Yoga and
Psychology and Psychotherapy

Compiled by: Trisha Lamb

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International Association of Yoga Therapists
P.O. Box 2513 • Prescott • AZ 86302 • Phone: 928-541-0004
E-mail: mail@iayt.org • URL: www.iayt.org

The contents of this bibliography do not provide medical advice and should not be so interpreted. Before beginning any exercise program, see your physician for clearance.
“How is the field of psychotherapy to become progressively more informed by the infinite wisdom of spirit? It will happen through individuals who allow their own lives to be transformed—their own inner source of knowing to be awakened and expressed.”

—Yogi Amrit Desai

NOTE: See also the “Counseling” bibliography. For eating disorders, please see the “Eating Disorders” bibliography, and for PTSD, please see the “PTSD” bibliography.

Books and Dissertations

Abegg, Emil. *Indische Psychologie.* Zürich: Rascher, 1945. [In German.]


“This volume comprises lectures delivered by Swami Abhedananda before an audience in America on the subject of the Yoga-Sutras of Rishi Patanjali in a systematic and scientific manner.

“The Yoga Psychology discloses the secret of bringing under control the disturbing modifications of mind, and thus helps one to concentrate and meditate upon the transcendental Atman, which is the fountainhead of knowledge, intelligence, and bliss.

“These lectures constitute the contents of this memorial volume, with copious references and glossaries of Vyasa and Vachaspati Misra.”


“Modern Psychology does not address a science of the soul.’ True Psychology, on the other hand, is that science which consists of the systematization and classification of truths relating to the soul or that self-conscious entity which thinks, feels and knows.”

Agnello, Nicolò. *Yoga e Psicanalisi.* Faenza: Faenza Editrice, 1978. [In Italian.]


From a review by Jeffrey Miller, *The Korea Times*, 13 May 2005: “As a long-time Buddhist practitioner and professor, Aronson possesses a deep personal knowledge of how the practice is used, and sometimes misused, by Westerners. Aronson captures this by providing a very interesting and illuminating cross-cultural perspective, by picking up both the strengths and weaknesses of Buddhism as well as how it has been both transplanted and translated from Asia to the West. Realizing the value of both Buddhist philosophy and meditation, Aronson offers readers a unique and invaluable perspective on the way Buddhist teachings are recruited to one's individual neuroses or how these teachings can be integrated into one's daily life.

“He presents a constructive and practical assessment of common conflicts experienced by Westerners who might have looked to Eastern spiritual traditions for guidance and support, only to find themselves more confused or even disappointed. He illustrates the fundamental vision of Buddhism as well as a cross-cultural and psychological reflection that is respective of both cultures. At the same time, he raises important questions and provides helpful insights about some of the pitfalls that can occur when Eastern and Western cultures come together.

“He limits his focus to four central themes in Buddhist teachings—self, anger, love, and attachment—which have different interpretations and psychological correlates in Western thought. He closely examines the cultural differences inherent in each of these central Buddhist teachings and shows among other things how individuals can tap into the spiritual development if they can reconcile the cultural differences. For example, he discusses Western culture's emphasis on individuality versus the Asian emphasis on interdependence and fulfillment of duties, and the Buddhist teachings on no-self or egolessness. His thorough and insightful investigation of these differences provides readers with a better understanding of how Dharma practices can be successfully integrated into our lives.”


The latter part of the book discusses the psychological aspects of various traditions and finds that Jnana-Yoga is philosophical, psychological, and psychosomatic; Patanjali’s Astanga-Yoga is physical-psychological and philosophical; Buddhism is pure psychology of consciousness; and Zen is psychoanalytical.

**Auriol, Bernard.** *Yoga et Psychothérapie: Les Apports du Yoga à l’Équilibre Humain.* Toulouse: Privat, 1977. [In French.]


**Barte, Nhi, D. Dange, and Ram.** *Yoga et Psychiatrie: Réflexions à Propos d’une Technique Ancienne de Recherche de la Libération.* Paris: Editions de la Tete de Fuilles, 1972. [In French.]


From a review in *Network*, Apr 2001, no. 75, p. 66: “The value of the book lies in its systematic exploration of health from the yogic viewpoint, which supplements the physical and overcomes the inadequacies of the physically based biomedical model. After introducing the Indian notion of consciousness he explores the various planes including the neglected vital plane before going on to discuss an integral approach to healing including social and cultural factors. He compares his approach with that of the homeopath . . . George Vithoulkas and gives some illuminating case histories at the end.”


“. . . a very practical guide to the postures of yoga—but one which, by giving their inner meaning and effects, adds a whole new dimension to them . . .”


From a review by Felicia Tomasko, *LA Yoga*, May/-Jun 2003, pp. 26-27: “Our emotions are fluctuations which often control us, but which can, according to Bija, be balanced through acknowledging, understanding and expressing them. In this book she describes how we create emotional balance through our yoga practice.

“In Emotional Yoga, Bija Bennett delves into her years of experience studying yoga and meditation and her work using yoga therapeutically with people ranging from athletes to the terminally ill . . . Although Bija does include clearly photographed and detailed yoga sequences,
this is not a book about how to do yoga *asana* or which poses increase or decrease specific emotions. Instead, she focuses on the tools provided by the whole discipline of yoga through the eight limbs of asthanga or raja yoga describe in Patanjali’s *Yoga Sutras* and relates them to our emotional processes.

“In relating emotions to the limbs of yoga, we can explore the practice in a new way. These limbs are: *yama, niyama, asana, pranayama, pratyahara, dharana, dhyana* and *samadhi*. Bija described their associated teachings as: intelligent behaviors, personal attitudes, bodily exercise, conscious breathing, sensory awareness, focusing attention, sustaining attention and increasing wholeness and relates them to the emotional qualities of allowance (*yama*), allegiance (*niyama*), will and power (*asana*), love (*pranayama*), harmony (*pratyahara*), knowledge (*dharana*), wisdom (*dhyana*) and synergy (*samadhi*) . . .”


_________. *Abendländische Therapie und östliche Weisheit*. Stuttgart: Klett, 1967. [In German.]


From the publisher: “Unites Eastern concepts of the body’s energy centers, or chakras, with Western psychology. [The author] explores the parallels between the chakra system symbolism and C. G. Jung’s process of individuation, showing how each chakra represents a stage in our psychospiritual development.”


Psychotherapist and vipassana teacher Tara Brach explores how the dharma can teach self-acceptance and happiness and overcome feelings of “not being good enough.”


From the publisher: “While psychotherapy often emphasizes the building of a strong sense of self, *Buddhism on the Couch* challenges this approach. Drawing from the core Buddhist concept of non-self, it features specific instruction and includes helpful exercises that show readers the way to transcend the limitations of one’s identity. For 2,500 years Buddhism has developed an understanding of how the mind clings to false perceptions and tries to control reality. Buddhism on the Couch combines psychoanalysis with the Buddhist response to these mental misunderstandings. In doing so it turns Buddhism’s Four Noble Truths, Eightfold Path, and Five Skandhas into useful therapeutic tools. Buddhism on the Couch explores the relevance of Buddhist teachings and psychology to everyday experience and shows how letting go of the attachment to self opens people to full engagement with life and with others.”


**Bunk, Brian Edward.** Effects of Hatha Yoga and mantra meditation on the psychological health and behavior of incarcerated males. Ph.D. dissertation, University of Texas Health Science Center at Dallas, 1978.


**Chinnakesavam.** *The Concept of Mind in Indian Philosophy.*


**Choisy, M.** *Yoga et psychoanalyse.* Paris: Ed. du Mont Blanc, 1945. [In French.]


Contents: Western psychology and Buddhist teachings: Convergences and divergences; Mind, senses and self; The light’s on but there’s nobody home: The psychology of no-self; Who am I? Changing models of reality in meditation; Selfhood and self-consciousness in social psychology: The views of G. H. Mead and Zen; The spiritual psychology of Rudolf Steiner; Buddhist psychology: A paradigm for the psychology of enlightenment; The three facets of Buddha-mind; Buddhism and psychotherapy: A Buddhist perspective; Beyond illusion in the psychotherapeutic enterprise; Applications of Buddhism in mental health care; Buddhism and behaviour change: Implications for therapy; Bankei—seventeenth century Japanese social worker?; Meditation: Psychology and human experience; The new religions and psychotherapy: Similarities and differences; Psychotherapy and techniques of transformation; Therapy and beyond: Concluding thoughts


“Foundational for Hindu, Jaina, and Buddhist thought and spiritual practice, Patanjali’s *Yoga-Sûtras*, the classical statement of Eastern Yoga, are unique in their emphasis on the nature and importance of psychological processes. Yoga’s influence is explored in the work of both the seminal Indian thinker Bhartrhari (c. 600 C.E.) and among key figures in Western psychology: founders Freud and Jung, as well as contemporary transpersonalists such as Washburn, Tart, and Ornstein. Coward shows how the yogic notion of psychological processes makes Bhartrhari’s philosophy of language and his theology of revelation possible. He goes on to explore how Western psychology has been influenced by incorporating or rejecting Patanjali’s Yoga. The implications of these trends in Western thought for mysticism and memory are examined as well.”

Contents: Agama in the *Yoga Sutras* of Patanjali; The Yoga psychology underlying Bhartrhari’s *Vakyapadiya*; Yoga in the *Vairagya-Sataka* of Bhartrhari; Freud, Jung, and Yoga on memory; Where Jung draws the line in his acceptance of Patanjali’s Yoga; Mysticism in Jung and Patanjali’s Yoga; The limits of human nature in Yoga and transpersonal psychology.


“The results of a series of meetings between the Dalai Lama and a group of eminent neuroscientists and psychiatrists. Addresses some of the most fundamental and troublesome questions which have driven a wedge between the realms of Western science and religion for centuries. Is the mind more than an ephemeral side-effect of the brain’s physical process? Are there forms of consciousness so subtle that science has not yet discovered them? How does consciousness begin?”


“A Harvard Medical School Symposium with the Dalai Lama, Indo-Tibetan scholars, and scientists offers new insights into the workings of perception and cognition.”


An anthology drawn from the 30 volumes of Sri Aurobindo’s writings. The editor is a clinical psychologist connected with Aurobindo’s ashram, and he supplements the anthology with seven essays on the teacher’s psychological thought and a concise glossary.

Contents: Consciousness the Reality; The Manifold Being; The Surface Being and the Inner Being; The Inconscient: The Subconscient; The Outer (Surface) Being; The Inner Being, the Subliminal (Self); The Psychic Being; Purusha and Prakriti: Soul and Nature; The Gunas of Prakriti: The Three Modes of Nature; Self, Ego and Individuality; The Superconscient: Gradations of the Higher Consciousness; Liberation and Transformation; Validity of Supraphysical and Spiritual Experience; The Psychology of Faith; States of Consciousness; Sleep and Dreams; Psychical Phenomena; Evolution of Mankind; Psychological and Spiritual Growth of Society; Towards a Greater Psychology; Essays: The Nature and Methodology of Yoga Psychology; The Scientific Study of Consciousness: Three Prerequisites for Consciousness Research; Consciousness: The Materialistic
and the Mystical Views; Sri Aurobindo on the Structure and Organisation of the Being: An Integral Map or Self-Discovery; Sri Aurobindo on the Self as Experienced in Yoga; Self, Ego and Individuality: Sri Aurobindo’s Integral View; Sri Aurobindo on Human Development: A Transpersonal Perspective


Contents: Training the mind: First steps in a cross-cultural collaboration in neuroscientific research; A science of compassion or a compassionate science? What do we expect from a cross-cultural dialogue with Buddhism; Is compassion an emotion? A cross-cultural exploration of mental typologies; Kindness and cruelty in evolution; Understanding our fundamental nature (by His Holiness); Dialogues, Part I: Fundamental Questions; Toward a biology of positive affect and compassion; Empathy-related emotional responses, altruism, and their socialization; Emergency helping, genocidal violence, and the evolution of responsibility and altruism in children; Altruism in competitive environments; Dialogues, Part II: Pragmatic extensions and applications; Appendix: About the Mind and Life Institute


“A scientist compares and contrasts the Buddhist theory of perception and Western science.”


Abstract: The purpose of this essay is to propose a new treatment for Musical Performance Anxiety (MPA) called Mindfulness Meditation (MM), a technique for brain function manipulation, learned through oriented training, in which individuals can actually control the neurology of their emotions by reducing their negative emotions and improving the positive ones (Goleman, 2003b). Richard Davidson, Jon Kabat-Zinn and colleagues (2003b) proved that through Mindfulness Meditation subjects were actually able to decrease negative emotions and increase positive ones, thereby enhancing their immune function and emotional balance. This research has been identified within a new discipline named Affective Neuroscience (Davidson & Sutton, 1995). The brain side activation shift achievable through Mindfulness Meditation is a powerful tool that will enable performers to regulate negative affects involved in abnormal levels of Musical Performance Anxiety. Through the present study, performers will be able to use methods, such as the one proposed by Davidson, Kabat-Zinn et al. (2003b), to achieve emotional balance, thus preparing themselves for performances in a healthier way. Regulating MPA with Mindfulness Meditation promises to have a significant impact on musical performance skills. The essay has suggested future studies on the subject.

Contents: Haribhadra, Jainism and Yoga; Haribhadra’s Synthesis of Yoga; A Model for Psychosynthesis Today


**Duchamp, Lynne.** *Psychosomatic Illness and Yoga Therapy.* India, 1984.


“*Going on Being* is Epstein’s memoir of his early years as a student of Buddhism and of how Buddhism shaped his approach to [psycho]therapy, as well as a practical guide to how a Buddhist understanding of psychological problems makes change for the better possible.”


From the publisher: “Can desire be a teacher? Epstein, best-selling author of Going to Pieces without Falling Apart, offers a liberating approach to interpersonal connection with this fascinating weave of psychoanalysis and Buddhism. He shows us how spiritual attainment doesn’t have to exclude intimacy and eroticism, and helps us bridge the gap between self and other.”

**Fenaughty, Kathlene.** Yoga and Psychotherapy. Ph.D. candidate, Drew University, Madison, New Jersey, forthcoming.


“An interpretation of Buddhist Madhyamaka philosophy from the perspective of Western systems theory and psychology.”


From the publisher: “Dr. Fleishman explores the interface between psychiatry, science, and meditation.”


Contains a chapter by Christopher Chapple, “The Unseen Seer and the Field: Consciousness in Samkhya and Yoga.”


**Fryba, Mirko.** The Art of Happiness: Teachings of Buddhist Psychology. Boston, Mass.: Shambhala Publications.

From the publisher: “Here is an extraordinarily lucid and intelligent self-help book, inspired by the Abhidamma, an ethical-psychological teaching presented in the body of ancient Buddhist scriptures of the same name. Based on various techniques of Buddhist mind training, the Abhidamma represents the systematic knowledge of the Dharma, or ‘good teaching’—that is, the liberating, happiness-promoting way of life. Dr. Fryba has designed a complete workbook of Dharma strategies for self-transformation, including some thirty detailed exercises that help readers feel at home in their bodies, protect well-being through mindfulness, and perceive reality with clarity and wisdom. These exercises show how to deal skillfully with painful events and negative emotions, and also offer direct ways of promoting positive emotions such as cheerfulness, sympathetic joy, and compassion. By relating these experiences to specific situations encountered in his work with friends, students, patients, and workshop participants, the author makes these ancient techniques genuinely applicable to familiar contemporary settings whether in everyday life, in meditation practice, or in the context of psychotherapy. At the same
time, his faithfulness to his Buddhist sources will be appreciated by traditional-minded spiritual practitioners.”


