*. Such states involve many disparate elements that, as I will show, form dynamic mandala patterns and interact synergistically, involving the rhizome layer of cultural existence.

These correspondences have guided my associative thinking, my exploration of the on-the-ground situation, and my experimentation with psychosocial processes of transformation. The mystery lies in the alchemy of the process.

DYNAMIC MANDALAS AND SYNERGIES

Dynamic mandalas are pregnant with meaning for me. They help me think about multiplicities and synergies inherent in nonlinear dynamic systems. Here is a generic example: The mandala in [Figure 2](#) characterizes the structure and dynamic of a healthy community in terms of *cycles of generativity*. In size, a *community* can scale from individual or group to large segments of society; and *generativity*, in this context, refers to learning processes that center on problems, rather than on solutions.

For example, a *resource* we bring to the *need* to find ways of dealing with the worldwide plague of collective violence is an ability to work cooperatively. We refine questions, develop skills, and in that process, *community* forms and our *expectations* grow. We can enter the cyclical process at any point and time and hold in purview a particular context.

Quite generally, in a healthy community there exists a dynamic balance between needs and resources and between community (where we are currently “located”) and expectations (what pulls us forward). The dynamic is anchored in core qualities that belong at once to the individual and the community, and therefore to the rhizome layer

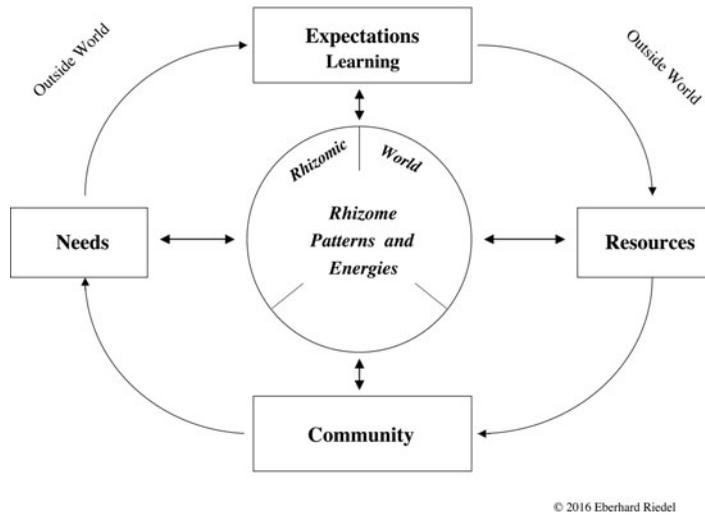


Figure 2. Cyclical structure and dynamic in the life of a healthy community: Cycles of generativity.
© Eberhard Riedel.

of sociocultural existence. In the healthy situation the core’s affective force is a combined curiosity and creativity that envelop the community in a *generative* psychosocial field. And, in turn, the community’s creative activities and openness to the outside world strengthen this self-organizing generative force.

As long as the positive central core of the individual and communal psyche remains intact, indigenous societies show remarkable resilience in managing challenges. In challenging situations, individual and community resources, inner and outer, are mobilized and new skills and self-identities develop. Such consistency instills trust in process and resilience in the face of adversity.

Later I will introduce mandalas that capture features of the *cyclical dynamic in traumatized communities*. Again, specific cyclical patterns exist that, once established, support ingrained stable states of community. Each such dynamic pattern is associated with a distinct rhizome field, or psychosocial field, as I refer to it here. It envelops the community and gives it coherence, whether positive or negative. Thus these mandalas can also be viewed as representing *community self-states* associated with distinct group psyches.

Mandalas reveal similarities in the structures and dynamics inherent in complex systems. For example, the *scale invariance* of the mandala in [Figure 2](#) suggests parallels between learning at the individual level (e.g., creating new synapses in the brain) and transforming social norms at the community level (i.e., creating new networks of generative relation within but also among communities).

Finally, dynamic mandalas inspire associative thinking. As an example, [Figure 3](#) depicts the structure and dynamic of the first half of this article in mandala format. We can view the sections “Trauma in the World” and “Care of the World” as defining the needs–resources axis of a mandala. The need for developing resources to actually engage in care of the world spawned the “Dynamic Mandalas and Synergies” idea. It offers fertile ground for growing community (where we are). The core of the mandala represents its psychoactive nerve center. Shocks to the imagination activated it for me and brought

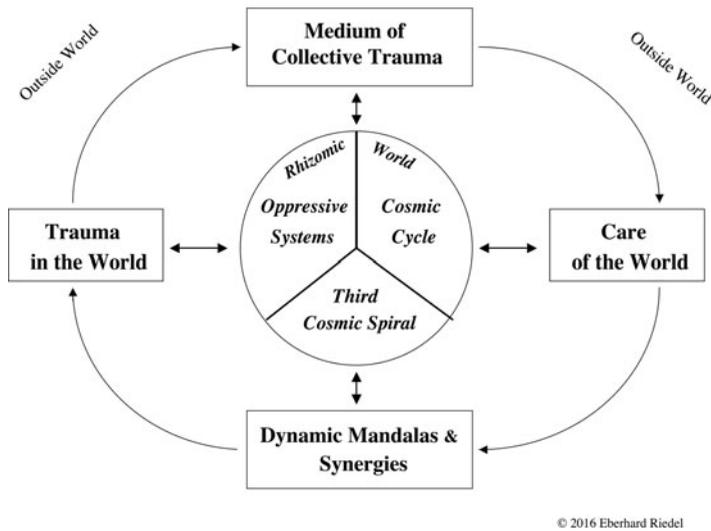


Figure 3. Outline of Sections 1–5 of article in mandala format. © Eberhard Riedel.

