

YOGA FOR PEACEBUILDING IN COLOMBIA: A CASE STUDY

Dunna's Ahimsa yoga projects for peacebuilding in Colombia: A case study

Submitted as a PACS6921 Essay

Due Date: Sunday 6th May 2018, 12pm (with extension)

Class: Peace of Mind: The Psychology of Peace Intensive

Word Count: 3,591 words (3,500 required)

Abstract

This case study examines an existing psychosocial peacebuilding project in Colombia. The project, created by Dunna Foundation, commenced in 2010 and is ongoing. Dunna provides programs using yoga and creative dance/movement to promote mental health in targeted vulnerable populations with the aim of supporting Colombia's transition to peace. I will be focussing on the yoga projects that were conducted from 2010-2014, before the signing of the 2016 Peace Agreement which ended hostilities between the government and the Revolutionary Armed Forces of Colombia (FARC). These projects are known as the Ahimsa projects. They were for demobilised illegal combatants with post-traumatic stress disorder (PTSD), and for supporting the emotional recovery of registered war victims. Included is an analysis of the psychology of peace theory; consideration of what is needed for trauma healing at individual and social levels; definitions of key terms; an exploration of the strengths and weaknesses of the project, and thoughts on how it could be developed to support Dunna's stated intention of making 'Colombia a worldwide leader in the implementation of alternative mental health models within the context of a peace transition process' (Dunna Foundation, 2011a).

Introduction

Dunna Foundation began its psychosocial healing programs in 2010. On its website Dunna identifies itself as ‘a non-profit organisation that designs and implements creative alternatives for peace’ (Dunna Foundation, 2018a). Its mission is summarised as contributing to ‘the achievement of a comprehensive and sustainable peace in Colombia, designing, applying and evaluating yoga and dance/movement models for individual and social fabric repair for vulnerable populations’ (Dunna Foundation, 2018b, “Mission”). This paper presents a case study of Dunna’s *Ahimsa* yoga programs, which used Satyananda Yoga™ (SY) to support psychosocial healing in demobilised illegal combatants and war victims in the latter years of Colombia’s five-decades civil war. To date, Dunna has provided yoga to over 4,000 people (N. Quiñones, personal communication, May 4, 2018).

While peace negotiations were pursued from 2012 until the government and the FARC signed a peace agreement in 2016, in the background both government and non-government organisation (NGO) initiatives had been working to support demobilised persons in reintegration and psychosocial rehabilitation since 2002 (Theidon, 2007). From 2002-2010 a series of demobilisation programs resulted in 52,419 illegal combatants being granted conditional amnesty and re-entering society (Nussio, 2012). In 2006 the establishment of the Colombian Agency for Reintegration (ACR) provided further structure and resources to oversee and implement these goals. Additionally, in 2011 the Unit for Victims’ Assistance and Reparation (the Victims’ Unit) was established and by 2018 has over 8.5 million registered victims (Amnesty International, 2018, “Civilian Victims of the Armed Conflict”, para. 1). Needless to say, Colombia’s task of creating sustainable peace with justice is formidable, will take many years, and requires ongoing patience, cooperation, creativity and financing.

From 2010-2014 Dunna’s *Ahimsa: Yoga for Reconciliation* (Y4Rec) programs provided SY to 626 demobilised illegal combatants diagnosed with PTSD (M. Lopez, personal communication, April 3, 2018). From 2013-14 their *Ahimsa: Yoga for Reparations* (Y4Rep) programs provided SY to 800 registered victims with the aim ‘to reduce the emotional suffering of the participants and contribute to the reconstruction of the social fabric in communities affected by violence’ (Dunna Foundation, 2018c, “Ahimsa: Yoga program for repair”). Public acknowledgement of suffering such as that provided by the Victims’ Unit is recognised as extremely important in the resolution of trauma between a survivor and their community (Herman, 2001).

Before looking more closely at Dunna's Ahimsa projects, I will examine some relevant terms and concepts in the field of peace psychology.

The Psychology of Peace and Psychosocial Healing: Foundations for Lasting Peace

Peace psychology is the modern expression of an age-old human quest to understand the psychological states that underpin violence, war-making and conversely, inclinations towards and efforts to promote non-violence, harmony of interpersonal and social relations, and peace (MacNair, 2003). Peace psychology is motivated by the goal of achieving a more peaceful world.