From the publisher: “Can the mind heal the body? The Buddhist tradition says yes—and now that many Western scientists are beginning to agree, these discussions between His Holiness the Fourteenth Dalai Lama and a group of prominent physicians, psychologists, and meditation teachers could not be more timely. This book is a record of the Mind and Life Conference III, a meeting that took place in 1991 in Dharamsala, India, gathering together a unique assortment of Buddhist teachers and Western scholars to discuss such questions as: How are the brain, immune system, and emotions interconnected? What emotions are associated with enhanced well-being? How can death help us understand the nature of mind? How does self-esteem affect body and mind? How is morality related to physical and mental health? Can the mind heal the body?


From a review by Silvana Tropea at Amazon.com: “Destructive Emotions: How Can We Overcome Them? A Scientific Dialogue with the Dalai Lama forcefully puts to rest the misconception that the realms of science and spirituality are at odds. In this extraordinary book, Daniel Goleman presents dialogues between the Dalai Lama and a small group of eminent psychologists, neuroscientists, and philosophers that probe the challenging questions: Can the worlds of science and philosophy work together to recognize destructive emotions such as hatred, craving, and delusion? If so, can they transform those feelings for the ultimate improvement of humanity? As the Dalai Lama explains, ‘With the ever-growing impact of science on our lives, religion and spirituality have a greater role to play in reminding us of our humanity.’

“The book’s subject marks the eighth round in a series of ongoing meetings of the Mind Life Institute. The varied perspectives of science, philosophy, and Eastern and Western thought beautifully illustrate the symbiosis among the views, which are readily accessible despite their complexity. Among the book’s many strengths is its organization, which allows readers to enjoy the entire five-day seminar or choose sections that are most relevant to their interests, such as ‘Cultivating Emotional Balance,’ ‘The Neuroscience of Emotion,’ ‘Encouraging Compassion,’ or ‘The Scientific Study of Consciousness.’ But the real joy is in gaining an insider’s view of these extraordinary minds at work, especially that of the Dalai Lama, whose curiosity, Socratic questioning, and humor ultimately serve as the linchpin for the book’s soaring intellectual discussion.”


____________, and Leslie S. Kawamura. *Mind in Buddhist Psychology*. Dharma Publishing, 1975. (From a review by Swami Radhanananda in the summer 2000 issue of *Ascent*: “... a translation of Ye-Shes rgyal-mtshan’s [1683-1737] *The Necklace of Clear Understanding*, a verse-text which explains the mind and its fifty-one mental events. ... If you want to look up something such as anger, jealousy, gloominess or worry, to name a few, they are ... indexed and explained.”)


From the publisher: “A clear, concise presentation of how the mind functions, this text classifies basic mental events, such as perception, emotions, and concentration, and gives precise instructions on how to recognize and transform negative mental and emotional patterns. Based on the Abhidharma teachings of Asanga.” Adopted for courses in 26 universities.


Contents: Foreword by Marion Woodman; Creation; The Body as Container; “I Want to Be a Bird”; The Spine as Axis between Heaven and Earth; Yaakov; Muladhara, Elephants and the Kabbalah; The Fire of Kundalini


Hauer, J. W. *Der Yoga im Licht der Psychotherapie*. Leipzig, 1930. [In German.]


In Zen teacher Cheri Huber’s book “fear is unmasked to reveal that all that separates us from ourselves is an illusion.”


Zen teacher Cherie Huber’s book “includes a discussion of Prozac and other mood-altering drugs, the role of exercise in dealing with depression, and a how-to blueprint for learning to bring the light of conscious, compassionate awareness to the darkness of depression.”


Abstract: Since Vietnamese refugees are an often underserved population who face a myriad of psychosocial difficulties, research and intervention must attend to their specific needs and available resources. In an attempt to do so, this study examined the factor structure of the Religious Orientation Scale (ROS) and the correlation of mantra meditation, religious orientation, and the interaction thereof to psychological distress and self-actualization. Participants were 169 Buddhists between the ages of 18 and 91 from a community center and a temple. Cross-sectional data were gathered using the ROS, the Brief Symptom Inventory, the Personal Orientation Inventory, the Suinn-Lew Asian Self-Identification Scale, and constructed meditation and demographic questionnaires. Results indicated ROS items loaded onto separate Intrinsic and Extrinsic factors; however, there was no distinction between Personal and Social secondary gains. Results also revealed that the least psychological distress was reported by those who were more culturally traditional, those who were indiscriminately proreligious, and those with a strong intrinsic orientation. When mindfulness to the present was used as an indicator of self-actualization, westernized individuals and those with a weaker extrinsic orientation scored as healthiest. When increased reactivity to internalized principles and motivations was used as an indicator of self-actualization, westernized individuals, indiscriminately proreligious individuals, and those a weaker intrinsic orientation scored as healthiest. The examination of the interaction between mantra meditation and religious orientation showed that a strong extrinsic orientation among experienced mantra meditators was correlated with less distress and more self-actualization. The current study ameliorated the paucity of research on mantra meditation within a
religious context by supporting the notion of a 12-month practice period during which time nonmeditators and inexperienced meditators were psychometrically indistinguishable, showing that the indiscriminately proreligious label unexpectedly conferred protection among this ethnic minority sample, and exposing the powerful confounding relationships of practice regularity, concentration levels during mantra use, and acculturation. Future research should employ true experimental design with random assignment to treatment conditions to render causal relationships. A prospective design exceeding 12 months and focusing on the label of indiscriminately proreligious among ethnically- and religiously-diverse cohorts would be optimal.


“... a series of lectures given by Lama Jigme Rinpoche at Dhagpo Kagyu Ling monastery in France in 1994, 2002, and 2003 ...”


*The Journal for Tibetan Buddhist Psychology and Medicine*. Published by the Institute for Tibetan Buddhist Wellness and Counseling, San Francisco, California.


“Anodea Judith has mapped the striking connections between the yogic healing arts and modern psychology and demonstrates how a combination of both traditions can be dramatically more effective than using either one alone.”
From the website: “The chakra system is a profound model for both personal and planetary transformation. This model mirrors the process of individual psychological development from birth to adulthood, described in detail in *Eastern Body, Western Mind* (and more briefly in the article, ‘How to foster health chakras in children’).

“The same model can be applied to our collective development from first chakra stone age infancy, to second chakra Neolithic toddlerhood, and the past 5,000 years of third chakra sibling rivalry and social organization, to emerge at the present time in the throes of adolescence, coming of age into adulthood. Having reached our adult size in terms of population, we must now grow in a spiritual direction, which involves awakening the values of the heart and integrating the chakras above with those below. This coming of age process is an initiatory rite of passage, occurring both individually and collectively through the byproducts of our civilization: overpopulation, environmental destruction, resource scarcity, political conflict, and the global brain that is awakening through mass media and the internet.”

Combines nonfiction and fiction chapters.


**Kalghatgi, T. G.** *Some Problems in Jaina Psychology*. Dharwar Karnatak University. 1961.

Contents: Jaina Theory of the Soul; Mind in Jainism; Jaina Theory of Upayoga; The Sense Organs & the Senses; The Jaina Theory of Sense Perception; Other Sources of Empirical Knowledge; Supernormal Perception; The Journey of the Soul; Conclusion

__________. *Studies in Jain Psychology*.


Contents: The Meeting of Buddhist and Western Psychology (Chögyam Trungpa Rinpoche); Defense Mechanisms According to Psychoanalysis and the Pali Nikayas; Psychological Observations on the “Life of Gautama Buddha”; The Concept of Citta in Some Early Buddhist Texts and Jung’s Analytical Psychology; Mind/Cosmos Maps in the Pali Nikayas; The Ideational Content of the Buddha’s Enlightenment as Selbstverwirklichung; Emotions and Therapy; Three Paradigmatic Zones; Illusion and Human Suffering: A Brief Comparison of Horney’s Ideas with Buddhistic Understanding of Mind; The Meaning of Death in Psychoanalysis, Existential Phenomenology and Dogen Zen; The Human Situation and Zen Buddhism; Prasanga and Double-Bind; Paratantra and Parikalpita as Epistemological Concepts in Yogacara Buddhism and Holographic Psychology; Buddhist rDzogs-chen Thought and Western “Daseinsanalyse”; On the Phenomena of the “Feminine” According to Tantric Hagiographical Texts and Jungian Psychology


From the publisher: “A practical guidebook for spiritual seekers that provides a bridge between the best in Western psychology and the most relevant in yogic spirituality. It provides maps for an inner journey. Meditation, breathing techniques, mantra and devotion are presented as practical psychological tools to change our thoughts, emotions and deep-seated conditionings.”

Krishnamacharya Yoga Mandiram in collaboration with Vijay Human Services. Teaching Yoga to the Children with Special Needs. Contact Krishnamacharya Yoga Mandiram, 31 (old no. 13) Fourth Cross Street, Ramakrishna Nagar, Chennai-600 028, India, tel.: + 91 (0)44 4933092, fax: + 91 (0)44 4613341, email: director@kym.org, URL: www.kym.org.

“The KYM in collaboration with Vijay Human services (VHS)—an institution specializing in handling children with special needs—started introducing yoga to these children and has witnessed enormous progress in them. KYM now continues this commitment towards helping these children. An outcome of this commitment is a publication in association with the VHS titled Teaching Yoga to the Children with Special Needs. The KYM has also sponsored seminars and trains teachers to handle the mentally handicapped.”


From the publisher: “Western culture has long sidelined compassion as the province of the saintly or the overly naïve. To our great detriment, we have overlooked one of our most powerful inner resources for creating a life of happiness and contentment. In *The Lost Art of Compassion*, clinical psychologist and longtime Tibetan Buddhist practitioner Lorne Ladner rescues compassion from the margins, and demonstrates its direct and powerful benefits for our day-to-day lives.

“Until recently Western psychology focused almost exclusively on working with unhealthy emotions and relationships, turning very little of its research or expertise toward understanding positive emotional states. While interest in positive psychology is just dawning in the West, the cultivation of compassion has been a cornerstone of Tibetan Buddhism, studied and developed for over a thousand years. *The Lost Art of Compassion* is the first book to incorporate the Tibetan Buddhist teachings most suited to Westerners and provides a crucial perspective that is sorely lacking in Western psychology. Bringing together the best contributions of psychology and Buddhism, Dr. Ladner bridges the gap between East and West, theory and practice, in this user-friendly guide for getting through each day with greater contentment and ease . . .”


“The understanding of mind is essential for treading the spiritual path of Tibetan Buddhism. This book presents penetrating instructional methods for approaching this understanding.”


Abstract: A study was conducted to investigate the relationship between hatha yoga practice and subjective well-being (SWB) by comparing SWB levels of beginning and advanced hatha yoga practitioners. Since SWB is correlated with several variables, the most highly correlated of these variables, extraversion (E) and neuroticism (N), were controlled to prevent potential confounding effects. Thus, in addition to completing questionnaires on SWB and demographics, participants also completed measures for extraversion and neuroticism. Participants were 107 male and female adult hatha yoga practitioners recruited from various hatha yoga centers in Hawaii. Multivariate analysis of covariance (MANCOVA) was used to analyze the effect of yoga experience on the three dependent SWB variable—life satisfaction, positive affect, and negative affect—considered together. Subsequent univariate analysis of covariance (ANCOVA) was then performed on each of the three dependent measures. As hypothesized, the advanced hatha yoga practitioners were found to have higher levels of SWB than the beginning hatha yoga practitioners—that is, the effect of yoga experience on SWB was found to be marginally significant ($p = .0526$). Subsequent ANCOVA revealed that of the three dependent components of SWB—life satisfaction, positive affect, and negative affect—yoga experience was found to have a significant effect on positive affect. No interaction effects were found. The advanced and beginner yoga groups were comparable in terms of
gender, education, relationship status, extraversion, and neuroticism. The two groups studied were not comparable in age, income, and ethnicity.

**Leifer, Ron.** *The Happiness Project: Transforming the Three Poisons that Cause the Suffering We Inflict on Ourselves and Others.* Ithaca, N.Y.: Snow Lion, 1997.

“A psychiatrist/psychologist identifies a point of clarity from which lasting happiness can be achieved.”

**Leuba, J. H.** *Die Psychologie der religiösen Mystik.* München, 1927. [In German.]


Contents: PART I: BUDDHISM: King Ashoka’s question: What is your secret? Maturity and serenity; The story of Siddhartha; The Hindu context; The core of the Buddha’s teachings; The Noble Truth of dukkha (suffering), part 1: Suffering and transitoriness; The Noble Truth of dukkha, part 2: Caught in the causal matrix; The Noble Truth of tanha (craving); The Noble Truth of nirvana (liberation), part 1: Conquer the beasts within; The Noble Truth of nirvana, part 2: The nature of attachment; The Buddha: The compassionate one; Supermaturity; Anatman reconsidered: You are not your mind; The Noble Truch of magga (the path), part 1: Wisdom and ethics; The Noble Truth of maggas, part 2: Mental discipline; PART II: YOGA: Yoga and Buddhism; I discover Hatha Yoga; Savarasana [Shavasana]; The yogic state, part 1: Immersion; The yogic state, part 2: Transforming judgment; The yogic state, part 3: Life is where you find it; Yogic theory: The unenlightened mind; The eight angas, part 1: The practices; The eight angas, part 2: The experiences; Yogic theory: The enlightened mind; PART III: EXTENDED SUPPLEMENTS: Buddhism, Yoga, and Western psychology; Mindfulness and right thoughts; Problem solving as compassionate action; Empathic assertiveness as right speech; PART IV: HANDLING ANGER: The nature of anger; Anger: Assumptions and levels of expression; Specific methods, part 1: Right views of others; Specific methods, part 2: Changing one’s own attitudes; Specific methods, part 3: When anger occurs

**Lindquist, Sigurd.** *Die Methoden des Yoga.* Lund, 1932. [In German.]


From a review in *Tricycle*, Summer 2002, p. 94: “According to David Loy, Westerners place a high value on individuality and self-consciousness. But in Buddhism an Western psychology, the self is recognized as a construct, ungrounded. As Westerners we experience this groundlessness as a sense of lack. Greed, ill-will, and delusion—the three sources of suffering, according to Buddhism—result rom our efforts to resolve this lack. Loy’s esoteric but provocative examines how lack has been experienced in different historical periods and how its consequences have critically affected the development of Western history.”


From the publisher: “Dr. Mann integrates the ancient wisdom found in yoga philosophy with modern psychotherapy.”

Dr. Mann’s Institute for Alternative Healing offers a nine-month training program in Sacred Psychotherapy. More information is available at the website above.


“An introduction to some of the basic principles of yoga and mindfulness, this booklet begins with Donna’s interpretation of Patanjali’s Yoga Sutras. These are followed with twenty simple postures and breathing techniques for increasing self-awareness and relaxation.”


“A sufferer himself, Martin suggests that depression is a spiritual issue. Showing how Zen practices and wisdom can be used effectively as an instrument of healing in an easy-to-follow format, Martin offers the techniques that helped him through his own crisis. Each chapter focuses on a different aspect of depression, followed by a suggested meditation or reflection.”