forth the symbol of the “rhizomic world.” The labels in [Figure 3](#) may be read as referring to the canonical split between “good and evil,” and the potentially renewing energy of the “Third.” But it was agonizing meditations that found expression in the video *Time and Again* (Riedel, 2015)¹ that gave me an immediate experience of the vertical split in the rhizomic world (cf. [Figure 3](#)) between, on the right, the cosmic cycle of creation and destruction in the movement of life, love, and death, and on the left, the annihilating dark horror of oppressive systems. The meditations also offered the insight that the third cosmic spiral does not bridge the vertical split but starts a new cyclical process. These insights guided me to an emotional understanding of the “medium of collective trauma” discussed in the following section. With that understanding I revisited the topics “trauma in the world” and “care of the world” from a psychosocial perspective. Mandala spawns mandala.

THE MEDIUM OF COLLECTIVE TRAUMA

I observed parallels between how individual and collective trauma work (Riedel, 2009, 2014). First, in my consulting room in the United States, I worked with patients suffering from collective Christian fundamentalist trauma, and, from that vantage point, studied two pathways of fundamentalist violence: terror within and terror without (Riedel, 2009). One patient said, “Everything that does not agree with this fundamentalism I experience as pathogenic, and all pathogens must be fought” (p. 458). His inner world of trauma—the relentless cycles of aggression and depression and restrictive psychosomatic symptoms he suffers—mirrors the oppressive forces of the environment that raised him. Paraphrasing C. G. Jung, these autonomous forces “*pounce* upon an individual like an enemy or a wild animal” (1975/1928, par. 267).

Second, in traumatized communities in the eastern DRC, I found the flow of life similarly blocked by a schizophrenic split governed by competing forces of *aggression* (violent destruction) and *depression* (crippling paralysis) (Riedel, 2014). This binary

complex manifests as a fragmenting *psychosocial field* that envelops the community and maintains *self-propagating patterns* of collective violence and trauma. The population is segmented (roughly along the aggression–depression axis), the matrix of the social mind is fragmented, and the matrix of the individual mind is dissociated; family, group, social, and cultural functions are all affected. Individuals are trapped in a psychologically toxic soup that boils with the emotional energy of a fragmenting aggression–depression trauma complex. When disavowed emotions of aggression and depression possess groups of people, “the result is mass hysteria or *mass psychosis*, with calls for violence and war ... and bloodshed” (Riedel, 2009, p. 468). In today’s world such primordial affective forces *pounce* on us from many directions.

These two examples point to striking similarities between the *matrices* (Latin for *womb*) that carry the traumatic psychological and somatic experiences of terror for traumatized individuals, families, groups, communities, and societies, respectively. For individuals, the traumatized medium is the matrix of a dissociated individual mind, where ego mistakes parts of the self as pathogens that must be fought. For groups, *the medium of collective trauma is the matrix of a fragmented group-mind that carries the segmenting aggression–depression dynamic within itself*—and it constantly finds and fights “pathogens” both inside and outside the group. The medium of collective trauma is *toxic* and *contagious*.

The photograph *Fragmented* (Figure 4) shows a survivor of sexual atrocities and a genocide memorial shrouded in fog. Her family and village turned away from her pain and ostracized her. Collective trauma cuts people off from their humaneness and culture, which then cease to be available as vessels for healing.

The next photograph (Figure 5) shows *Mai-Mai General and Body Guard* and a burned, devastated landscape. Collective trauma is a deep split between humans and nature; both are violently raped. Categories such as *perpetrator* and *victim* no longer apply because they do not convey the sense that *both* groups are imprisoned and paralyzed by trance-like states of aggression–depression.



Figure 4. *Fragmented*—Collage, Eastern Congo, 2012–2016. © Eberhard Riedel.