It can be understood, therefore, that the notion of positive peace, or peace with justice, is implicit within the understanding of peace psychology. Positive peace is a fulsome peace which requires more than the absence of physical violence. Jeong (2000) defines it as 'a social condition in which exploitation is minimised or eliminated, and in which there is neither overt violence nor the more subtle phenomenon of underlying structural violence' (p. 6). Theories of peace psychology, by attempting to provide an understanding of the individual, social and political mindsets that drive humans to war and peace, play an important role in providing information that supports the efforts of peace researchers and policy makers. Such information is fundamental to the implementation of psychosocial healing, the focus of this case study. Psychosocial healing in turn, contributes to the 'social condition' upon which the realisation of positive peace depends.

English Oxford Living Dictionaries (2018b) defines psychosocial as, 'Relating to the interrelation of social factors and individual thought and behaviour.' In war zones and post-conflict settings there is psychological damage at the individual, familial and community levels. There is a need for healing both the society and the individual. Effective psychosocial healing projects recognise that healing is contextual and human beings are relational (Gutlove, & Thompson, 2004). This essay explains how Dunna's *Ahimsa* programs have attempted to address these realities via psychosocial peacebuilding projects.

Mind and Peace of Mind

In thinking about peace psychology and the role of yoga in peacebuilding, it is apt to clarify the terms 'mind' and 'peace of mind'.

English Oxford Living Dictionaries (2018a) defines the mind as 'The element of a person that enables them to be aware of the world and their experiences, to think, and to feel; the faculty of consciousness and thought.' According to psychiatrist Dr Dan Siegal (2014), 'the mind is an embodied and relational process that regulates the flow of energy and information.'

According to yoga, the mind is our ‘inner instrument’ (Saraswati, 2007). Let us say then, that the mind is an internal, intangible dimension of human existence, which is experiential and interactive.

Peace of mind then, could be described as the internal dimension and experience of peace – a state or inner experience in which one feels internally comfortable, relaxed, contented, emotionally stable and calm. Lee, Lin, Huang, and Fredrickson (2013) define peace of mind as ‘an internal state of peacefulness and harmony’ (p. 571).

Yoga is arguably a system devised to promote and support peace of mind as the normal or dominant state. The Yoga Sutras (Patanjali, 500 BCE as cited in Saraswati, 2000, p. 33) state that the purpose of yoga is psychological, defining it as stilling the patterns of the mind which are referred to as whirlpools. When these mental whirlpools are still the pure mind is experienced, implying a state of inner peace, or peace of mind.

Healing from Trauma: a Key to Sustainable Peacebuilding

Inner peace is decidedly absent in those suffering the lasting psychological impacts of traumatic experiences. Considering the psychological needs of people in peacebuilding contexts means facing the impact of war trauma on both combat personnel and civilians. Addressing the longer-term effects of psychologically traumatic experiences in individuals and society is increasingly recognised as essential for peacebuilding (Gutierrez-Pelaez, 2017).

Psychological trauma can lead to a debilitating condition defined as post-traumatic stress disorder (PTSD). Core symptoms include re-experiencing the trauma, avoiding situations that might trigger the memory, extreme and exaggerated negativity, and hypervigilance and nervous system over-arousal (American Psychiatric Association [APA], 2013). Intense and sudden anger, emotional numbing, and self-destructive and addictive behaviours are also common in PTSD (APA, 2013).

Given the disruptive effects on individuals, high rates of PTSD in a society recovering from war will undermine and destabilise peacebuilding efforts (Dunna Foundation, 2018c, “Yoga for reconciliation”). Psychosocial healing is significantly compromised if PTSD recovery is not adequately taken into account. Practical, effective ways of reducing PTSD symptoms and other long-term post-trauma effects (such as emotional suffering and impaired functionality) are needed at the community, not only the individual level (Gutlove, & Thompson, 2004).