Contents: Introduction, Stopping to learn, Exploring the territory, Pain, Impermanence, Death, Fear, Doubt, The body’s grief, Desire, Escapes, Picking and choosing, Anger, Time A larger meadow, An end to suffering The truth of joy, Freedom, Seeing without blame, Breaking open your heart, You are enough, Emotional geology, A path through depression, The middle way, Not what we think, The final authority, Community, Faith, Selflessness, Embedded in life, No expectations, Close to the truth, Gratitude, Attention, Sit down, Four houses, Homelessness, The healing life of nature, The value of uselessness, Effort, Work, Parental mind, Compassion and action, Living in vow

Masson-Oursel, P. *Doctrines et Méthodes Psychologiques de l’Inde*. Paris, 1921. [In French.]


*Méditation et Psychothérapie*. Spiramed, Le Fennec éd., 1995. [In French.]


Contents: Buddhism, C. G. Jung, Methods in Jung’s Psychology and Tibetan Buddhism, Archetypal Symbols—Tantra and Jung, Tantric Buddhism and Jung—Connections, Similarities, Differences


From the publisher: “This book is designed to be a guidebook for the initiates as well a seasoned practitioners of Yoga meditation, and approaches the subject from the comprehensive standpoints of physiology, neurophysiology, psychology, parapsychology, philosophy and religion. People who practice other forms of Eastern of Western meditation should also benefit from this book, because it clearly demarcates the phenomena that characterize each stage of meditational practice and hence serves as a yardstick for their progress in spiritual growth.”

Murphy, Gardner, and Lois B. Murphy, eds. *Asian Psychology*. New York/London: Basic Books, 1968. (Covers psychology of India, China, and Japan.)


Abstract: Abortion is a complex phenomenon experienced by millions of women every year. Post-abortion distress, operationally characterized by feelings such as guilt, regret, sadness, depression, bereavement, and anxiety is found in approximately 9–26% of women who have an abortion. This dissertation reviews the literature surrounding the experience of abortion, including the psychodynamics of abortion and its relationship with mourning. Seeking to better understand the concepts discovered, a thorough review of the theories of self psychology, Buddhism, and mindfulness meditation is provided. Using these frameworks as lenses, the experiences of abortion and post-abortion distress are explored. This dissertation integrates several key elements of the aforementioned schools of thought, ultimately seeking to conceptualize the experience of post-abortion distress. In light of the integration, psychotherapy is discussed including implications for treatment, the therapeutic relationship, and the therapist. Following a descriptive analysis of these concepts, the discussion offers a summary, potential cultural implications, limitations, and recommendations for future theoretical and empirical efforts.


From the publisher: “Stress is not a necessary part of life says [the author]. Stress, he tells us, arises when we let fear and self-doubt control our thoughts and actions. He then shows us how to take charge of the powers of our mind, addresses the roots of our fears, and offers real, workable solutions to the epidemic of stress in the world today.”


Contents: Jung, Meditation, and the West; What is Meditation?; The Psychology of Zen; Can West Meet East?; Meditation and Alchemy; Wilber on Jung: A Critique; Cleary, Juny, and The Secret of the Golden Flower


Pathak, P. V. *The Keyapaksha of Yoga, or Towards a Constructive Synthesis of Psychological Material in Indian Philosophy*. Ahmedabad, 1931.


Abstract: This dissertation extends and elaborates a theory of human development which significantly advances what is commonly considered possible for human life. The research entailed collection and multiple analysis of historical texts, specifically personal descriptions of exalted experiences from a range of individuals representing a range of cultural, religious, and historical periods. These accounts were collected and analyzed in the light of the understanding of higher states of consciousness brought to light from the ancient Vedic tradition of knowledge by Maharishi Mahesh Yogi. Maharishi has described the range of human development as consisting of seven states of consciousness altogether: beyond the three common states of waking, dreaming, and deep sleep, he has described four higher states of consciousness, termed Transcendental Consciousness, Cosmic Consciousness, God Consciousness, and Unity Consciousness. This dissertation compiles and analyzes experiences suggestive of the first two of the higher states, Transcendental Consciousness and Cosmic Consciousness. The accounts were analyzed (1) in terms of the chief features of higher states of consciousness as set forth by Maharishi, (2) in light of the results of the extensive scientific research on higher states of consciousness (as elicited by Maharishi’s Transcendental Meditation® and TM-Sidhi® programs) that has been conducted over the past 35 years, (3) in light of the proposed identity between pure consciousness and the unified field of all the laws of nature, and (4) in terms of the meta-themes of experience that emerge from these accounts taken collectively. The results suggest that higher states of consciousness, experienced even as glimpses, are universal, i.e., that they are independent of cultural background and historical epoch. The results extend and elaborate the model of higher states of consciousness and demonstrates the model’s power to illuminate descriptions of exalted experiences by individuals through history.


From the publisher: “The Alchemical Buddha offers a unique insight into the nature of Buddhist Tantra. It explores a psychological perspective that draws on Jung’s knowledge of alchemy to clarify the meaning behind what can often be obscure within the Tantric tradition. Rob Preece addresses some of the major difficulties we may encounter when trying to integrate this profound path of transformation into western life. He draws on his own experiences and struggles as a practitioner of many years, and his work as a Psychotherapist and meditation teacher.”


From the publisher: “Compassion grows from an understanding of our fallibility not from ideals of perfection. Wisdom does not always come as a flash of inspiration but from the slow often painful working of experience. We grow from our errors, they are the manure of transformation. The Noble Imperfection explores the journey of individuation in Buddhist life, looking at the psychological process beneath the traditional Buddhist path of the Bodhisattva. Rob Preece draws on his work as a psychotherapist and meditation teacher to explore the psychological influences on our struggle to awaken.”


From the publisher: “A master of yoga collaborates with an American-trained psychologist in presenting this practical, holistic perspective on the role of emotions in the development of consciousness. They explain how we can all expand our consciousness from a state of conflict, confusion, and emotionalism to the experience of greater joy and harmony. Many facets of this developmental process are described, along with methods that lead to emotional maturity and expanded consciousness.”


Contents: Monism in the Rg Veda; The Vedic concept of afterlife; The Vedic concept of the human being (Individual identity, Vital faculties, Mental organs and faculties); Yoga and Veda in the *Upanishads*; Upanisadic psychology; The fundamentals of Buddhist psychology


Contents: Morita Psychotherapy., Maikan: Introspection Therapy, Shadan: Isolation Therapy, Seia: Quiet-Sitting Therapy, Zen: Meditation Therapy, Appendix: On Boredom, Brain Waves, and Bliss


Contents: Habits of Thoughts; The Psychology of the Nikayas; The Psychology of the Nikayas: Consciousness and the External World; Feeling; Ideation; Dhamma Pitaka; Psychology in the Milinda; Some Medieval Developments

_________. *The Birth of Indian Psychology and its Development in Buddhism*. Luzac, 1936. (A rewritten and enlarged edition of *Buddhist Psychology*.)


Rösel, R. *Die psychologischen Grundlagen der Yogapraxis*. Stuttgart, 1928. [In German.]


Contents: Introduction to the study: Yoga as an adjunctive therapy to psychoanalysis, behaviour therapy and/or humanistic therapy in the treatment of emotionally disturbed children; Emotional disturbance, psychotherapeutic approaches and yoga: Historical background and research; Yoga as an adjunctive therapy: Ten original descriptive studies; Results of the descriptive studies; Summary of the study; Specific and general conclusions; Appendix: The Model Yoga Program; Extensive bibliography

From the review: “Jeffrey Rubin has written a very useful, stimulating, and sometimes provocative work that carries forward the exploration of psychotherapeutic and meditative issues in the manner of Ken Wilber, Jack Engler, Dan Brown, Mark Epstein, A. H. Almaas and Jack Kornfield before him. This is a ten chapter work that juxtaposes reflections on psychoanalytic approaches to therapy with the practice of mindfulness in the Theravaada tradition . . . Rubin offers us excellent clinical histories as a basis for rich reflection on the intricate interplay between Buddhist theory and practice on the one hand, and therapeutic processes on the other. It is in the area of Buddhist philosophy that I disagree most with Rubin’s presentation . . .”

Sacharow, Yogiraj Boris. *Yoga aus dem Urquell*. Stuttgart: Günther Verlag, 1957. [In German.]


From the endorsement by Lewis Aron, Ph.D., Director, New York University Postdoctoral Program in Psychotherapy & Psychoanalysis: "*Psychoanalysis and Buddhism* is a breakthrough book that will make all readers reexamine their thinking about psychoanalysis and religion. Bringing together for the first time established Buddhist scholars and the leading figures in relational psychoanalysis, this volume opens up an important dialogue between these two rich and continually unfolding traditions.”


Abstract: This study compared brief, single sessions of physical activity (PA, self-paced treadmill walking) and relaxation/meditation (R/M, the “Body Scan”) on positive and negative affect and anxiety measures in female undergraduates. Both were predicted to reduce negative and enhance positive affect. Differential effects of PA and R/M were predicted for participants with predominantly cognitive or somatic anxiety symptoms. Forty-six undergraduates were randomized to PA or R/M interventions. Changes in positive and negative affect (Positive and Negative Affect Scale, PANAS) and anxiety (Spielberger State/Trait Anxiety Inventory) were assessed using multivariate, repeated-measures statistics. Both PANAS Negative Affect & STAI anxiety scores declined following PA, but PANAS positive affect also declined. Similarly, R/M significantly reduced STAI and PANAS Positive Affect scores, and (marginally) PANAS negative affect. Anxiety reduction was greatest following R/M for participants with cognitive
anxiety symptoms, but the complementary prediction concerning P/A and somatic symptoms was not supported.


Saxena, S. K. The Nature of Consciousness in Indian Philosophy.


Schär, Hans. Erlösungsvorstellungen und ihre psychologischen Aspekte. Zürich: Rascher, 1950. [In German.]

Schmaltz, Gustav. Östliche Weisheit und westliche Psychotherapie. Stuttgart: Hippokrates, 1951. [In German.]

Schmitz, Oscar A. H. Psychoanalyse und Yoga. Darmstadt: Otto Reichl Verlag, 1923. [In German.]


Abstract: In 1932, C. G. Jung and J. W. Hauer presented a seminar series on the psychology of Kundalini yoga. Throughout these lectures, Jung used Kundalini yoga symbolism to extend the symbolic range of his analytical psychology. He and Hauer also discussed many concepts from Indian philosophy. Some of their comments have been criticized for misinterpreting Kundalini yoga. Others have raised controversy, especially Jung’s many warnings about dangers to Westerners who attempt yoga practices.

Using a dialogic, hermeneutic method, this study compares Jung’s commentaries about Kundalini yoga with a Kundalini yoga practitioner’s perspective. To help bridge these disciplines, it addresses the following research questions: 1. How does personal transformation guided by analytical psychology resemble or differ from personal transformation in Kundalini yoga? 2. What controversies have been raised by Jung’s commentaries and interpretations of Kundalini yoga texts? 3. How did these controversies arise from personal, cultural, and practice
perspectives? 4. Can some of these controversies be settled? 5. What insights or wisdom does each of these disciplines contribute to the other?

To answer these questions, the hermeneutic discipline guides the researcher in exploring the cultural and historical perspectives of analytical psychology and Kundalini yoga. It identifies issues raised by Jung’s critics and presents the evolution of his psychology and its core concepts throughout his mature career. A depth of context is created by addressing (a) Jung’s relationship with Indian spirituality, (b) his individuation construct, (c) a cross-cultural review of subtle body symbolism and its evolution, and (d) Kundalini yoga as described by practitioners. This study concludes by presenting findings in response to the research questions and suggesting topics for other studies, including a survey of current methods for measuring human bio-fields, and creation of a subtle energy model of psychological transformation.


Contents: Ayurveda: The science of long life in contemporary perspective; Yoga and healing; Chinese medicine: The law of five elements; Buddhist psychology: Implications for healing; Mind, disease, and health in Tibetan medicine; Sufism: The way to universal self; On being natural: Two Japanese approaches to healing; The four forces of psychotherapy; Hypnosis: Historical and social psychological aspects; Current conceptual trends in biofeedback and self-regulation; Psychosomatic illness: A new look; Cerebral laterality: Implications for Eastern and Western therapies; Psychoneuroimmunology: Toward a mind-body model; The importance of modern physics for modern medicine; Mediation East and West; Healing images: From ancient wisdom to modern science; Transcultural psychotherapy; Toward a synthesis of Eastern and Western psychologies


Contents: Yoga psychology & Western psychology; Methodological issues: Operationism, scientific method and Indian view; Evolutionary base: Cosmogony to evolution of behavioral pattern; The physiological base: Genetic frame, and its regulation; Personality types: Indian system; Affecto-motivational theory: Indian and Western approach; Religio-spiritual value pattern: The Indian view


Abstract: The present study was a phenomenological inquiry exploring the lived experience of a long-term Hatha yoga practice. The researcher interviewed six individuals, four women and two men, who had at least five years of experience with Hatha yoga and who were required to articulate details of how Hatha yoga had impacted their physical, emotional, mental, social, and spiritual health and development. Using an existential-phenomenological framework that acknowledges the interconnectedness of person and world, the researcher analyzed each protocol, extracted significant statements, and clustered themes. The main themes discovered were: disconnecting, connecting to the flow, new ways of being, growth through connection, a spiritual practice, and returning to wholeness. The findings were discussed within the context of the relevant research and theories in kinesiology and applied psychology. Practical implications for health promotion and counselling, future research directions, and study limitations were considered.


Richard D. Mann, editor of the SUNY Press Transpersonal and Humanistic Psychology Series: “Accepting relentless impermanence as the ground of human experience, *Words from the Soul* derives a spiritual psychology from the mystery and poignancy of time-passage itself. Drawing from Wittgenstein, Kierkegaard, Heidegger, Foucault, Dostoyevsky, Buddhism, kundalini yoga, and twenty-five years of clinical/mediation experience, the author's epigrammatic insights into our struggles with mortality, gratitude, apology, and forgiveness make this book relevant to psychotherapy and conflict resolution in a wide range of professional settings.”


“Pioneers in the healing professions offer thought-provoking essays based on personal encounters with the ideas and methods of Tibetan Buddhism, and how Buddhist insights and techniques can be applied to modern life. Charles Tart, Claudio Naranjo, Gay Luce, and others.”


From the publisher: “This intriguing, thought-provoking study by one of the world’s leading authorities on the subject examines the basic doctrine behind the theory and practice of the mandala in India and Tibet, by both Hindus and Buddhists.”

Contents: The doctrinal basis of the mandala; The mandala as a means of reintegration; The symbolism of the mandala and its various parts; The liturgy of the mandala; The mandala in the human body; Appendix of illustrations with explanations


From the publisher: “The Tibetan word bardo is usually associated with life after death. Here, Chögyan Trungpa discusses bardo in a very different sense: as the peak experience of any given moment. Our experience of the present moment is always colored by one of the six psychological states: the god realm (bliss), the jealous god real (jealousy and lust for entertainment), the human realm (passion and desire), the animal realm (ignorance), the hungry ghost realm (poverty and possessiveness), and the hell realm (aggression and hatred). In relating these realms to the six traditional Buddhist bardo experiences, Trungpa provides an insightful look at the ‘madness’ of our familiar psychological patterns and shows how they present an opportunity to transmute daily experience into freedom.”