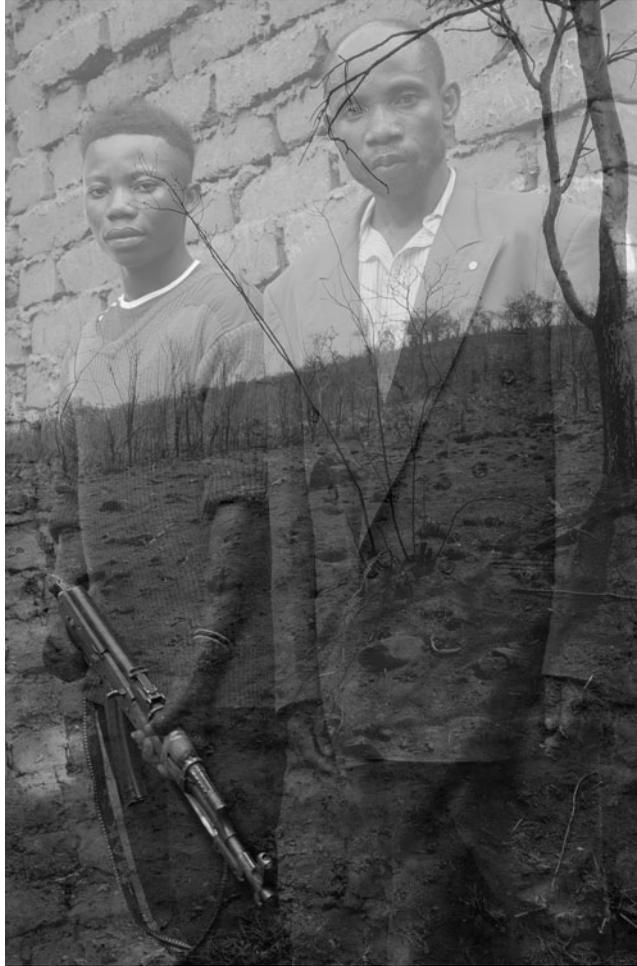


Figure 5. *Mai-Mai General and Body Guard—Collage*, Eastern Congo, 2013–2016. © Eberhard Riedel.

The photograph *Exploding Shadow* (Figure 6) shows a former child-soldier staring into his black hole. Collective trauma swallows promise and future; youths are kidnapped into the maelstrom of militia violence long before their executive function and moral compass are developed. One woman—she was just 13 years old when she saw militia soldiers murder her mother and father—told me, “I was so angry, I just wanted to kill,” so she joined the same militia group that had killed her parents.

Intergenerational transmission of collective trauma is a huge problem. In the long run, *the problem with collective trauma is that people come to see the inhumanity they experience as a natural feature of human life.*

EXPANDING ANALYTICAL PSYCHOLOGY

If we analytical psychologists withdraw from the world by viewing, for example, the overlays in the photographs—genocide memorial and barren landscape—in the canonical way as reflecting only inner psychological states, then we lose connection with the world and



Figure 6. *Exploding Shadow—Collage*, Eastern Congo, 2011–2016. © Eberhard Riedel.

the will to act. *The dehumanization of the cultural sphere and devastation of the natural environment are happening in the world.* We cannot afford to repeat Sigmund Freud's ethical mistake of retreating from that knowledge and arguing that the suffering we witness is not caused by concrete events in the outer world. I was reminded of this history when I noticed in my case notes from last year (2015) several examples of psychogenic seizure, related to severe sexual abuse trauma, that were referred to me as cases of epilepsy. Arlene Audergon, a psychologist who dealt with community trauma in Kosovo, warns, "When we imagine that our psychology is separate from politics, we support violent conflict" (2005, p. xv).

Both in the consulting room and in fieldwork, my clinical focus is to recognize patterns and to emotionally understand the synergies and affective forces at work in each problem under consideration. These psychic phenomena are cooperative in nature and carried by an *organic medium* that envelops group, community, or society. C. G. Jung was very aware of the cooperative nature of the matrix of the individual human mind, and his model of the psyche is a beautiful rendering of this conception. *The cooperative nature of the human mind within the matrix of its natural physical and social-cultural environments is awaiting an equally attentive rendering.* This is a direction I see us move toward as we increasingly feel the pressure of the synergy between psychic problems in the inner and outer worlds. It is my hope that someday soon we will take the plague of collective violence and trauma as seriously as we respond to other virulent infectious diseases.

DIAGNOSIS

In 2011, I began fieldwork in the eastern DRC vulnerable and open to be touched. The individuals in the triptych *Shattered*, *The Witness*, and *Grieving* invited me to surrender to a process of feeling, reflecting, and mourning. (Only the image of the central panel is reproduced here.) The woman in *Shattered* was left naked after she was attacked and



Figure 7. *Witness*, Eastern Congo, 2012. © Eberhard Riedel.

gang-raped by militia criminals—the clothes she wears are those of a friend. The man in *Witness* (Figure 7) lost his baby daughter, who was shot dead while cradled in the arms of her mother as the latter fled from the site of a terrible massacre; the mother survived (I visited her in the hospital), but their dwelling was burned down—U.N. soldiers violating their mandate participated in the attack, thus betraying the villagers. The young woman in *Grieving* suffered gang rape at ages 13, 14, and 16, leaving her pregnant twice; her community ostracized her and her so-called “children of violence.”

Daunted by the enormity of the grief and pain and suffering, I sit and listen, listen from my heart, open and vulnerable, so that choked voices may reach and maybe resonate in a fellow human being. Emotionally I grasp that if the complexity of the situation overwhelms me, I lose core qualities of human connection.

Human beings are suffering. But beyond, each individual is engulfed in and reacts to a *collective field of traumatic memories* formed by countless others who carry similar wounds of trauma. *This network of relations forms the trauma medium in which primordial emotions live*: Forces that create synergies and waves of affect storms; forces that dissociate people from land and culture; forces that fold and twist collective memory in multiple ways and turn life schizophrenic; forces that bring forth memories of past trauma and injustice, the cruel inhumanity of Arab slave traders or Belgian colonial oppressors, the brutality of hordes of Hutu genocideers, and of African, Chinese, and Western mineral profiteers.