Colombian psychiatrist Dr Posada Villa (2013) observes in relation to Dunna's Ahimsa projects that, 'This country and the world are eagerly searching for cost effective and cost-efficient interventions that respond to serious mental health conditions such as PTSD.' This comment reflects the lack of evidence-based intervention/s for treating PTSD on the scale required in the wake of war, in under-resourced countries and in non-western cultures (Hobfoll, Watson, Bell, Bryant, Brymer et al. 2007). Even within Western clinical settings, current gold standard evidence-based treatments for PTSD are being questioned in the light of significant variations in retention and dropout rates in real-world situations compared with randomised-controlled trials (RCTs) (Najavits, 2015). Such treatments are administered one-to-one by highly trained professionals, rendering them irrelevant in the absence of the capacity to provide such a service.

In the absence of evidence-based interventions for mass trauma scenarios, Hobfoll et al. (2007) have identified five 'intervention principles' to guide psychosocial projects aimed at healing trauma. These are: '1. Promote sense of safety. 2. Promote calming. 3. Promote sense of self- and collective efficacy. 4. Promote connectedness. 5. Promote hope' (p. 223). These principles will be referred to in assessing Dunna's Ahimsa projects.

The application of neuroscience to the study of trauma is providing insights that are guiding the development of trauma therapy (van der Kolk, 2014). We now know that trauma changes the brain and methods of reversing these changes are being explored with reference to current understandings of neuroplasticity. Van der Kolk (2014) identifies three pathways that can be pursued to promote the needed changes and suggests that a combination is generally most helpful. The first two form the basis of evidence-based conventional clinical therapies. They rely on psychiatric medications and a 'top down' approach, using talking and cognitive processing of trauma memories. The third he describes as, 'bottom up: by allowing the body to have experiences that deeply and viscerally contradict the helplessness, rage, or collapse that result from trauma' (van der Kolk, 2014, p. 3). The integral yoga system used by Dunna fits into this latter category as a body inclusive therapy.

Positive results from emerging research on mindfulness and yoga interventions for PTSD suggest that an integrated body-mind approach has significant therapeutic potential in non-clinical settings (Wells, Lang, Schmalzl, Groessl, & Strauss, 2016). Dunna's pioneering research into low-cost group programs is therefore highly relevant to peacebuilding scholarship and practice, as well as directly assisting Colombia's psychosocial recovery from civil war.

Barriers to Trauma Recovery in Colombia

During war and in post-conflict situations the size of the traumatised population is overwhelming for a national infrastructure struggling to meet urgent demands in virtually every sector of governance. This increases the likelihood of inertia and ‘buck passing’ within relevant agencies (M. Lopez, personal communication, May 18, 2017). The prevalence of PTSD in demobilised combatants in Colombia is estimated at 37.4% (Baldovino, as cited in Quiñones, Gómez, Agudelo & López, 2015)) to 57% (De la Espriella, Pingel, & Falla, as cited in Quiñones et al. 2015). In 2015, two years before FARC disarmament, it was estimated that more than 10,000 reintegrating ex-combatants had PTSD (Quiñones, Gómez, Agudelo, López, 2015). I could not establish statistics on PTSD rates in Colombia’s eight million registered war victims. There is political reluctance to assess victims for PTSD due to the responsibility this would create for the Victims’ Unit to provide treatment beyond their resources (M. Lopez, personal communication, May 18, 2017). These factors, as well as others that will be discussed below, have frustrated and limited Dunna’s ability to expand their projects.

For example, after enjoying the support, including co-funding, of the ACR from 2010-14, a change of ACR leadership and policy halted the continuation of Dunna’s Y4Rec program. According to Dunna founder and CEO, Maria A. Lopez, from 2015 ACR handballed ‘mental health’ problems to the Ministry of Health, who in turn claimed the responsibility was the ACR’s. In her words, ‘PTSD is considered a mental health problem and mental health is so expensive no public entity wants to bear the financial burden’ (M. Lopez, personal communication, April 23, 2018). In Dunna’s work with victims, this issue was bypassed by avoiding the label of PTSD. Participation in Y4Rep was not based on PTSD diagnosis, but on the need to reduce emotional suffering and enhance coping and functionality of victims (Agudelo, Gomez, Sepulveda, Quiñones, in press).

Colombia’s transition to peace is occurring in a complex and polarised political environment amidst ongoing security, drug crime and violence problems. Suffice to say that the sense of safety which supports psychosocial healing continues to be compromised.