From the publisher: “More and more mental health professionals are discovering the rich tradition of Buddhist psychology and integrating its insights into their work with clients. Buddhist tradition teaches that all of us are born with what Chögyam Trungpa terms ‘basic sanity,’ or inherent goodness, health, and clear perception. Helping ourselves and others to connect with this intrinsic ground of sanity and health is the subject of this collection of teachings, which the author gave to Western psychologists, psychotherapists, and students of Buddhist meditation over a number of years.

“The Sanity We Are Born With describes how anyone can strengthen their mental health, and it also addresses the specific problems and needs of people in profound psychological distress. Additionally, the author speaks to the concerns of psychotherapists and any health care professionals who work with their patients’ states of mind.”


Contents: The genesis and adjustment of the Oedipus wish; Freud’s encounter with Hinduism: An historical-textual overview; Vishnu on Freud’s desk: Psychoanalysis in colonial India; The Indian Oedipus; Fathers and sons; Further steps in relativization: The Indian Oedipus revisited; Hindu personality formation: Unconscious processes; Psychoanalytic approaches to Hindu child rearing: A critique; Clinical work and cultural imagination; Sex and yoga: Psychoanalysis and the Indian religious experience; Karma, guilt, and buried memories: Public fantasy and private reality in traditonal India; When a lingam is just a good cigar: Psychoanalysis and Hindu sexual fantasies; Sati: A nineteenth-century tale of women, violence and protest; The bloodthirsty tongue and the self-feeding breast: Homosexual fellatio fantasy in a South Indian ritual tradition; Selfhood in the Indian context: A psychoanalytic perspective; Shakuntala; Dhannaram’s depression: Psychotherapy with an Indian villager; Psychoanalysis and Hinduism: Thinking through each other


A collection from Swami Vivekananda’s complete works on the methods to develop a solid personality with a strong mind. Sample chapters include: Influence of thought; Control your negative emotions; Work like a master; The power of concentration; It is love that pays.


From the author: “I would like to talk with yogins who maintain a strong practice and who also suffer or have suffered from depression. I would also like to talk with yoga teachers who are psychotherapists about how they use asana, pranayama and meditation in their clinical practice. I’ve written quite a bit about yoga and depression for national magazines and lead workshops on the subject.”

Contents: Empty pockets, A house on fire, Why yoga works, Fertilizing ground—the healing principles of yoga, Lotus of many petals—ways we practice, Fire in the belling—managing with yogic breathing, Art of living—breathing that heals, Meditate to mediate, Grief in the tissues—releasing trauma, Yoga on and off the mat, Resources


Contents: Between Heaven and Earth: Principles of inner work; Personality: Path or pathology?; Ego strength and egolessness; The play of the mind: form, emptiness, and beyond; Meditation and the unconscious; Psychological space; The unfolding of experience; Reflection and presence: The dialectic of awakening; The healing power of unconditional presence; Vulnerability, power, and the healing relationship; Psychotherapy as a practice of love; Depression as a loss of heart; Making friends with emotion; Embodying your realization: Psychological work in the service of spiritual development; Intimate relationship as transformative path; Dancing on the razor’s edge; Refining the gold; Love, conditional and unconditional; Passion as path; Spiritual authority, genuine and counterfeit; Conscious love and sacred community


From the publisher: “Can a meditative practice assist and promote the healing relationship between psychotherapist and patient? The notable contributors to this practical book draw on a wide range of Eastern and Western disciplines—psychoanalysis, Gestalt, Aikido, and various Christian, Hindu, and Buddhist contemplative traditions—to show that it can. What they propose is a meeting between the Western psychotherapeutic approach—grounded in working with the personal problems and the need to carve out a strong awareness of self—and Eastern tradition, which emphasizes a larger kind of awareness and equanimity as a continuously available source of clarity and health for those who know how to find it. They show that joining psychotherapy
with meditation can mutually awaken the hearts of both therapist and client, sparking them both to open more fully.”

Contributors include Jacob Needleman, Erich Fromm, Robin Skynner, Ram Dass, Karl Sperber, Roger Walsh, Chögyam Trungpa, and Thomas Hora.


From a review by D.L. in *Bodhi Tree Book Review*, Summer/Fall 2000: “... a concise version of Wilber’s... textbook of transpersonal psychology includes: one of the first... integrative models of consciousness, psychology, and therapy; charts correlating over one hundred developmental and evolutionary theories, ranging from ancient mystical traditions to modern theorists; essays on human development, art, meditation, spirituality, yoga, women’s studies, death and rebirth, science and mysticism, and transpersonal psychotherapies; and Wilber’s replies to criticisms of his work.”


**Yamazaki, M.** *Yoga and Psychology (Yoga as a Living Therapy)*. Fukui University Press, 1977.


Contents: Your Mind is Your Religion; A Buddhist Approach to Mental Illness; Everything Comes From the Mind; Make Your Mind an Ocean


“Buddhism first came to the West many centuries ago through the Greeks, who also influenced some of the culture and practices of Indian Buddhism. As Buddhism has spread beyond India it has always been affected by the indigenous traditions of its new homes. When Buddhism appeared in America and Europe in the 1950s and 1960s it encountered contemporary psychology and psychotherapy, rather than religious traditions. Since the 1990s many efforts have been made by Westerners to analyse and integrate the similarities and differences between Buddhism and its therapeutic ancestors, particularly Jungian psychology. Taking Japanese Zen Buddhism as its starting point, this volume is a collection of critiques, commentaries, and histories about a particular meeting of Buddhism and psychology. It is based on the Zen Buddhism and Psychotherapy conference that took place in Kyoto, Japan, in 1999, expanded by additional papers, and includes: new perspectives on Buddhism and psychology, East and West; cautions and insights about potential confusions; traditional ideas in a new light”

It also features a new translation of the conversation between Shin’ichi Hisamatsu and Carl Jung, which took place in 1958.
Awakening and Insight expresses a meeting of minds, Japanese and Western in a way that opens new questions, about and sheds new light on, our subjective lives.


Contents: Introduction: Beyond Enlightened Self-Interest: Spiritual Maturity in the Twenty-first Century; The Place of Integrity in Spirituality; A Buddha and his Cousin; The Mutual Influence and Involvement of the Therapist and Patient: Co-contributors to Maturation and Integrity; Spiritual Abuse: When Good People do Bad Things; Authenticity and Integrity: A Heideggerian Perspective; The Wisdom of Psychological Creativity and “Amor Fati”; Relationship as a Path to Integrity, Wisdom, and Meaning; Affect Complexity and Views of the Transcendent; The Tao of Wisdom: Integration of Taoism and Psychologies of Jung, Erikson and Maslow; Psychotherapy as Ordinary Transcendence: The Unspeakable and the Unspoken; Emissaries from the Underworld: Psychotherapy’s Challenge to Christian Fundamentalism; The Prism of Self: Multiplicity on the Path to Transcendence; Wholeness and Transcendence in the Practice of Pastoral Psychotherapy from a Judeo-Christian Perspective; Green Spirituality: Horizontal Transcendence


Articles


Abhi-dharma. Answers the question: Can Buddhist practice be used as an aid to depression? Sangha-e! (Newsletter of the San Francisco Zen Center), Sep 2004.

“Abhi-Dharma thinks it can because two of the many zen practitioners with depression she has seen in private interviews have been able to deal with their depression through the kind of single-mindedness that is born of desperation. Both practitioners used mindfulness to see the source of their depressed feelings, as well as the actual components. In one case mindfulness led the practitioner to see clearly that the emotion underlying the gloomy haze of depression was anger. Then she addressed her efforts to moving her rage through her body through physical activity and painting wildly disturbing canvases which, though not for the faint-hearted, have their own power and beauty.

“In the other case, the practitioner slowly accepted over his years of sitting the role of pain in his and everyone else’s life, that it is deluded and self-defeating to think that life ‘shouldn’t’ include pain. He made a tremendous effort to acknowledge his pain and intentionally ‘feel’ it, rather than let it unconsciously diffuse through the ambiguous pall of depressive thought. This kind of work is not easy; it is merely preferable to a sense of crushing oppression. Plus you’ll note that only two students Abhi-Dharma has known have been able to make this kind of effort. The others were not able to stay so focused, as focus requires energy and perhaps trust, two attributes not easily cultivated by depressed people.
“There are now several books available that have been written by Buddhist meditators dealing with chronic depression. Abhi-Dharma encourages you . . . to explore every avenue for help. Good luck. Your path isn’t easy but it may be greatly rewarding.”

**ADDITION.** See the “Addiction” bibliography.


**Aftanas, L. I., and S. A. Golocheikine.** Human anterior and frontal midline theta and lower alpha reflect emotionally positive state and internalized attention: high-resolution EEG investigation of meditation. Neurosci Lett 2001 Sep 7;310(1):57-60. Author email: aftanas@iph.ma.nsc.ru. PMID: 11524157.

EEG spectral power and coherence estimates in the individually defined delta, theta, alpha-1, alpha-2, and alpha-3 bands were used to identify and characterize brain regions involved in meditative states, in which focused internalized attention gives rise to emotionally positive "blissful" experience. Blissful state was accompanied by increased anterior frontal and midline theta synchronization as well as enhanced theta long-distant connectivity between prefrontal and posterior association cortex with distinct "center of gravity" in the left prefrontal region (AF3 site). Subjective scores of emotional experience significantly correlated with theta, whereas scores of internalized attention with both theta and alpha lower synchronization. Our results propose selective associations of theta and alpha oscillating networks activity with states of internalized attention and positive emotional experience.


**Ajnananda, Swami.** Tratak. Available online: http://www.yogalinks.net/Articles/Tratak.htm.

On using tratak to assist someone suffering from insomnia due to night terrors linked to earlier sexual abuse.


**Akishige, Yoshiharu.** Psychological studies on Zen. *Bulletin of the Faculty of Literature of Kyushu University (Japan)*, 1968, no. 5.


From an article entitled “Researcher Profile: Charles Alexander” in the Summer 1997 issue of *Noetic Sciences Review*, pp. 36-37: “Alexander’s dissertation explored the effects of introducing TM into a prison population of violent offenders. As a developmental psychologist, he questioned the assumption that normal psychological development—prematurely stunted in these inmates—was permanently arrested. His study at Walpole prison in Massachusetts compared the effects of learning and practicing TM with individual/group counseling and other prison programs. The results showed that those in the TM group completed two full stages of standard developmental measures during the three years of the study; in the nonmeditation control groups, such changes were not seen. Follow-up studies at Folsom and San Quentin prisons showed similarly beneficial effects. In practical terms, this meant that the members of the group practicing TM were less angry, anxious, and had fewer psychotic symptoms. They often reported feelings of unity and refinement of perception. The recidivism rate in this group went down by 40 percent; and the overall in-prison murder rate dropped to zero during this period. Despite such radical benefits, this work has not been incorporated into mainstream rehabilitation programs.”


Based on the Chod practice.

From the review by Anne Seidlitz: “. . . Making a compelling connection between Buddhist and psychotherapeutic perspectives, Allione recognizes the importance of making the ‘split-off’ parts of ourselves ‘conscious’ in order to work with them—rather than battling or rejecting them. This follows the logic of both psychotherapy and Buddhist psychology: if we fight with our thoughts in meditation, for example, they just become stronger.

“It seems that Allione’s program—and the Chod practice—offer powerful tools for understanding and working with psychological, personal, and physical challenges. While psychotherapists might argue that simply neutralizing them through the offering doesn’t provide enough insight into their root causes, from the Vajrayana Buddhist perspective inviting and transforming difficulties on the spot is the best path for awakening insight . . .”

“. . . However, unless you feel emotionally, intellectually, and spiritually sound enough to eject your consciousness, chop up your body, and face your demons in full-frontal view, maybe it’s better to work up to this practice with a teacher before embarking solo on the Chod path . . .”

Alongi, Richard. Attitudinal healing using the Tibetan Seven-Point Mind Training. Presentation at the Transpersonal Psychology Conference, Feb 13-15, 204, Palo Alto, California. Author email: richalon@worldnet.att.net.

“For millenia, Tibetan Buddhists have devised and practiced the lojong, or mental training exercises, as a way of refreshing one’s mental attitude. There has been a system of lojong brought to Tibet by Atisha (982-1054) and as passed down by Chekawa Yeshe Dorje (1101-1175) of using slogans as a way of shifting the mind out of old patterned ways of thinking. These slogans can help both the transpersonal therapist and his/her clients to move beyond the ordinary ways of conceptualizing one’s self and others and of operating in the world. In this presentaion, I would like to introduce the transpersonal professional community to this time-tested method of mind training, present clinical examples of the effectiveness of this approach, and guide the participants in some exercises whereby one might get a taste of this marvelous approach.”


Anderson, Michael. Depression and meditation: A case study. 6 Dec 1998. Article available online: http://www.behavior.net/cgi-bin/nph-display.cgi?MessageID=88&Top=87&config=meditation&uid=nC1M8.user&new=0&adm=0


The Art of Living Foundation. The Art of Living Course for Depression. See description online at http://www.artofliving.org/c-special_depression.html and abstracts of depression research cited in this bibliography at http://artofliving.org/r-depression.html. See also the entry below for Ronnie Newman et al.


Contents: Thirteen schools of mysticism or yogas—psychologically analysed; Jnana Yoga; Patanjala Astanga Yoga; Buddhist mysticism (The Vipassana Paddhati of the Burma School); The Zen (The Koan; Correct psychology of living; End target in different yogas compared;
Satori); Jain mysticism (Note on the conception of jivanmukti; Note on sannyasa—whether it is essential for enlightenment); Sikh mysticism; Karma Yoga; Mantra Yoga; Tantric mysticism (Techniques of the Tantras; Weak points and risks in the Tantric mysticism; Avadhutas and aghauris; Kundalini Yoga; Summary—Sahaja Yoga; Kundalini experience


Contents: The principle of evolution; Creation or evolution?; Evolution in India and the West; Principle of evolution; The great discoveries of Kapila; The gunas of the mind; Yogic psychology; Purusha; Atman; Ahamkara; Maya; Why is maya incomprehensible?; Aim of yoga; The “going in” in Yoga; Evolution in universe; The tanmatras; Purusha or atman or seer


“Antar mouna is a powerful psychiatric tool with which we learn to understand and befriend the mind, its tendencies and reactions that arise due to thoughts . . . Most importantly, we can learn to develop and strengthen the *drashta* or the witness, the observer of all that happens. This allows deep-rooted tensions, long forgotten painful memories, fears, hatreds and phobias to arise in a relatively controlled manner and to be eradicated . . .”