I remember the agony of growing up in Germany surrounded by unprocessed collective trauma of war and genocide: There were no words—I felt in a prison of silence; there was no empathy—I felt stuck in times past; and there was no path to redemption—I felt condemned to lasting solitary confinement. And now in the eastern DRC: Fear and oppression permeate rural communities, along with the terror of arbitrary arrest, deliberate dehumanization, and threats of extermination.

Yet, to this day I also remember kind acts by others that acknowledged my life as a war child. For example, I played in the sandbox like other children, and, when fighter planes approached, we lay flat on our bellies, and then with the warplanes gone, resumed playing. Agency can be self-empowering.

DYNAMIC MODEL FOR REDUCING COLLECTIVE VIOLENCE

My dynamic model is a call to action. I have seen in the Congo how, with each cycle of violence, the social and environmental problems worsen and further depress community

outlook and expectations. *Memories of terror and death accumulate and cripple the imagination.* There are the numbing effects of devastating violence and trauma—a depression and numbness that kill the soul, leave people distant and uncaring, and suffocate curiosity, even the will to live. There is the pressure to discharge aggression—an aggression and perversion that kill the soul and leave people acting out in increasingly violent, sadistic, and psychopathic ways.

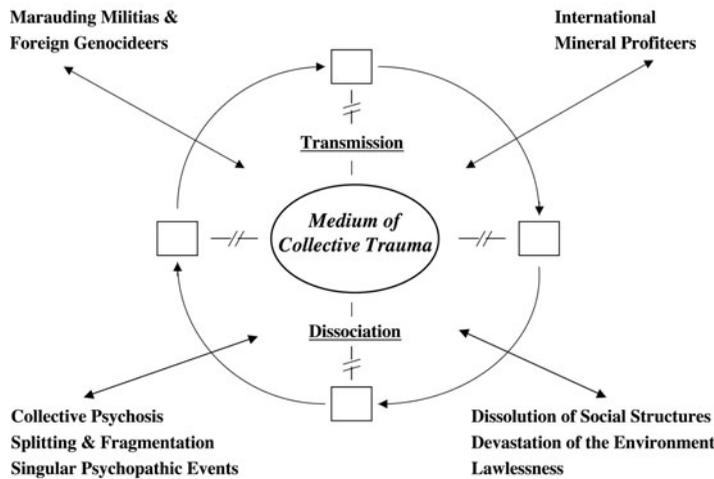
TRAUMA TRANSMISSION

The dynamic model recognizes that these diverse elements are synergistically bonded, amplify each other, and thus propagate the cyclical pattern of violence. The medium of collective trauma is highly susceptible: “Collective trauma spreads epidemically by psychic infection, back and forth among individuals and communities and across generations” (Riedel, 2014, p. 253). The more psychotic the medium is, the further the reach of psychic infection.

The mandala in Figure 8 is a model of the transmission of cycles of epidemic collective violence and shows the dynamic relations among behaviors by perpetrators (*upper half*) and vulnerabilities of traumatized environments (*lower half*). Though analogous, the situation is more complex than, say, an epidemiological model for malaria transmission that looks at the actions of both mosquitoes (perpetrators) and humans (victims), such as mosquito-biting behavior (transmission) and human immune system response (dissociation).

SYMPTOMS

Needs cannot be met because resources are destroyed. Mothers told me, “I’d rather die from hunger than go back to the field where I was attacked.” But seeing their children



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Figure 8. Contagious disease model for the spread of cycles of collective violence in collectively traumatized communities: Cycles of collective splitting, involving perpetrators (*upper half*) and vulnerabilities of traumatized community (*lower half*). © Eberhard Riedel.

starve, they did go back and were raped again, or murdered. The violence gets more barbaric. Villagers told me, “At first the Hutu criminals came to steal from us, then to rape our women and burn our houses, and now they come and murder us—this is why we fled.” Or, referring to ever-more frightening environmental destruction, one man said, “The ancestors are crying out ‘you are destroying what has been feeding us for centuries.’” Indeed, *collective trauma destroys the bonds of attachment that feed us and make us human.*

PURPOSEFUL ACTION INTERVENTION

In an environment in which largely every aspect of life is over-determined by trauma, I experiment with modeling human relations that can stimulate inner and outer *linking processes*. Examples are offering traumatized medical doctors new tools with which to reach and treat survivors, helping female survivors of gang rape reconnect with their children, or bringing former child-soldiers into vocational training. Psychosocial transformation is a gradual process that may take more than a human lifetime to succeed.

I asked myself, what might be an antidote to the toxicity of this collective situation that could gradually humanize it and improve resilience? From fieldwork, I know that curiosity and agency are infectious, too, so the idea formed *to set into motion a third cyclical process of action*: steps by which traumatized communities could gradually develop the strength, insight, and resolve to transcend their crippling trauma.