Dunna’s Ahimsa Programs

In 2010 Dunna conducted a randomised controlled pilot project to test the reduction of PTSD symptoms using a yoga intervention as part of the psychosocial rehabilitation of reintegrating former illegal combatants (Posada Villa, Angarita, López, Quiñones, in press). The participants were subject to amnesty conditions including undertaking a reintegration route as required by

the ACR (ACR, 2018). The pilot sought to demonstrate the effects of yoga on 45 demobilised persons who had been diagnosed with PTSD. The protocol involved two one-hour SY sessions per week for 12 weeks. The success of the pilot led to a national expansion of the project including further research, namely an RCT based on 100 participants (50 yoga, 50 control) conducted in partnership with Universidad de Los Andes, Bogota (see Quiñones et al., 2015). The results were published in *The International Journal of Yoga Therapy* in 2015. For the purposes of this paper I will refer to this as ‘the Dunna study’.

A similar project, Y4Rep, was offered to 800 individuals registered with the Victims’ Unit. Rather than targeting PTSD, this project aimed to increase ‘active coping strategies, emotional recovery and functionality... in social, family and health-related areas’ (Agudelo et al., in press, p. 1). In a mixed-methods study using quantitative and qualitative components the efficacy of the program was tested with 103 in the yoga group and 103 in the control (Agudelo et al., in press). Participants attended two one-hour weekly yoga classes for 14 weeks and were encouraged to practice yoga at home.

A Sense of Safety

As per the first of the above-mentioned five intervention principles, security, stability and safety provide a foundation for recovery from trauma. Dunna’s Ahimsa projects from 2010-14 were in response to partial demobilisation and the recognition of victims prior to the 2016 Peace Agreement. The war was ongoing and security risks for reintegrating individuals were significant. Risks to reintegrating ex-combatants included the possibility of capture and forced return to an armed group (Quiñones et al., 2015).

To enhance the actual and felt sense of security the location of the Y4Rec classes was kept secret (Quiñones et al., 2015). Participants in classes where former enemies were blended were given the option of changing groups (M. Lopez, personal communication, May 29, 2015). The Ahimsa SY teachers had at least 10 year’s teaching experience and received additional training from Dunna (Quiñones et al., 2015), inspiring confidence and trust in the students.

This comment from a Y4Rec participant is testimony to Dunna’s creation of a sense of safety against the odds: ‘The atmosphere was a bit heavy but there weren’t any signs of dissatisfaction about doing something compulsory. The teacher, slight and serene, managed to quiet the untameable beasts with just a few soft words (Cushing, 2016).’

Promote Calming

Traumatized people have an over-active sympathetic nervous system (SNS), making relaxation very difficult. SY offers a method to rebalance the nervous system by reducing fight or flight response – SNS – and inducing the relaxation response, associated with the parasympathetic nervous system (Cushing, 2016). Hobfoll et al. (2007) note that diaphragmatic breathing, yoga, mindfulness and relaxation techniques all contribute to calming.

SY is described as ‘holistic’ or ‘integral’ (Quiñones et al., 2015). This refers to the inclusion of mindfully practised yoga postures, breathing, guided relaxation and meditation (the four practice groups) within each session. Quiñones et al. (2015) refer to relevant research into the effects of the four practice groups and state that SY was chosen for their project, ‘because the classes incorporate the benefits of these four practices in a holistic approach so that all PTSD symptom clusters are addressed in the most integral way’ (p. 91).

Considering that PTSD represents a measure of the absence of calm in a person, the results of the Dunna study show the effectiveness of their Y4Rec project in meeting the ‘calming’ intervention principle. Significant findings included a clinical improvement in the yoga group of 31.01% compared with 12.1% in the control condition. The mean post-intervention PTSD score in the yoga group was 38.84, which is below the score of 44 used to indicate the presence of PTSD on the Posttraumatic Stress Disorder Check-List – Civilian Version (PCL-C; Quiñones et al., 2015). The control group established a post-intervention PTSD score of 48.26. Significant improvement in all three PTSD symptom clusters (re-experiencing, avoidance, hyperarousal) was established in the yoga group.