Abstract: Dans ce travail, l’auteur, après avoir rappelé l’urgence d’une approche nondualiste de l’organisme humain, même dans le domaine psychothérapeique, indique les grandes lignes d’une
nouvelle technique: la yogathérapie de groupe. Il précise ensuite les indications et contre indications de cette technique: dangereux pour les névrosés et les psychotiques, quand ils le pratiquent seuls, le yoga devient source d'évolution dans le cadre d'une pratique en groupe, sous la direction d'un psychothérapeute. Un parallèle peut être établi entre la yogathérapie et les techniques visant à une harmonisation du tonus musculaire. On ne doit proposer le yoga thérapeutique qu'à des sujets dépourvus de lésion vertébrale et fortement intéressés. En dehors des effets bénéfiques à court terme, l'auteur indique une transformation durable à l’issue de plusieurs mois de pratique. Les femmes semblent en tirer plus de bénéfice que les hommes. Les troubles du caractère (agressivité) sont les mieux accessibles. Les névrosés en profitent plus que les psychotiques. Enfin sont évoquées quelques perspectives futures.


Discusses the physiological and psychological aspects underlying the practice of meditation.


“Chakras, known as energy centers of the body in the tantric Yoga System, were ‘previews’ of psychoanalytic ‘driving zones.’”


“The first great fundamental discovery of the yogins was a means of analyzing the experiences of the mind and the heart. By yoga one can isolate mind, watch its workings as under a microscope, separate every minute function of the various parts of the antahkarana, the inner organ, every mental and moral faculty, test its isolated workings as well as its relations to other functions and faculties and trace backwards the operations of mind to subtler and ever subtler sources until just as material analysis arrives at a primal entity from which all proceeds, so yoga-analysis arrives at a primal spiritual entity from which all proceeds.”

Abstract: We need to clarify at least four aspects of selfhood if we are to reach a better understanding of consciousness in general, and of its alternate states.

First, how did we develop our self-centred psychophysiology? Second, can the four familiar lobes of the brain alone serve, if only as preliminary landmarks of convenience, to help understand the functions of our many self-referent networks? Third, what could cause one’s former sense of self to vanish from the mental field during an extraordinary state of consciousness? Fourth, when a person’s physical and psychic self do drop off briefly, how has conscious experience then been transformed? In particular, what happens to that subject’s personal sense of time?

Our many-sided self arose in widely distributed brain networks. Since infancy, these self-oriented circuits have been over-conditioned by limbic biases. Selfhood then seems to have evolved along lines suggesting at least in shorthand the operations of a kind of ‘I–Me–Mine’ complex.

But what happens when this egocentric triad briefly dissolves? Novel states of consciousness emerge. Two personally-observed states are discussed: (1) insight-wisdom (kensho-satori); (2) internal absorption. How do these two states differ phenomenologically? The physiological processes briefly suggested here emphasize shifts in deeper systems, and pivotal roles for thalamo-cortical interactions in the front and back of the brain.


Avery, W. M. Depression and meditation. 16 May 1998. Article available online: http://www.behavior.net/cgi-bin/nph-display.cgi?MessageID=58&Top=17&config=meditation&uid=nC1M8.user&new=0&adm=0.


Includes vibrational breath therapy for “neutralizing physical, mental, and emotional trauma locked in the nervous system” (see p. 20).


Abstract: Objective: To see whether certain findings in cognitive science can serve to bridge the conceptual gap between psychiatry, particularly in its psychotherapeutic aspects, and religious/spiritual understanding. Method: A brief review is given of certain basic differences between psychiatric understanding in its psychotherapeutic aspects, and much of Western religious/spiritual understanding. Reference is then made to certain findings in contemporary cognitive science which might challenge the implicit mind-body split of Western religious tradition and its parallel in psychotherapeutic practice. Attention is also drawn to elements in
religious/spiritual tradition that run counter to this dualistic point of view. Results and Conclusions: Much of contemporary religious/spiritual understanding, and of modern psychiatric understanding, especially in terms of psychotherapy, appear to exist in quite separate domains. Psychotherapy and the greater part of Western religious thinking, however, share a belief in the existence of a transcendent mind. Recent developments in cognitive science and certain spiritual traditions, challenge this implicit mind-body split, providing an opportunity for a renewed dialogue between psychiatry and religion and the possibility of collaborative research.


From the website: “. . . a complete and in-depth mantra book, featuring mantras for fear, anger, prosperity, and many of life’s situations . . . includes original Sanskrit, transliteration, and some translations. Comes in a three ring binder [and] . . . includes an audiotape to insure proper pronunciation . . . for those unfamiliar with Sanskrit.”


Chapter content: The history of yoga, Obstacles to the use of yoga in western medicine, Philosophy of yoga, Psychology of yoga, The eight limbs of yoga, Yoga in health and prevention, Yoga and psychiatry, Psychiatric indications for yoga, Psychiatric disturbances caused by yoga, Medical indications for yoga, Injuries from yogic exercise, Conclusions, Resources, References


“Taking a cue from the yogis of TV channels related to religion and spiritualism, youngsters are attending yoga classes. They believe this will increase their concentration power. Not only can one find students inclined towards yoga but the faculty members and parents also believe that yoga will yield their students and kids good results in examinations.

“For that exam-time nirvana, when the stomach butterflies refuse to settle down, the best thing to do is yoga. Or so think certain schools and students.

“Mrs Smita Agarwal, a career counsellor and a coaching institute manager informs, ‘Students deserve their peace of mind before they get cracking with their exams. We’ve set up a meditation camp in some city schools where relaxation therapy and techniques are taught . . .’”


Abstract: The mood benefits of Hatha yoga and swimming, two activities that differ greatly in aerobic training benefits, were examined. College students (N = 87) in two swimming classes, a yoga class, and a lecture-control class completed mood and personality inventories before and after class on three occasions. A multivariate analysis of variance indicated that both yoga participants (n = 22) and swimmers (n = 37) reported greater decreases in scores on Anget, Confusion, Tension, and Depression than did the control students (n = 28). The consistent mood benefits of yoga supported our earlier observation that the exercise need not be aerobic to be associated with mood enhancement. However, underlying and causal mechanisms remain uncertain. Among the men, the acute decreases in Tension, Fatigue, and Anger after yoga were significantly greater than those after swimming. Yoga may be even more beneficial than swimming for men who personally select to participate. The women reported fairly similar mood benefits after swimming and yoga. It seems that aerobic exercise may not be necessary to facilitate the mood benefits. Also, students with greater mood changes attended class more regularly than those who reported fewer psychological benefits. Maximizing the immediate psychological benefits of exercise might be one way to encourage adults to be physically active.


“Brahm mudra is good for . . . tremendous depression . . . It creates happiness on the spot where there is unhappiness.”
Bhajan, Yogi. Depression; Insanity; Tranquilizer. In Alice Clagett and Elandra Kirsten Meredith, eds., *Yoga for Health and Healing: From the Teachings of Yogi Bhajan, Ph.D.* Santa Monica, Calif.: Alice B. Clagett, 1994, pp. 61; 75; 99.


Bhavanani, Ananda Balayogi. Integral psychology of Yoga. Paper for the International Seminar on Integral Yoga Psychology, 26 June 2004 at Pondicherry, India. (IAYT library holds a copy of this paper.)

Well-written, concise overview of Yoga psychology.


__________. Concept of mental disorder in Patanjala yoga sутras and modern medicine. Presented at PYS Seminar, unpublished manuscript with Scientific Research Department, Kaivalyadhama SMYM, Samiti, Lonavla, India.


Birven, Henri. *Yoga und Psychoanalyse*. [journal title unknown], Jan 1959, 2:1-14. [In German.]


“It may seem daunting to teach students who suffer from emotional trauma, but thankfully, it’s mostly a question of creating a safe space.”


“Includes instructions in calming, quieting breathing practices, including: 2:1 breathing, Bhramari, Ujjayi. Plus—how to relieve anxiety with breathing.”


Theoretical review of meditation and the meditative state as they are described in the classical Tibetan meditation texts, which are compared with modern theories within cognitive psychology.


Bruno, J. Yoga et training autogène. *Critique*, 1960, p. 798ff. [In French.]

Buddhism and psychotherapy. Theme of issue no. 21, *Ordinary Mind*.


An Ayurvedic and yogic view, including the gunas, treatment for excess tamas, treatment for excess rajas, the ahāmakar and the kleshas (samskara and desire), and the human predicament.


Burke, Patricia. Road rage, SUVs, yoga and the mind. Article available online: http://www.ofspirit.com/patburke7.htm.


“Yoga created a ‘total turnaround’ in Matt Harris’s life. Suffering from chronic depression and social anxiety in his early teens, Harris tried yoga at his therapist’s suggestion. ‘Within four months,” says Harris, ‘I was off medication, which was just taking away my symptoms temporarily. Yoga helped me figure out what was going on underneath it all. It showed me what was right with me rather than what was wrong.”


On Marsha Linehan’s Dialectical Behavior Therapy, “now widely believed to be the most effective way to treat people . . . diagnosed with borderline personality disorder. The term borderline . . . has become a code word for clients whom many therapists avoid because of the pity, anger, hopelessness, and fear they can arouse in those who try to help them.”

Linehan describes borders as having “no emotional skin,” and she felt that standard therapy “repeated the pain of the invalidating family when it offered insulting interpretations, ignored cries of distress, or inadvertently rewarded tantrums or suicidality with extra attention or hospitalization. In an unconscious echo of the Buddhist notion that there is no fixed and permanent self, she wrote that borderline individuals did not have fixed, deficient ‘personalities’—just huge but remediable deficits in life skills.” She thus paired therapy with a weekly ‘‘skills training’ class that blended Western assertiveness training with Eastern mindfulness. Her manual for the classes (vetted, she says, by two of her Zen teachers) includes mindfulness exercises and lengthy quotations from Thich Nhat Hanh on ‘washing the dishes just to wash the dishes.’”

See also Linehan’s Cognitive Behavioral Treatment of Borderline Personality Disorder (Guildford Publications, 1993).


Abstract: With the dual aims of better understanding the contribution of Yoga to positive mental health and exploring links between yogic philosophy and psychological theory, researchers at Deakin University in Melbourne, Australia, conducted a study on Yoga as a preventative and treatment for symptoms of mental illness. The Yoga classes were designed as a six-week program incorporating breathing techniques (prânâyâma), exercises for strength, vitality, and flexibility (âsanas), guided relaxation (yoga-nidrâ), and meditation. The aim of this process was to enhance self-awareness, encourage the perspective that emotional states are somewhat transient, and encourage a self-accepting and calm attitude through concentrating on synchronizing gentle
movements and breathing. By developing calmness, self-acceptance, a balanced perspective, and enhanced concentration it was hypothesized that participants in the six-week Yoga program would strengthen their resistance to emotional distress. Psychometric testing was carried out to assess symptoms of stress, anxiety, and depression across three groups: regular Yoga practitioners, beginners entering the program, and people who did not practice Yoga, and these tests were re-administered after six weeks. In addition, a strong sense of intrinsic spiritual experience has been cited as a possible buffer to stress, anxiety, and depression and has been associated with decreased frequency of medical symptoms. All participants were therefore also assessed on their sense of intrinsic spirituality, but not on religious beliefs. At the end of six weeks, the Yoga beginners group showed lower average levels of symptoms of depression, anxiety, and stress than at commencement, but levels were stable for regular Yoga practitioners and people who did not practice Yoga. In addition, beginners showed growth in their self-reported level of intrinsic spiritual experience.


Can yoga banish the blues? Yoga can lift your mood along with lifting your posture. Article available online: http://www.allspiritfitness.com/library/features/aa031501a.shtml.


“For reporters, where does the writing end and our lives begin? Well, all this talk about holistic health has me taking my herbs and vitamins these days. And in the spirit of reporting on alternative medicine this week, I underwent a Transformative Yoga Therapy Session. This was certainly a holistic experience that focused on my mind, heart and body.

“I went into it knowing nothing. Just that the name implied it would combine the head work of the couch with the physical work of yoga. I take a few yoga classes here and there and have been trying to go more regularly. But there was something more complete about this.

“When Jennie Lee, owner of Stillness in Motion Studio in Newburyport, offered me this free session so that I could understand her work, I pictured an afternoon of arms outstretched in Warrior II pose, tears streaming down my cheeks as I recounted stories of rejection, bad breakups and being lost in the grocery store as a little kid. There’s something about throbbing pain during impossible contortions that could no doubt bring on the waterworks.

“It didn’t exactly go like that, but did combine the often sedentary counseling session—when even a pat on the back as your therapist walks you to the door can seem forced after an hour of face-off—with the physicality of yoga, which is often the coming together of 25 mute bodies in a room . . .”


Topics addressed: The Hartford experience; Reducing anxiety; Combating addiction; Why is meditation anti-addictive?; Combating physical illness; Counteracting insomnia; A repression lifts; Sense of self increases; Greater openness to others; Increased productivity; Improved quality of creative work; Strengthening of staying power; Refusal to learn meditation; Those who learn then quit; Resistance of self-image to change; Depression and meditation; Fear of pleasure; Problems from overmeditation; How deep does meditation go? Is meditation psychotherapy? The meditating therapist


From the publisher: “Vipassana has been adopted as a prison reform technique in the largest jail in India, the Tihar Jail. The book gives detailed report of the scientific studies carried out to assess the impact of Vipassana meditation on the prisoners’ mental health.”


Abstract: This study analysed the correlation between contemplation and psychosis from three cases of patients presenting psychotic symptoms subsequent to practising meditation. Sleep loss following a wrong doing in meditation was found to be the main cause in the first two cases, and drug withdrawal was found to be the principal factor in causing a psychotic eruption in the third case. In this last case, sleep deprivation subsequent to meditation was only a minor influence. Discussion regarding the correlation between meditation and psychosis is presented in this study.


Buddhism as a tool for relieving depression.


“On the workability of all situations, including a humorous presentation on overcoming depression.”


“Contains guidance on working with depression.”


“. . . how to deal with anger on a personal, national and international level—not by changing what is happening, but by framing it differently . . .”


“Training our thoughts to recondition the way we approach life lies at the heart of Mahayana Buddhism. The teachings can, however, be interpreted or misinterpreted according to one’s psychological conditioning. Counselor Ngawang Chotak shows how, using Kadampa lama Geshe Langri Tangpa Dorje Senghe’s *Eight Verses of Thought Training*.”


Abstract: The author emphasizes the therapist’s well-integrated and matured personality as the crucial element for being a good psychotherapist; therefore, it is essential for a psychotherapist to make ceaseless efforts regarding his own personality growth with his ongoing therapeutic experiences. Nevertheless, nowadays students are apt to satisfy themselves with or cling to the theories and techniques of psychotherapy, neglecting their own personality growth. The author attributes such a tendency, on the one hand, to the contemporary thought of “technology first and convenience first,” on the other, to the current system of medical education which is extremely faithful to scientism. He warns that concepts or theories sometimes serve as a barrier in one’s mind and falsify the reality. He reiterates the importance of the therapist’s own maturity and expansion of awareness. In this context, the author recommends Zen meditation or Theravada meditation as one of the advanced courses of training for psychotherapists. He elucidates a way of promoting one’s awareness in Zen meditation and what the ultimate state of “no-self” of Zen should be, based on his own experience of Zen practices.


“Yoga poses and breathing techniques can be used by all Ohio State students to reduce exam-related stress. Serene Tree. Energized Warrior. Pliant Cobra. These are all poses used in residence halls, apartments and yoga classes around campus to help relieve stress.

“Maryanna Klatt, assistant professor of family medicine, said yoga can help students unwind during stressful times such as exam week

“‘Yoga can be a proactive approach to doing your best on finals,’ Klatt said.