By *purposeful action* I mean getting something done pragmatically, in close contact with the concrete on-the-ground situation, not producing or reproducing a certain preconceived, ideal healthy state of community but forging a healthy relational dynamic via organic processes and cycles of self-empowerment. *The task is to enter the situation, create psychic space by empathic listening, move on to reflection that engages dream thought, then jointly find appropriate purposeful action—and, to assess its validity, return to listening with the heart.*

Sometimes a spark of intuition sets purposeful action into motion. In 2013, my contact person in the village of Makobola told me that, for my safety, he must inform both the Congolese Army Commander and the General of a Maï-Maï militia group of my presence. The two groups had battled each other. Spontaneously I asked, “Could we bring the groups together for a soccer game?” It turned out to be a great success. Two years later, during my fifth visit, my contact tells me that the game is still talked about in the village, and that he received a visit by a high-ranking officer of the Congolese Army who wondered how he, my contact, had managed to bring these warring factions together.

More typical is a deliberate process. I sit with community coordinators and social assistants of a small volunteer organization; they are the first responders when incidents of violence occur. I might ask them, “Suppose you could start a small business, what would you want to do?” And off we go! The fuel is learning from each other, seed money, and mentoring. These enterprises have the dual purpose of providing vocational training for survivors and generating income to support the organization’s humanitarian work. One program trains former child-soldiers in how to make soap but also in how to run a small business. The impact has been amazing: The emotional health of these child-soldiers has changed dramatically, and the organization has been crafty in using a small amount of seed money (in this case, \$3,500) to create a business that, during 2014–2015, generated income that allowed them to purchase \$30,000 worth of materials for making and selling soap. Not only does such purposeful action create cycles of empowerment,

but also neighboring communities take note of actual change and want to get in on the action.

My vision is that, over cycles of time, purposeful action can constellate a healing *psychosocial field* of sufficient strength to dislodge the dominance of trauma—if the community can steadfastly hold on to the idea of cyclicity, and *if* neighboring communities join the action.

COMPARISON WITH WESTERN HUMANITARIAN AID INDUSTRIES

My fieldwork practice, and the dynamic model that guides me, contradict standard approaches. Largely, approaches by Western humanitarian aid industries *fail to foster long-term change* because they do not address the emotional wounds of populations scarred by collective violence and trauma. Moreover, their standard pattern of imposing solutions “all too often perpetuates old colonialist attitudes rather than ... empowering communities” (Riedel, 2013, p. 30). One of my patients angrily exclaimed, “We are tired, we become the *merchandise* of the organization.” But the problems go deeper. What Claude Lanzmann (2012, p. 378) called “man’s inhuman indifference to man” reflects a troubling split in our culture: *Our culture commodifies humanitarian assistance and thus institutionalizes collective trauma.*

MOBILE CLINIC TRAUMA HEALING PROGRAM (MCP)

By contrast, the *MCP is a holistic, purposeful action effort.* It brings people together to develop capacities that allow them to make a difference in their communities (Figure 9). It offers medical and psychosocial assistance to trauma survivors, vocational training and economic development in traumatized communities, and a range of professional training and other educational initiatives (Riedel, 2014). The MCP operates in crisis areas ravaged by twenty years of violence and warfare, where survivors had few, if any, opportunities

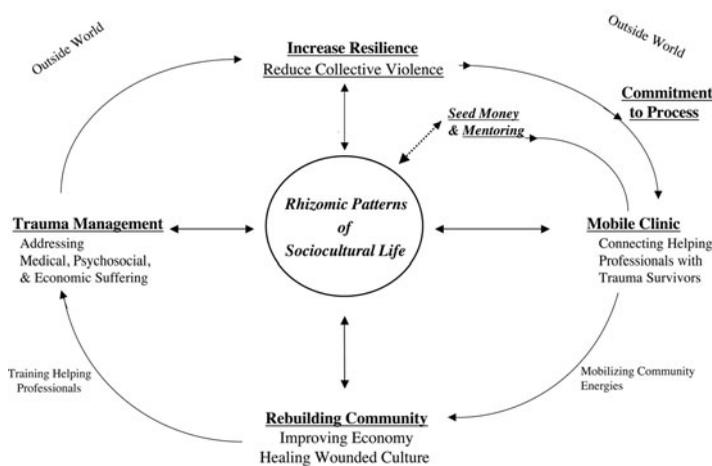


Figure 9. *Mobile Clinic patient and Dr. Crispin Milenge, Eastern Congo, 2015.* © Eberhard Riedel.

to obtain medical or emotional help. Hence, MCP outreach to hundreds of remote villages, and the combination of medical treatment and rehabilitation, are a big draw. These efforts send powerful humanizing signals to individual survivors and communities alike that struggle with the agony of humiliation, shame, and defeat caused by sexual atrocities, torture, and massacres.

When I started fieldwork in the eastern DRC in 2011, I asked Panzi Hospital in Bukavu for referral privileges. Panzi is the only hospital in South-Kivu Province with gynecologists on staff. This foresight helped save many lives. The next year, in 2012, I also appealed to doctors at three rural reference hospitals to provide urgent medical care to survivors with whom I was working; they readily agreed in return for funds for necessary medication and surgical supplies. In 2013, a first grant from the Pettit Family Foundation made it possible to start the MCP pilot project in the three war-torn rural areas. The participating doctors are Dr. Frez Achacha in Fizi, Dr. Esther Alenge in Nundu, and Dr. Crispin Milenge in Mwenga. These doctors, their nurses and staff, helped by community organizers and social assistants, have become pioneers in developing new approaches to public health care in those regions. They work under unimaginably difficult conditions. Yet, over the first three years, more than 3,500 survivors received life-saving surgery, and a much larger group of patients received ambulatory treatment, including for serious infections. All are survivors of severe war-related atrocities. Furthermore, motivated by the professional challenges that these MCP doctors face, two requested and have started (in 2015) a two-year training program in advanced gynecological surgery at Panzi Hospital, underwritten by the MCP.