This testimonial from a participant sums up the calming effect: ‘Now I sleep better. They teach you how to breathe and relax properly’ (Dunna Foundation, 2018c, “Yoga for reconciliation”).

Self- and Collective Efficacy, Connectedness and Hope

A sense of control and of the likelihood of positive outcomes in life, individually and in groups, is often significantly reduced following traumatic experiences. The loss of self- and collective efficacy in mass trauma situations seems to benefit from participation in community-based activities (Hobfoll et al., 2007). There is evidence that yoga and meditation are associated with improved self-efficacy (Waelde, Thompson, & Gallagher-Thompson, 2004).

The reduction in PTSD symptoms observed in Y4Rec participants indicates improved self-efficacy, connectedness and hope. This is illustrated by members of the yoga group showing interest in becoming yoga teachers themselves (Quiñones et al., 2015). Testimonials describe the results at the personal level: ‘Yoga has helped me to express myself in the proper

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manner and to relate to people and share with them. It has helped me to feel better and to liberate emotions from my body' (Cushing, 2016). And from a war victim participant in Y4Rep: 'I was afraid to go out into the street, I didn't even leave the house...I started going out about a month ago. I think I go out now because of yoga' (Cushing, 2016).

Y4Rep collected data on use of active coping mechanisms and functionality. The research concluded that the yoga group showed increased use of active coping strategies, reduced aggression, sadness, fear, anxiety and anger and improved social functionality (Agudelo et al., in press). Reduction in these negative feelings and behaviours lays the foundation for improved relationships and gives hope a chance. The research also points to the making of friends in the yoga group, directly enhancing community connections and relationships. The Y4Rep study notes improved functioning in family and social contexts and states that 'social networks in favour of the psychosocial recovery of the victims have been constructed around the practice of yoga' (Agudelo et al., in press, p. 15).

Following the Y4Rep programs, interested graduates have trained as yoga teachers (M. Lopez, personal communication, May 18, 2017). This supports individuals in meaningful employment and increasing the availability of yoga in lower socio-economic communities, contributing to structural change towards sustainable peacebuilding.

Strengths and Weaknesses

Many of the strengths and some of the limitations of the Ahimsa projects have already been described. Careful planning and implementation provided a strong foundation for the projects. Dunna's partnership with Los Andes University to conduct and publish an RCT with a large sample size is a significant contribution in itself. The Y4Rec study concluded that 'yoga is a safe, non-pharmacological alternative for former combatants from Colombian illegal armed groups, whose mental health is key to successful reintegration into society as civilians' (Quiñones et al., 2015, p. 95).

An ongoing relationship with sponsor Fundacion Bolivar Davivienda, including some joint-funding with the ACR, has enabled the projects to be professionally organised.

Consultation with experts in psychiatry, clinical psychology, SY and research have ensured the development of appropriate and flexible protocols (Agudelo et al., in press; Quiñones et al., 2015). Openness to evolving the protocols based on experience and according to different groups has resulted in high levels of participant retention (Quiñones et al., 2015). The identity transformation of victims into survivors is indicated by testimonials observing that

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the yoga helped them return to abandoned roles, including community leadership and organising (Quiñones et al., 2015).

Encouragement to practice at home was supported by providing a practice handbook and CD with guided relaxation and meditation recordings (Quiñones et al., 2015). This facilitated sharing with family and friends, and integration of yoga into everyday life.

The Ahimsa projects have not been without frustration. The organisers identify the major limitations as lack of funding for long-term evaluation and longer-term programs (M. Lopez, personal communication, April 23, 2018). Colombia's shifting political landscape and policy changes compromise the continuity and scale of implementation.

I suggest that the use of this model elsewhere could be limited by lack of experienced SY teachers.

Dunna's Ahimsa projects are a valuable template for using yoga in peacebuilding. This is evidenced by the project's correlation with the five intervention principles of Hobfoll et al. (2007). Expansion of the program would be supported by the production of a manualised handbook outlining the use of yoga as a tool for peacebuilding alongside the development of training programs to equip others at grassroots and organisational levels to offer similar programs. Such initiative would further Dunna's goal of making 'Colombia a worldwide leader in the implementation of alternative mental health models within the context of a peace transition process' (Dunna Foundation, 2011a).

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