“Klatt also said that yoga can be done at anytime by anyone.

“‘The best time to do yoga is in the morning before starting your day, (but) yoga stretches can even be done from your chair as you study for exams,’ Klatt said . . .”


“The owner of successful yoga studio in a major metropolitan city recently welcomed his new yoga teacher with this advice: ‘Our Power Practice is extremely rigorous and precise; therefore, to ensure that all students are appropriately following the correct sequence of poses, be sure to give each the same adjustment.’

“Across the same city, the owner of a rival successful studio instructed his teachers as follows: ‘Adjustments should be correct, precise, standard. Teach every student the correct pose.’ He demonstrated. ‘Tailbone tucked in, shoulders back, like so.’ He added, ‘Now you do exactly like me.’

“In a third studio somewhere between the two, a student began crying during shivasana. ‘Process emotions through the breath,’ the teacher responded, and the student immediately stifled her tears. In a fourth studio nearby, the teacher encouraged another student’s crying. ‘These are all of our griefs’” he said. In response, many pent-up voices wailed at once.”

“Which of these practices are ethically and legally risky? And which could be justified as essential components of yoga teaching? Would it make a difference if, in any of these studios, one of the students claimed an injury (physical or emotional) from the recommended advice? If your answer to each of these questions is ‘it depends,’ you are well into the gray zone of ethics. Like questions of liability, most ethical issues require analysis, call for a delicate balancing of values, and cannot easily be answered with certainty. While at times academic, ethics discussions are meant to be applied in practical situations, and the values that guide the discussion are quite established, at least in the care-giving professions.”


Abstract: The author discusses various relationships derived from the image of gap, precipice, and abyss with specific emphasis on interacting dynamics between being and knowing as explicated in the Zen Buddhist teachings of Hui-neng and in the psychoanalytic writings of Wilfred Bion. While of significant value to psychoanalysis, it is argued that symbolic meanings can occlude the actuality of the analysand’s or of the spiritual seeker’s affective experiencing, particularly concerning the human tendency to concretize experiential states engendered through meditation and/or the psychoanalytic encounter. The author draws from Matte-Blanco’s
explication of symmetrical and asymmetrical perceptual modalities to discuss the fluid nature of spiritual experiencing, paradoxical coexistence of ultimate and relative realities and reciprocal dynamics and identities between states of experiencing that might otherwise appear opposed. The primacy of experiencing for both disciplines, particularly concerning the experiencing subject’s momentary state of consciousness, forms a central theme for both Zen and psychoanalysis. Brief clinical vignettes support and illuminate the author’s points.


From the publisher: “More than 4,000 years ago, the early masters of yoga made an astonishing discovery: before we can find true happiness, we must first learn how to be open to the energy of our emotions. On *Yoga for Emotional Flow*, Stephen Cope, psychotherapist and Senior Scholar-in-Residence at Kripalu, the largest yoga center in America, presents a life-changing strategy for ‘riding the wave’ in even the most challenging emotional situation.

“Cope details the psychology behind the difficult circumstances we create for ourselves through improper handling of our feelings, and shares the prescription for effectively relating to anger, fear, grief, joy, and others from a yogic point of view. Through breathing and visualization techniques used successfully by thousands of his students, Cope offers listeners practical tips for day-to-day emotional balance; lessons in awakening the ‘witness consciousness’—a nonjudgmental vantage point for welcoming emotions; steps for ‘clearing the field’ at the end of each day, and more.

“For the yogi, there are no ‘bad’ feelings—only unskillful responses to our ever-changing emotional states. *Yoga for Emotional Flow* is an essential program for working with these powerful forces, and a template for a new way of being.”


“Modern Western psychology has rejected yoga as a valid form of psychology. Yoga is dismissed as yet another version of Eastern metaphysics and mysticism. But there is perhaps one promising point of contact between Yoga and modern psychology; namely, an apparent parallel between the modern psychology of memory and the Yoga notion of karma. This is especially notable if a comparison is made of the conception of karma found in Patanjali’s *Yoga Sutras* and the views of the contemporary psychologist Sigmund Freud and Carl Jung. For both the ancient Yoga of Patanjali and the modern psychology of Freud and Jung, memory, motivation, and the unconscious are intimately intertwined.”

Cozort, Daniel. “Cutting the roots of virtue:” Tsongkhapa on the results of anger. Article available online: http://jbe.la.psu.edu/2/cozorabs.html.

Abstract: Anger is the most powerful of the *kle’sas* that not only “plant seeds” for suffering but also “cut the roots of virtue” for periods of up to a thousand aeons per instance. This article examines and assesses the exegesis by Tsongkhapa, founder of the Tibetan Gelukpa order, of Indian sources on the topic of anger. It argues that despite Tsongkhapa’s many careful qualifications he may not be successful in avoiding the conclusion that if the sutras are to be accepted literally, there almost certainly will be persons for whom liberation from samsaara is precluded.


CREATIVITY. See the “Creativity” bibliography.


“Both yoga and psychotherapy are wonderful systems that help individuals remove inner pain. Taken together these systems provide an individual with techniques for dealing with a variety of issues such as depression, anxiety, anger, and fear . . .”

**Cushman, Anne.** Relax and recharge: Yoga for total fitness. *New Woman*, Apr 1993, pp. 113-115.

“Sasha started practicing yoga at age 50, when her husband left her for another woman after 28 years of marriage. ‘I was desperate for anything that would help me through that incredible pain,’ she recalls. ‘I was totally anxious and depressed. I was hunch-shouldered and weak. Life felt pretty much over.’

“Today, after two years of daily yoga, the San Francisco high school teacher claims that she has been physically and mentally transformed. ‘I’m not a victim anymore. I can create peace and happiness in my body and my mind follows,’ she exults. ‘Despair still comes back now and then, but I know that relief is only one yoga session away.’


“How do we deal with the lingering uncertainty and fear in the aftermath of September 11 and the ongoing war on terrorism? Yoga offers a time-tested arsenal of weapons against the forces of ignorance and delusion that feed fear.”


__________. Yoga and psychology. Article available online: http://www.yoganetwork.org/articles/article_9.html


_________. Experiences in management of psychiatric and psychosomatic disorders with yoga. *Journal of the Yoga Institute*, 1978, 23(12):186-188.


De Wit, Han F. The case for contemplative psychology. Han F. De Wit argues that spiritual tradition can be viewed as its own school of psychology. *Shambhala Sun*, Mar 2001, pp. 34-37.


Dhawan, K. R. Yoga und seine psychologischen Bedeutungen. *Medizinische Klinik*, 1956, pp. 2231-2233. [In German.]


On teaching Yoga to frail seniors in their seventies and eighties at Mount Zion Hospital Geriatric Services, San Francisco, California, many of whom were suffering from depression, recovering from strokes and heart attacks, etc.


Meditation is one of the modalities reviewed.


Dolezalová, V. Zkušenosti s aplikací jogy pri rehabilitácii psychiatrických pacientu' [Experiences with the application of yoga in the rehabilitation of psychiatric patients]. In *Abstrakty I. Pracovnej Konferencie of Problematike Jógy v Rehabilitácií* [Abstracts of the First Conference on the Applications of Yoga in Rehabilitational Therapy], Košice-Šaca, 21-23 Jun 1978, pp. 71-74. [In Czechoslovakian.]


Douglass, Laura Sevika. Yoga therapy for mental illness. Article available online: http://www.yogapsychology.org/yt_mental_ill.html

“This Yoga therapy or Yoga Chikitsa, is a way to gradually move the individual into a state of equanimity. The mind is made stronger and less vulnerable to outside impressions by following an eight-step process known as Asthanga Yoga. The following is a list of the eight limbs with a brief explanation of their therapeutic benefits . . .”


Abstract: Objective: To carry out a pilot study surveying the spiritual attitudes and needs of patients with a psychiatric illness at the Centre of Excellence in Remote and Rural Psychological Medicine, Broken Hill Base Hospital, NSW. Method: A questionnaire consisting of 6 questions was completed by 79 patients. Results: It was found that 79% of the patients rated spirituality as very important and 82% thought their therapists should be aware of their spiritual beliefs and needs. Sixty-nine per cent of the patients reported that patients’ spiritual needs should be considered by the therapist in treating their psychological illness and 67% said that their spirituality helped them cope with their psychological pain. Conclusion: The majority of patients said spirituality was important to them and that they wanted their therapist to take their spiritual needs into consideration in the assessment and management of their illness.


Dumel, R. Problématique du Yoga et de son vécu occidental. Maîtrise de Psychologie Clinique, Lyon II (Pr. Guillaumin), Oct 1976. [In French.]


Bandwidth data suggest that concentration and mindfulness meditations may be unique forms of consciousness and are not merely degrees of a state of relaxation.


Easy yoga for depression. Article available online: http://www.goldentemple.com/Clients/KIIT/GT/Yoga.nsf/AllKriyas.

**EATING DISORDERS.** See the “Eating Disorders” bibliography.


Abstract: 82 psychiatric inpatients hospitalized for acute care were interviewed about their use of complementary and alternative medicine (CAM) modalities. The clinical diagnoses of respondents included Depressive Disorder (61%), Substance Abuse (26%), Schizophrenia (9%), and Anxiety Disorders (5%). Analysis indicated that 63% used at least one CAM modality within the previous 12 mo. The most frequently used modality was herbal therapies (44%), followed by mind-body therapies such as relaxation or mental imagery, hypnosis, meditation, biofeedback (30%), and spiritual healing by another (30%). Physical modalities such as massage, chiropractic treatment, acupuncture, and yoga were used by 21% of respondents. CAM therapies were used for a variety of reasons ranging from treatment of anxiety and depression to weight loss. However, most respondents indicated they did not discuss such use with their psychiatrist or psychotherapist.


Summary: How psychotherapy and meditation can help manage powerful emotions. A therapy session under the method of Zen Buddhism; Buddhist views on love.


Blind spots: Most of us can’t see how chronic emotional tightening colors our thinking and separates us from others. *Yoga Journal*, May/Jun 2001, pp. 134-137. (On avoiding the error of emotional paralysis in our practice.)


Abstract: So-called “intrusive thoughts” appear independently from external stimuli and are the cause of severe disturbances in depressed patients. Following Baddeley’s 1986 discoveries
regarding “articulatory suppression,” we investigated the influence of praying and of a working memory task on the number of spontaneous thoughts reported by 20 subjects compared to the control (quiet) state. Two groups of subjects were tested: those trained in meditation and controls. Significant reduction in simultaneous thought arousal was obtained during both the working memory task and the recitation of prayer. In all three experimental conditions, meditation practitioners reported significantly fewer spontaneous thoughts.


Fein, Ron. Is in a self-designed M.A. program in Transpersonal Psychology with a focus on meditation, breathwork, bodywork, and therapies derived from Yoga and Zen. Contact: ronfein@sprynet.com.


A literature review that highlights the influence of TM in areas of oxygen consumption, cardiac output, blood lactate concentrations, stress, anxiety, and neuroticism. Implications in psychotherapy, prisoner rehabilitation, and personality are noted.


__________. T.M.—Some preliminary psychological findings. *Journal of Humanistic Psychology*, 1976, 16(3).


From the publisher: “As a result of her years of working with women as a psychotherapist, Barbara Miller Fishman developed the discipline of Mindfulness Psychotherapy—a combination of mindfulness meditation and psychotherapy that, taken altogether, describe a path toward wholeness. [In Emotional Healing] she presents the integration of her life’s work through the poignant stories of eight women—all faced with critical decisions and tough life circumstances—and how they used Mindfulness Psychotherapy to attain greater levels of peace and well-being.

“The author offers a radical shift in a woman’s relationship to life. Readers will discover the importance of naming a life problem, accepting the ‘is-ness’ of it, developing a matter-of-fact curiosity, and exploring the mind/body reactions that we call emotional pain. The path continues as the reader creates an observing self and discovers the deep compassion that ultimately heals. Once learned, these six awareness practices can be used to face difficult situations, discover self-acceptance, and release the love needed to reside fully in one’s whole self.”


Includes a section on Ayurvedic psychology and Yoga, in which it is stated: “Yoga psychology requires Ayurvedic psychology; neither is likely to flourish or develop properly without the other.”


Abstract: An exploratory, phenomenological investigation was conducted of psychologists who were Buddhist, or who felt strongly influenced by Buddhism, to investigate the way in which their clinical work was impacted by their spiritual beliefs and practices. Interviews were conducted of 12 psychologists using a semi-structured interview format. After analysis of the qualitative data two significant themes emerged. Theme I consisted of the reports that Buddhist meditation practices significantly impacted the subjects' clinical work by increasing their abilities to be present with their clients and also by increasing the awareness of their own internal process during clinical sessions. Conflicting thoughts regarding the use of meditation with clients were also addressed. The evidence in Theme II suggests that for many of these subjects their identities as Buddhists seemed to overshadow their identities as clinical psychologists. Furthermore, it seemed as if it was their spiritual practice that served as the foundation for their clinical practice. They reported perceiving numerous limitations to Western psychotherapy and indicated that for them, their Buddhist practice helps to deepen and expand, not only Western psychological understanding, but also their practice of clinical psychology in general. These findings were compared and contrasted to existing literature in the field. Limitations to this study were noted and suggestions for further research were made.


Presents a holistic model for utilizing Yoga therapy, hypnosis, and biofeedback in Western psychotherapy, along with three case studies.


Abstract: This study is an attempt to rigorously map the psychological effects of Zen meditation among experienced practitioners. Fifty-nine Zen meditators with at least six years of experience practiced an hour of traditional Zazen seated meditation. A control group of 24 college students spent 60 min. silently reading popular magazines. Before relaxation, all participants took the Smith Relaxation States Inventory (SRSI), the Smith Relaxation Dispositions/Motivations Inventory (SRD/MI), and the Smith Relaxation Beliefs Inventory (SRBI). After practice, participants again took the SRSI. Analyses revealed that meditators are less likely to believe in God, more likely to believe in Inner Wisdom, and more likely to display the relaxation dispositions Mental Quiet, Mental Relaxation, and Timeless/Boundless/Infinite. Pre- and post-session analyses revealed that meditators showed greater increments in the relaxation states Mental Quiet, Love and Thankfulness, and Prayerfulness, as well as reduced Worry. Results support Smith’s ABC Relaxation Theory. Copyright 2001 John Wiley & Sons, Inc.


The giving up of anger. Article available online: http://www.vri.dhamma.org/newsletters/nl9704.html.


__________, and Tara Bennett-Goleman. Breaking the chains: The Shambhala Sun talks to Tara Bennett-Goleman and Daniel Goleman, author of the best-seller *Emotional Intelligence*,
about how to free ourselves from the chain of painful emotional habits. They are joined by Judith Lief. *Shambhala Sun*, Mar 2001, pp. 42-43, 72-75.


**Goode, Greg.** Nondualism, yogas and personality characteristics. Article available online: http://www.nonduality.com/goode2.htm.


Abstract: This preliminary study examined whether the practice of mind–body techniques decreases symptoms of posttraumatic stress in adolescents. Posttraumatic Stress Reaction Index questionnaires were collected from 139 high school students in Kosovo who participated in a 6-week program that included meditation, biofeedback, drawings, autogenic training, guided imagery, genograms, movement, and breathing techniques. Three separate programs were held approximately 2 months apart. There was no control group. Posttraumatic stress scores significantly decreased after participation in the programs. These scores remained decreased in the 2 groups that participated in the follow-up study when compared to pretest measures. These data indicate that mind–body skills groups were effective in reducing posttraumatic stress symptoms in war-traumatized high school students.