The next mandala (Figure 10) summarizes the medical portion of the MCP's purposeful action intervention. Note a new feature in the upper-right quadrant: The process "seed money and mentoring" creates the *resource*, the MCP, which in turn addresses critical community *needs*, namely, dealing with physical and emotional wounds of collective trauma. This initial process is typical for many purposeful action interventions. Another example is creating agricultural projects to address the needs of dealing with famine and the psychosocial reintegration of trauma survivors.



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Figure 10. Cyclical process of healing community trauma through purposeful action: Medical portion of the Mobile Clinic trauma treatment program. © Eberhard Riedel.

The *depth psychosocial task* of creating new local resources is twofold. The first is to effectively help the traumatized community reopen channels to healthy rhizomic aspects of *their* sociocultural life and mythopoetic tradition. “Reclaiming the barren land and making it fertile again *connects* the pillaged community with the abandoned environment in an embodied healing process that offers an avenue towards liberating the imprisoned psyche” (Riedel, 2014, p. 265).

The second task is to *nourish* commitment to process and thus consolidate new resources. Vocational learning offers recurrent experiences of growth and empowerment, and thus develops new narratives of becoming. Then paths to *cultural grieving* can appear, “enabling individuals and communities to reconnect with the realm of past trauma and death, but also with healing and life” (Riedel, 2014, p. 265). My vision is that, over time, this multilayered rhizomic approach will counter the pervasive sense of helplessness and dependency associated with collective trauma as disease.

Already I see evidence of restorative energies prevailing against the insecurities that life in a collectively traumatized society entails. *The impact of the MCP is spreading, not only in depth but also in breadth.* The three reference hospitals have started integrating MCP operations into their structures. Dr. Achacha asked for seed money to purchase mobile diagnostic and surgery equipment, which would allow him and his team to extend their outreach work to periods of one week or more and perform medical procedures during fieldwork. Dr. Alenge asked for a budget to set up a weeklong training seminar for nurses and social assistants in trauma counseling. Similarly, several local groups have come forward with requests for seed money to strengthen existing, and develop new, vocational training and income-generating activities.

Finally, I am intrigued and heartened to witness how quickly word about the mobile clinic approach has spread to other crisis areas in the eastern DRC. The three existing MCP centers are functioning as *templates* or *prototypes*. With training and acculturation, medical doctors and local leaders in other afflicted regions could *replicate* these templates in their areas, thereby effecting healing across large regions. I am in contact with several communities that want to join the MCP movement because they are struggling with horrific collective trauma disasters. I hope the funding can be found.

UNEXPECTED CHALLENGES

Paradoxically, bringing funds for the MCP project to the Congo revealed fissures—fissures that have heightened my confrontation with the corrosive effects of the binary aggression–depression trauma complex. Specifically, the tensions have focused my attention on yet another synergistic element in the map of collective violence and trauma: the widespread *capitalization and commodification of humanitarian assistance* has institutionalized collective violence and trauma. These patterns seem deeply engrained in the rhizome layer of cultural existence and engender psychosocial fields of *collective splitting*. As such, they carry their own species of normative behaviors.

Two weeks into fieldwork in 2014, the nongovernmental organization (NGO) in Bukavu, which had hosted me since 2011, presented me with an ultimatum. Either I sign their document and hand over the mobile clinic and its funding or they would not permit me to continue my work. The group demanded, in essence, “You pay us for giving you access to human capital in the Congo (i.e., victims and doctors), which gives you access to funding in your country, so we both benefit.” Now I understood better the insult my patient felt when she said, “We become the *merchandise* of the organization.” Such dehumanization is re-traumatizing.

The rupture happened with lightning speed and changed the community self-state. The people who confronted me appeared to model their behavior on their perception of how government officials and foreign NGOs align and allocate funds. Is there no thought of the injured, the sick and the dying in the rural areas? Is there no curiosity about how to stop this barbaric violence? Collective splitting first caused and then internationalized the regional genocidal conflict, and now, by further corrupting the social discourse, disrupts and interferes with positive processes toward social healing.

I perceived other serious threats and took flight.

After months of correspondence with leaders of the Bukavu NGO, I received “human signals of suffering.” They wrote: “We need counseling, too. All the problems you find in the rural areas are also present in the city.” (Bukavu is the capital of South-Kivu Province and principal border-town to Rwanda, a complex place with a population of well over a million, many refugees, and huge slum areas.) I sensed an opening for purposeful action and asked the Bukavu group what they wanted to do. They expressed a strong desire for starting a “peace school” in one of the worst slum areas of the city, in a part of town called *Kadutu*, which means *Healing Spring*. My wife and I decided to make a donation toward the creation of the school, and in September 2015 the first class of children was admitted.

The dominance of aggression in a collectively traumatized world that is closed to nascent longings and expressions of caring love is tragic indeed.

OPENING TO THE FUTURE

Trauma work involves ongoing struggle for humanization. “*Out of this struggle a new spiritual self will develop*”—echoed a dream and reminded me that collective trauma is a dehumanizing and dispiriting affliction. It also reminded me of D. H. Lawrence’s poem “Healing” (1929/1994, p. 620), in which the poet calls for “freeing oneself from the endless repetition of the mistake mankind at large has chosen to sanctify.” Indeed, the health of the rhizomic organism is our shared responsibility. All of us could engage in the imaginal task of searching for holistic action in relation to whatever our sphere of work.

Humanization means communion with the witnessing other in ourselves: Something gets constellated when the agony of a people and the suffering of an individual come into resonance. What occurs across this interface is not projection, is not projective identification, but a *synergy involving the rhizome*. I call this psychic phenomenon a *symbolist equation* (cf. Darwish 2010, pp. ix–x).

Artists know about such things. Picasso’s *Guernica* (1937) is an example. Agony becomes aware of itself in our hearts, and that spark lights the darkness.

DISCUSSION

HUMANIZATION AND SOCIAL TRANSFORMATION

I have been asked to expand on the notion of healing collective trauma through humanization in this article. I describe how memories of terror and death cripple curiosity and imagination. Societal healing of collective trauma must take this reality into account. It must encourage developing capacities and behaviors analogous to those that drive healthy generative communities to meet their needs (cf. [Figure 2](#)). The *Parzival* myth culminates in the question, “Uncle, what troubles you?” spoken with heartfelt compassion. The video

Time and Again ends with a scene of mourning and tears (see online supplement). Such emotions set into motion the development of the “third,” which I refer to as the “third cosmic spiral” in [Figure 3](#). The old dualistic approaches of “good fighting evil” deepen societal polarization and fragmentation, which are sources of tribal violence and warfare.

For social transformation in crisis areas to succeed, the population must be able to tend to its trauma-related physical and emotional wounds.

A few years ago I talked about my work in an academic setting at a School of Public Health. In what felt like a patronizing tone, I was told that a little program like mine could not make a difference in the broader scope of things. Evidence from my work tells me differently. Early in my fieldwork I learned that helping people and communities to experience trusting *themselves* is the key to building their confidence to initiate their own projects. Such empowerment is where social transformation begins. Compassionate witnessing means truly acknowledging their lives—the fact that they live in the world *along* with the rest of us. In one instance, desperate to share their horrific suffering, a group of villagers walked one and a half days to meet with me; they count on those of us who are willing and able to amplify *their* voices.

I strive to listen from my heart and combine we-consciousness with utter practicality. Four community-based purposeful action projects have emerged in the eastern DRC that function as templates of social transformation (cf. [Figure 10](#)). They are at different stages of development and need to be securely grounded. The templates form tiny new ecosystems or aggregates. Now we must experiment and find favorable conditions for self-organizing *replication* processes to develop.

- (1) The Mobile Clinics are in their fourth year. The doctors and their teams continue pioneering this work. It is a moving and humbling experience to join and witness the outreach work these teams do in remote villages. Seed money to further develop the vocational training and income-generating aspects of the project could make the Mobile Clinics self-sustaining (cf. [Figure 10](#)).
- (2) The Peace School, well into its second year, has compassionate teachers and staff, and is loved and valued by the Kadutu community. Among the teachers are members of the “Music for Peace” group that I helped found also in Kadutu in 2013. Acquiring the school property, rather than having to pay rent, would free funds for educational purposes, including training special-education teachers and improving the curriculum to better help severely traumatized children.

The collaboration with my translator and local representative in the eastern Congo, Mr. Rod Eciba, is in its seventh year. Mr. Eciba is the driving force behind the implementation of two new purposeful action projects. Like the other projects, they are designed to simultaneously respond to multiple needs through local initiatives and, thus, to counteract the fractionizing forces of collective violence and trauma (cf. [Figure 8](#)).

- (3) A pilot hydroelectric power project and environmental forest restoration program in the rural area of Katanga: Goals are to educate and involve villagers in alternatives to clear-cutting ancient hardwood forests, making charcoal, and to motivate reforestation efforts. Presently, over 900 households are connected to the new grid. The next step would require additional seed money for installing a ten-mile power line to reach an additional 2,000-plus households in the town of Baraka.

- (4) Humanitarian Clinic in Baraka for helping the most vulnerable elderly and child-orphans: Goals of this pilot project are to restore dignity and alleviate social isolation by bringing together members of two populations who lost entire families to epidemic violence and/or associated HIV/AIDS. The clinic will facilitate access to medical treatment and education, and stimulate social interactions, including storytelling. Commitments have been received toward operating the clinic, but setting up the facility requires additional funding.

I feel the purposeful action paradigm is in my bones, and it is being taken up by some of my collaborators in the eastern Congo. As the son of a fire chief, I grew up on-site of a large fire department in Germany, in a town of about half a million people, during and after World War II. That world was steeped in an attitude of “What can we do about this?” rather than “Oh, this is terrible.” As horrible as things were, I learned that they could be contained with step-by-step ingenuity.