Study conducted by Dr. James Gordon’s team from The Center for Mind-Body Medicine in Washington, D.C.


**Goyeche, John R. M.** Towards the integration of Eastern and Western approaches to the “mind-body” problem. Paper presented at 6th World Congress of International College of Psychosomatic Medicine, Montreal, 1981.


Abstract: The PGI Yoga Attitude Scale is a simple, 14-item Likert type of scale developed on the basis of the Kaivalyadham Yoga Attitude Scale. It was standardized on 71 subjects including 26 from the Yoga group and 45 from the non-Yoga group. Item analysis shows that items discriminate well (p < 0.01 level) between the low and the high scorers. Reliability using the test-retest and the split half methods ranged from 0.7564-0.9298. Validity is indicated by the high correlation of this test with the Kaivalyadham Yoga attitude scale (r=0.8734). The test also discriminated significantly between those who practise Yoga regularly and those who do not practise Yoga. Thus, for all practical purposes, the test is a standard instrument and may be used for general and research purposes.


On working with destructive emotions and scientific studies of advanced meditators.


Hanna, Fred J. Meditation and psychopathology: Stabilizing the benefits. Was to have been published in Journal of Humanistic Psychology. (Contact: fhanna@jhu.edu)


Findings: Improvements in general physical and mental well-being in industrial workers: decreased physical complaints, decreased impulsive tendency, reduced emotional instability, and decreased neurotic tendency.


Abstract: Objective: To evaluate effects of Hatha yoga and Omkar meditation on cardiorespiratory performance, psychologic profile, and melatonin secretion. Subjects and methods: Thirty healthy men in the age group of 25-35 years volunteered for the study. They were randomly divided in two groups of 15 each. Group 1 subjects served as controls and performed body flexibility exercises for 40 minutes and slow running for 20 minutes during morning hours and played games for 60 minutes during evening hours daily for 3 months. Group
2 subjects practiced selected yogic asanas (postures) for 45 minutes and pranayama for 15 minutes during the morning, whereas during the evening hours these subjects performed preparatory yogic postures for 15 minutes, pranayama for 15 minutes, and meditation for 30 minutes daily, for 3 months. Orthostatic tolerance, heart rate, blood pressure, respiratory rate, dynamic lung function (such as forced vital capacity, forced expiratory volume in 1 second, forced expiratory volume percentage, peak expiratory flow rate, and maximum voluntary ventilation), and psychologic profile were measured before and after 3 months of yogic practices. Serial blood samples were drawn at various time intervals to study effects of these yogic practices and Omkar meditation on melatonin levels. Results: Yogic practices for 3 months resulted in an improvement in cardiorespiratory performance and psychologic profile. The plasma melatonin also showed an increase after three months of yogic practices. The systolic blood pressure, diastolic blood pressure, mean arterial pressure, and orthostatic tolerance did not show any significant correlation with plasma melatonin. However, the maximum night time melatonin levels in yoga group showed a significant correlation ($r = 0.71, p < 0.05$) with well-being score. Conclusion: These observations suggest that yogic practices can be used as psychophysiological stimuli to increase endogenous secretion of melatonin, which, in turn, might be responsible for improved sense of well-being.


Abstract: Our intention in Heart-Centered therapies is to bring to conscious awareness the habitual choices we make by default, habitual patterns based on old outdated beliefs, providing the opportunity to break through the automated pattern and open that moment to new and spontaneous choices. Then we are, in a real and conscious way, constructing our sense of self anew from moment to moment. We will investigate the intersection between Heart-Centered therapies and Buddhist psychology on three levels of depth and expansion: ego, existential and transpersonal. The personality traits contributing to openness operate on the first level through the ego’s navigation of (1) a realignment of the twin ideals of *ego ideal* (yearning for perfection) and *ideal ego* (inflated sense of self); and (2) successive *deintegrations* (Fordham) to accommodate newly consolidated growth. From a Buddhist viewpoint, we may all be said to be suffering from narcissism, i.e., identification with the fantasy ideal ego of a permanent and immortal self. *De-constructing* the ego occurs in the context of delicately balancing the ideal ego and the ego ideal to avoid either ego inflation or deflation. *Openness to experience* or *ego permissiveness* connotes a reduction of ego control in the interests of self expression and growth. For some, however, the experience of letting go feels too undefended, unstructured, unbounded, too open, and is equated with annihilation: *ego-chill*, *angst*, or in Zen Buddhism the “Great Death.”

The experience of openness expands into the existential level of ego transcendence with non-defensiveness to the “existential vacuum”: fear of life and fear of death (Rank), and acceptance of living in a world of miracles. The transitional space between existential healing and transpersonal healing is that of operating right at the edge of system disintegration, balancing the challenges of deintegration and the sublime peacefulness of
unintegration (Winnicott). The personality dips into formlessness for rest, taking time off from self, in a state of unboundaried radical connectedness between minds and also between mind and matter.

Finally openness expands into the transpersonal level, ultimately to non-defensiveness toward the transpersonal anxiety of “spiritual exile” on earth, and receptivity to unintegration, the vast openness of unstructured being. The experience begins to approach, we might say, the three facets of Buddha-mind: sila, an open-hearted response to the gift of life; samadhi, infinite flexibility, magical and energetic; and prajna, effortless wisdom, the insight that comes from recognizing that nothing can be possessed and thus from letting go.


Hauer, J. W. Yoga und Zeitwende. *Yoga* (H. Palmié, ed., Harburg), 1931, 1(1). [In German.]


Abstract: The inclusion of technologies drawn from spiritual and religious traditions into empirical clinical psychology is a positive step forward, but it also helps reveal problems in the technological model of treatment development. The technological model does not necessarily lead to a more coherent, innovative, and progressive discipline, which requires the development of more adequate theory, not merely more adequate technology. If technologies drawn from spiritual and religious traditions are to be included in modern scientific psychology, the field must be free to interpret and transform them theoretically, without being limited by their religious and spiritual past.


“I have come to be aware of the feedback loop that exists between the collapsing of my chest and negative emotions.”


**Hillegas, Joseph.** [Yoga nidra helpful for a schizoaffective disorder.] Personal communication to Richard Miller, Ph.D., 28 Oct 2000.


**Hoen, Birgitt.** Yoga to build a strong and spiritual body for life. 1998. Available from Robin Tear, 66 Haumoana Road, Rotorua, New Zealand.

Abstract: The Eastern view of the body as *koshas* is compared to the Western view of the gross physical body. The Western psychology of Freud and Eriksen is contrasted with the Eastern view of the mental aspects and the *chakras*. The philosophies of Freud, Eriksen, and Steiner are contrasted with the *Sutras*.


**Houten, Peter Van.** *Overcoming Anxiety and Depression: A Holistic Approach*. Nevada City, Calif.: Crystal Clarity Publishers, 2002. (Contains a section on meditation.)


“Yoga combined with counselling could be an effective way of treating the symptoms of major depression, a Charles Darwin University researcher and student counsellor has found.

“Stephanie Johnson will present her findings at a public seminar on social work research in mental health at the Museum and Art Gallery of the Northern Territory on Wednesday.

“Ms Johnson, who has been a counsellor and social worker for 12 years, said ‘tentative, pilot research’ showed that yoga had positive effects on people’s wellbeing and could be used as part of overall treatment for depression. . . .

“Ms Johnson said she had conducted a 12-week study of nine students aged between 18 and 60. The students received fortnightly counselling for six weeks, followed by fortnightly counselling and weekly yoga for six weeks.

“Of the seven students who finished the treatment, two were deemed to have clinically recovered from major depression; three recovered partially and two were deemed not to have recovered. However, every participant—including the two who dropped out—recorded an improvement.”
“Ms Johnson said she hoped her research would encourage counselling professionals to review alternative treatments for major depression, not only within the university student population, but also in the wider community. It is also important for people who think they may have depression to seek medical assistance.”


From the website: “This training is intended for master’s level therapists in the areas of speech-language pathology, physical therapy, occupational therapy, mental health and other related disciplines who have a strong interest in providing holistic, movement based therapy. At the end of the six month training, the student will have the necessary tools, perspective and direct experience to provide effective and rewarding yoga based therapy.

“With six hours of weekly direct observation of and participation in Integrated Movement Therapy sessions, bi-weekly meetings with instructors, direct instruction in the areas yoga, language and learning, mental health, as well specific disorders, our training program is comprehensive and demanding. Because it is also highly individualized, it is unmatched in quality . . .”

“You will come away from this training with the knowledge, spirit and confidence to effectively use a yoga based therapy approach in your work. You will understand and be able to implement each of the six core principles of Integrated Movement Therapy, and will have plenty of ideas for creatively incorporating them into your therapy sessions. You will gain an understanding of a yoga based, wellness, perspective and be able to see your students in a new light. You will learn about specific disorders, including autism, ADHD, stroke, addiction, depression, Parkinson’s Disease, anxiety and head injury, and how to use a yoga based approach with them.”

About Integrated Movement Therapy: “Integrated Movement Therapy™ is a holistic therapy approach for people of all ages, from infancy to adulthood. Using yoga based movement and breathing techniques, Master’s level therapists address the unique challenges of people with special needs in a calm, supportive and nurturing environment . . .

“Integrated Movement Therapy (I.M.T.) was developed by Molly Kenny, founder and director of the Samarya Center, combining her experience and background in speech-language pathology,
mental and behavioral health, and yoga. I.M.T. has been used successfully to promote wellness and positive self-image in individuals with autism spectrum disorders, Asperger’s Syndrome, AD(H)D, Prader-Willi syndrome, dyspraxia, depression and anxiety, as well as with stroke survivors, individuals experiencing profound grief, those recovering from illness or injury, and adults living with auto-immune diseases . . .

“The I.M.T. approach is based on two overarching philosophies: that the student is already perfect and whole, and that the student and teacher are both unlimited in their abilities to heal. Supporting these beliefs is an empirically sound, brain-based therapy in which the therapist combines skills from conventional Master’s level training with yoga philosophy and practice to help the student reach his or her highest potential for a rich and peaceful life.

“Integrated Movement Therapy was developed to capitalize on the positive effects of movement generally and yoga specifically, and to directly affect frontal lobe efficiency, thereby increasing physical and cognitive functioning and improving therapeutic outcomes. I.M.T. has six core principles: Structure and continuity, Physical stimulation, Social interaction, Language Stimulation, Self-calming (attention/concentration/focus), and Direct self-esteem building. Each of these principles corresponds to specific areas of challenge, and therefore has specific positive effects in the therapeutic environment.

“At its most deconstructed level, Integrated Movement Therapy works because it addresses each aspect of the individual using a highly structured, multi-modality teaching method. However there is another integral aspect to this approach that, in the end, is truly the heart of this therapy and why it works. Yoga based therapy by definition, should have a spiritual and philosophical bent that separates it from conventional clinical interventions; that is, a focus on the divine being that exists within each individual, no matter how distracting the external manifestations of the diagnosis might be. Integrated Movement Therapy works on the principle that encouraging and developing the self-esteem of the individual is the single most important factor in increasing skills in all areas. To this end, in our therapy we focus on what is right, the goodness or divinity of the individual, and write our goals and develop specific therapy programs to increase these positive aspects.”

Iris, Keith F. Mindfulness meditation and stress/anxiety. 28 Mar 1998. Article available online: http://www.behavior.net/cgi-bin/nph-display.cgi?MessageID=62&Top=-1&config=meditation&uid=nC1M8.user&new=0&adm=0.


The following review of this study appears in an article by Ralph La Forge entitled “Spotlight on Yoga” in the May 2001 issue of IDEA Health and Fitness Source (http://www.findarticles.com/cf_0/m0BTW/5_19/74886169/p1/article.jhtml?term=yoga):

Study: Sudarshan kriya yoga (SKY) is a procedure that involves rhythmic hyperventilation at different rates. SKY’s ability to reduce depression was demonstrated in a prospective, open clinical trial conducted by researchers at the National Institute of Mental Health and Neuro Sciences in Bangalore, India. This study measured the antidepressant efficacy of SKY as a treatment for melancholic depressives (n = 45) were randomized equally into the three treatment groups. They were assessed at recruitment and weekly thereafter for four weeks.

Total scores on the Beck Depression Inventory and the Hamilton Rating Scale for Depression (HRSD) dropped significantly on successive occasions in all three groups. From group to group, however, results did not differ significantly. At week three, the SKY group’s scores were higher than the ECT group’s but no different from the IMN group’s. Rates of remission (defined as a total HRSD score of 7 or less) at the end of the trial were 93, 73 and 67 percent in the ECT, IMN and SKY groups, respectively. No clinically significant side effects were observed in any group. While acknowledging the limitations of the design (lack of double-blind conditions), the authors concluded that SKY, although inferior to ECT, can be a potential alternative to drugs like IMN as a first-line treatment for melancholia.

Comments: This is one of the first studies to investigate the effect of a meditation-based yoga practice on patients with clinically documented depression. Many patients with depression appear to be responsive to exercise therapy. In theory and as borne out, in part, by the results of this study, yoga may have at least as much to offer as some standard treatments, given its balanced inclusion of individualized asana-exercise, breath work and quiescent cognitive aspects.


From the author: *Eye of the Lotus* is a book about chakra psychology, an esoteric look at the qualitative philosophy and psychology of being and how chakras affect mental, spiritual, emotional, and physical aspects of our life. The book includes a [large] appendix of chakra balancing and toning exercises, prayers, meditations, yoga, etc. It is the culmination of almost 17 years of spiritual counseling and my intuitive observations of the “whole human being.”


Abstract: In February 1984, it was decided to resort to non-verbal expressive techniques as a suitable way for doing group psychotherapy with psychotic patients. A corporal language technique was selected which comprised (a) sense-perception elements, (b) corporal expression, and (c) yoga, arranged in five-step sessions: space acknowledgment, deep-breathing exercise, palpation of an osteoarticular structure, motility test of the previously palpated zone, and expressive exercise. Such an experiment was carried out with a group of psychotic patients, another group with psychosomatic symptoms, and a third, changeable, heterogenous group, with, obviously, a control group. Observations were made of patients’ behavior during sessions, and their clinical progress throughout. All patients showed good response to the movement proposals, and no emotional excesses were detected. It was clinically observed that, in all cases, sociability improved, and anxiety decreased—in this connection, medication could be cut down accordingly. As regards 2 schizophrenic female patients, biological therapy could be ruled out.


Judd uses yoga to combat depression. Contactmusic.com, 29 Aug 2005.

“Ashley Judd credits yoga for helping her conquer depression. “The “Kiss the Girls” was diagnosed bipolar a decade ago and found her interest in yoga and all that comes with it was more helpful to her than pills she was prescribed.

“She says, ‘My mat is a safe place. I’ll go into Child’s pose or I’ll simply sit on it and cry. It’s my rock.

“I haven’t been depressed in a while, but it’s something I know how to look for in my life. Yoga has made a big difference there . . . because when I feel that slippery slope, instead of just monitoring it and being fearful, now I give thanks for my struggles.