Modern research into complex collective systems offers us many new tools. The four templates I just described are examples of aggregate ecosystems. Now we need to find the appropriate *aggregate dynamics* by which smaller aggregates grow into larger ones. That aspect of my dynamic model for reducing collective violence still needs to be established.

OTHER APPROACHES TO HEALING COLLECTIVE VIOLENCE AND TRAUMA

Are there other approaches to healing collective violence and trauma? Yes. The topic is very complex and involves many disciplines. Here I offer two approaches from opposite ends of the spectrum.

Early in my work as a psychotherapist, I was inspired by Wolfram von Eschenbach’s *Parzival* (cf. Riedel, 2009), as mentioned earlier, an epic poem written around 1200 C.E. that addresses the religious fundamentalist violence of the Middle Ages, such as the Crusades and the Inquisition, from a humanist perspective. In *Parzival* we learn how, blinded by an ideology, we humans can do the most inhuman things. Moreover, we come to see that we need a new paradigm for how we relate to each other. To me the *Parzival* poem feels cosmic in scope and reveals a network-like structure and dynamic similar to that of the human mind (Riedel, 2001). *We can learn a lot from foundational myths, in terms of how people struggle to overcome collective trauma.*

There is also the work Gary Slutkin and his collaborators initiated in Chicago, which they refer to as a “disease control approach to reduce violence and change behavior” (cf. Ransford, Kane, & Slutkin, 2013). By profession, Dr. Slutkin is an infectious disease specialist who was drawn to tackling inner-city violence in the United States, initially in Chicago. He observed that urban violence spreads like a contagious disease, viewed “violent norms” as acting like viruses, and designed a cognitive-behavioral strategy to change community norms. This is another example where epidemic violence is viewed within a contagious disease framework. I believe the healing factor in this preventive public health approach is that it reduces polarization within the community by working with disenfranchised groups most at risk of committing acts of violence.

COMMUNITIES VIEWED AS ECOSYSTEMS: THE SOCIAL SKIN

When asked to elaborate on my ideas for expanding analytical psychology, I advocate taking a complexity perspective to explore collective violence and trauma, because at each

level of complexity new properties appear. Psychology is not applied neurobiology. Likewise, the behavior of large and complex aggregates of people is not to be understood in terms of a simple extrapolation of the properties of a few people. The constructionist hypothesis breaks down when confronted with the twin difficulties of scale and complexity.

Collective trauma changes the social fabric and cultural self of a community, creating a “medium of collective trauma” (cf. Figure 3). That medium contains both collective violence and global anxiety and fear as related phenomena. In earlier work, I have shown how fundamentalist terrorism is associated with fragmented community self-states, how “there is a fundamentalist core in all of us,” and how personal, cultural, and mythopoetic components interrelate in the fundamentalist trauma complex (Riedel, 2009). Of course, fundamentalist ideologies also encompass economic terrorism, marginalization, and exploitation. Psychopathic collective splitting can lead to uncontrollable chain reactions. Deleuze and Guattari provocatively state, “Groups and individuals contain micro-fascism just waiting to be crystallized” (1987, pp. 9–10). These various elements are distinct but synergistically interconnected, which I attempt to capture through non-hierarchical mandala imagery.

Viewing communities as human ecological systems, I am naturally led to study trauma phenomena on distinct scales (e.g., on the individual and group, or the one-generation and intergenerational scales). Angela Connolly masterfully describes the analysis of individuals suffering from intergenerational trauma related to “*past external reality*” (2011, p. 620, emphasis added). In this article I focus on the psychotic dissociation that innocent people experience whose *current* external reality is a fractionizing trauma medium. That is one direction into which we must expand analytical psychology.

Our minds extend far beyond our physical skins; indeed, I envision that our minds are contained in a *social skin*. We interact as social beings, and our physical and cultural environments affect how we interact. Our Western egos like to focus on particulars and dissect things, but the life forms of nature and the cosmos are *networks*. I meditate on this truth when I walk in our Northwest old-growth forests, where mycorrhizal (i.e., symbiotic) partnerships form between species of fungi and the roots of most plants. Hence I coined the term *rhizomic system’s analysis*.

Collective violence and trauma damage the social skin such that our very being, on the personal and community levels, loses its protective layer and inherent relationship or openness to our environment. This damage is an open wound, literally and figuratively, which pathogens penetrate and infections or cancers develop. As a result, we engage in defense mechanisms (more violence, acting out, exploitation, inability to relate), and over time such ingredients form a new systemic network of great complexity: another oppressive system (cf. Figures 3 and 8).

Purposeful action brings us together and focuses us on *shared tasks*, so that over time a new sacred container, or social skin, can form (cf. Figure 10). New things begin to grow. We experience new meaning, others become curious and want to join the effort, a movement forms that is sustained from within. The oppressive systems still exist, but our purposeful action engagements strengthen immune-system forces that make the newly emerging systems increasingly more resistant to the pathogens that spread collective violence.

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NOTE

1. The video, *Time and Again* (see online supplement), offers an experience of the rhizomic energies and patterns of collective violence and trauma discussed in this article. The experience of the repetition of trauma depicted in this video collage of music and image emerged from meditative practice.

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