“I try to remember that true happiness is not dependent on circumstances and conditions . . .”


“Anodea Judith has mapped the striking connections between the yogic healing arts and modern psychology and demonstrates how a combination of both traditions can be dramatically more effective than using either one alone.”


“For Amy Weintraub, depression was a lack of feeling and paralysis; she compares it to ‘an element of blank,’ as Emily Dickinson called it. She suffered from cognitive impairment; she lost things, forgot meetings and ‘moved as though through a fog.’

“That changed when Ms. Weintraub began practicing yoga daily. ‘got a brochure in the mail for Kripalu Center in Massachusetts,’ she says. ‘here was no literature at the time about it. I decided to go, and I loved the yoga. There was an immediate feel-good effect, I felt really connected.’

‘Ms. Weintraub was on antidepressants and seeing a therapist at the time, who had told her ‘You’re one of those people who will always have empty pockets.’ At the yoga class, her interpretation of this dire prediction changed . . .”


Kapur, R. L. Yoga and the state of mind. Article available online: http://www.yes2yoga.com/article1.asp.

“A lot of research has been carried out to examine the effect of yoga on neuro-physiological, hormonal and metabolic parameters but while it is of interest that yogis can control their heartbeat or change their brain waves, the crucial question from the psychological point of view is whether they can control their mental fluctuations. Indian tradition claims that the only way to understand the impact of yoga on the subjective states is by experiencing it yourself.

“A few years ago, I took a year off from my work to do just that. I apprenticed myself to a guru and devoted myself to yoga, spending about five hours every day on yogic practices. Every evening, I would spend an hour or two recording my observations regarding what had happened to my own mental state. After the completion of one year, I once again stood outside my experiences and examined whether my daily observations revealed any consistent patterns. It is my understanding that if a few fellow professionals go through similar training and report their conclusions in a similar manner, some commonalities can be culled out to form a body of phenomenological knowledge around the yoga technique. Walsh has done such an exercise for vipasana meditation but I am not aware of any with respect to yoga.

“This paper gives an account of my exploration.”


“Is the center unique in what it offers? ‘Jon Kabat-Zinn, at the University of Massachusetts Medical Center in Worcester, is doing something similar by relying on the Buddhist tradition and teaching people mindfulness meditation to improve health and for medical problems,’ said [Joseph] Loizzo[, director of The Center for Meditation and Healing]. ‘But we’re using several meditative traditions and multiple meditation techniques and adopting them in a more comprehensive way.’

“As for Benson and his mind-body medical institute at Beth Israel Deaconess, ‘What he has done is to isolate a single technique-transcendental meditation-from a whole traditional belief system and graft it into the Western setting,’ said Loizzo. ‘Our center is based on his work but we've gone several steps further. We’re looking more seriously at the whole paradigm of self-healing that these alternative traditions offer, studying meditation as a self-healing science and combining alternative traditions with current developments in neuroscience, medicine and psychotherapy.’”


Abstract: The author reports two cases in which depersonalization occurred during the waking consciousness of individuals who had engaged in meditative techniques designed to alter consciousness. Psychiatrists should be aware of this phenomenon, as the number of organizations in the “consciousness movement” is increasing, and should ask people manifesting depersonalization about any involvement in activities leading to altered states of consciousness. In some cases it might be appropriate to refer such patients to responsible groups that teach altered consciousness by meditation as an egosyntonic desirable state. The author cautions against the use of phenothiazines in cases where depersonalization is a prominent feature.


Khalsa, Sat Jiwan Singh. Fear-release and renew through mudra. Article available online: http://100megsfree.com/yoga/fear.html.

__________. Mudra meditation to calm the mind and to cure feelings of ill will, self-anger, hostility, self-hatred, or self-animosity. Article available online: http://100megsfree.com/yoga/animosity.html.

__________. Mudra to control the emotions. Article available online: http://www.100megsfree.com/yoga/mudras/emotions.html.


Abstract: This article outlines the psychological roots of classical yoga and the application of yoga-based therapy techniques to clinical populations. Yoga therapy is differentiated from both insight-mindfulness methods and cognitively based dialectical behavior therapy. The authors review effectiveness studies and biological correlates of yoga meditation. They then describe a model yoga treatment group in a partial hospitalization program and propose that a yoga-based therapy group may be helpful in developing coping skills for reducing anxiety and anger in a largely personality-disordered population in an ambulatory setting.


Kishimoto, H. *Shukyo-Shimpishugi* [Religious Mysticism: Psychology Thought of Classical Yoga]. Tokyo, 1958. [In Japanese.]


Knittel, Linda. House of healing: In a new study, sacred environments have been shown to have a healing effect on the mentally ill. *Yoga Journal*, Dec 2002, p. 33.


_________. Anxiety, general hostility and its direction as a result of yogic practices. *Yoga-Mimamsa*, 1972, 17(4):73-82.


Kormendy, A. [Psychological technics and meditation--reflections on some aspects of a borderline treatment area]. Offentl Gesundheitswes, Jan 1990, 52(1):27-29. [In German.]


“The research team, led by Richard Davidson, professor of psychology and psychiatry at UW—Madison, found that mindfulness meditation produced biological effects that improved the subjects’ resiliency. The experimental group, composed of 25 participants, received meditation training from Jon Kabat-Zinn, who developed a mindfulness-based stress-reduction program at the University of Massachusetts Medical Center. They attended weekly meditation classes as well as one seven-hour retreat during the study; they also practiced at home for an hour a day, six days a week. Those in the control group didn’t meditate during the course of the study.

“The researchers then measured electrical activity in the front parts of both groups’ brains, the area that corresponds to emotion. Previous research has shown that the left side of this area becomes more active than the right side when a positive emotion is experienced, a pattern also associated with optimism. The study showed increased activity in the left side among meditators, significantly more than was seen in the control group.

“Those meditating also demonstrated stronger immune function than those in the control group. All the participants received a flu vaccine at the end of the eight-week study period. Then, at four and eight weeks after the shot was given, their blood was tested to measure the levels of antibodies they had produced against the vaccine.

“While everyone who participated in the study had an increased number of antibodies, the meditators had a significantly greater increase than the control group. ’The changes were subtle, but statistically it was significant,’ says Dan Muller, M.D., head of the immunology core of UW—Madison's Mind-Body Center, which conducted the study’s blood analysis. ’It was startling that such a short intervention could produce a change.’ Plans for more research on the impact of meditation are under way. Davidson and his team are currently working with a group of people who have been practicing meditation for more than 30 years; they are also preparing to conduct a study on the impact of mindfulness meditation on people with specific health conditions.”


___________. The roots of Buddhist psychology. 6-audiotape set. Sounds True Audio.


“Recognizing the direct influences of habits of thought and emotion on biochemistry, and knowing that positive states have a deeply restorative impact on the entire system, we are able to develop certain practices to transform negative qualities of mind and promote general well-being. Explore the complex interaction between thought, emotion, and physiology and the role [of] yoga practices to nourish the system and to restore equilibrium through the practice of asana, pranayama, chanting, and meditation.”


Kripalu Center Conference on Yoga and Psychology. 1994. Contact Stephen Cope, Kripalu Institute, P.O .Box 793, Lenox, MA 01240. (On the relationship between psychotherapy and the eight-limbed path of raja yoga.)


Kriyananda, Goswami. Answers the question: What are some yoga poses used to soften anger and what are some yoga postures to help overcome depression? *YOGA Chicago*, Jan-Feb 2001, p. 9.


“... synthesizes a new form of transformational technology incorporating the principles and practices of Yoga and Western Psychotherapy: Yoga Psychotherapy. Yoga Psychotherapy’s first assumption is that Spirit exists, and that human beings are infused with Divine Being and Cosmic Consciousness. In Yoga Psychotherapy we start from the position that people are essentially ‘okay’ in themselves, they have merely created problems based on thinking that includes
fundamental errors about the nature of the self and the world. Yoga Psychotherapy uses the
traditional therapeutic means of weekly talk therapy sessions, which we combine with Yoga
practices such as Yoga postures (asanas), breathwork and meditation, any of which may be used
within the therapy session.”

Vermont College of Norwich University, 2000. Author’s website:

Contents: Introduction; Western Psychotherapy and Western Body Psychotherapy; Yoga
Psychology; Experiential Research; Other Integrated Systems of Yoga and Western
Psychotherapy; Conclusion: Integrating Two Transformational Technologies


La Forge, R. Mind-body fitness: Encouraging prospects for primary and secondary prevention. J

Lalitananda, Swami. Overcome anger & realize the Self. In Swami Lalitananda, Practice of
title Yoga in Life.

Lavey, Roberta, Tom Sherman, Kim T. Mueser, Donna D. Osborne, Melinda Currier, and
Rosemarie Wolfe. The effects of yoga on mood in psychiatric inpatients. Psychiatric

Abstract: The effects of yoga on mood were examined in 13 psychiatric inpatients at New
Hampshire Hospital. Participants completed the Profile of Mood States (POMS) prior to and
following participation in a yoga class. Analyses indicated that participants reported significant
improvements on all five of the negative emotion factors on the POMS, including tension-
anxiety, depression-dejection, anger-hostility, fatigue-inertia, and confusion-bewilderment. There
was no significant change on the sixth POMS factor, vigor-activity. Improvements in mood were
not related to gender or diagnosis. The results suggest that yoga was associated with improved
mood, and may be a useful way of reducing stress during inpatient psychiatric treatment.

Layaratna. Yoga for bipolar disorder. Email: layaratna@spiritofyoga.com.au.

Lazarus, Arnold A. Psychiatric problems precipitated by Transcendental Meditation.

_________. Meditation: The problems of any unimodal technique. In D. H. Shapiro, and R. N.
Walsh, eds., Meditation: Classic and Contemporary Perspectives. New York: Aldine Publishing,
1984, p. 691.

Lazarus, R. S. Psychological stress and coping in adaptation and illness. Int J Psychiatry Med,

Lee, Michael. The call of spirit: A case study in Phoenix Rising Yoga Therapy. The Journal of
The International Association of Yoga Therapists, 1994, no. 5, pp. 34-36.

The couch or the yoga mat: Yoga therapy vs. psychotherapy. Article available online: http://www.pryt.com/cmp/news7.html.


Abstract: BACKGROUND: Mind-body practices such as yoga are widely popular, but little is known about how such exercises impact health-related quality of life. OBJECTIVE: To measure changes in health-related quality of life associated with 3 months of mind-body training as practiced in community-based settings. DESIGN: Prospective cohort study. SETTING: Eight centers for practice of mind-body training. PARTICIPANTS: One hundred ninety-four English-speaking adults who had taken no more than 10 classes at the centers prior to enrollment in the study. One hundred seventy-one (88%) returned the 3-month follow-up questionnaire. INTERVENTION: Administration of the SF-36 questionnaire at the start of training and after 3 months. MEASUREMENTS AND MAIN RESULTS: At baseline, new participants in mind-body training reported lower scores than U.S. norms for 7 of 8 domains of the SF-36: mental health, role emotional, social, vitality, general health, body pain, and role physical (P < .002 for all comparisons). After 3 months of training, within-patient change scores improved in all domains (P < .0001), including a change of +15.5 (standard deviation ±21) in the mental health domain. In hierarchical regression analysis, younger age (P=.0003), baseline level of depressive symptoms (P=.01), and reporting a history of hypertension (P=.0054) were independent predictors of greater improvement in the SF-36 mental health score. Five participants (2.9%) reported a musculoskeletal injury. CONCLUSIONS: New participants in a community-based mind-body training program reported poor health-related quality of life at baseline and moderate improvements after 3 months of practice. Randomized trials are needed to determine whether benefits may be generalizable to physician-referred populations.


Abstract: Multichannel EEG of an advanced meditator was recorded during four different, repeated meditations. Locations of intracerebral source gravity centers as well as Low Resolution Electromagnetic Tomography (LORETA) functional images of the EEG “gamma” (35-44 Hz) frequency band activity differed significantly between meditations. Thus, during volitionally self-initiated, altered states of consciousness that were associated with different subjective meditation states, different brain neuronal populations were active. The brain areas predominantly involved during the self-induced meditation states aiming at visualization (right posterior) and verbalization (left central) agreed with known brain functional neuroanatomy. The brain areas involved in the self-induced, meditational dissolution and reconstitution of the experience of the self (right fronto-temporal) are discussed in the context of neural substrates implicated in normal
self-representation and reality testing, as well as in depersonalization disorders and detachment from self after brain lesions.

**Leifer, Ronald.** The common ground of Buddhism and psychotherapy. Presented at the First Karma Kagyu Conference on Buddhism and Psychotherapy at International House, New York City, 1986.

**Lekshe, Amchi Thubten.** A Tibetan view of emotional healing. Article available online: http://www.byregion.net/articles-healers/Tibetan_Healing.html.

**Leon, Andrew.** Treatment of depression, cognitive restructuring/cognitive disengagement? Master’s thesis (psychotherapy), University of New South Wales, Sydney, Australia, 1992. For more information see: http://www.behavior.net/cgi-bin/nph-display.cgi?MessageID=75&Top=-1&config=meditation&uid=nC1M8.user&new=0&adm=0.

From the author: The Cognitive Therapy and Attentional disengagement groups both improved significantly more than the waiting list group on DSM, BDI, BAI, DAS criteria. The CBT group improved on measures assumed to measure cognitive restructuring but interestingly the Attentional training group improved significantly more than the controls and as much as the CT group in this measure [DAS] despite having no instruction in modifying dysfunctional thoughts, believed to be critical in the modification of depression. I conclude that if it is the case that depression is maintained, if not caused by, ruminations on self defeating interpretations, then a further surmise is that the sine qua non for the effective psychological treatment of depression are those [methods] which equip the patient [deliberately or inadvertently] with the skills to disengage from the -ve loop and thereby break the vicious cycle. Attentional training shows such promise and prompts the question does CT rely on restructuring or attentional focusing. The Meditation method was a counting mantra with breathing and the instruction to take the passive attitude with intrusive thoughts and refocus on the breathing and counting. It was to be practiced 2x daily for 15-20 mins. and one minute mini-meditations 6x/day were also practiced.

There were three groups of 15 subjects: 1) the Cognitive group was treated according to Beck 1979; 2) the Attentional Training group was taught a breathing and counting technique with the instruction to take a passive attitude to intruding thoughts and to return to the next number or word in the meditation sequence. This was practiced 2x/day for 15-20 minutes and for 6 mini [1 minute] sessions daily; 3) the Waiting list group. The 2 treatment groups had 6 weekly 45 minute sessions and a 2 month follow up where gains were maintained or improved in both treatment groups. The measures used were 1) Beck Depression Inventory, a minimum score of 16 was needed for inclusion with 19-27 being moderate to severe depression; 2) Spielberger State and Trait Anxiety Inventory; 3) Beck Anxiety Inventory; 4) Attentional capacity [Clarke,J.C. unpublished]. In this test the subject is given a pen and paper in a quiet room and asked to imagine an apple and focus their attention on it. Whenever any intrusion interrupts the focused attention the subject draws a tick and returns their concentration to the apple. The more ticks the more intrusions and the less attentional capacity. Nothing is said about restructuring or challenging the intrusive thoughts. Subjects are told to let them drift past and return attention to the apple.

The study was done in a cognitive environment; in fact we challenge the foundation of cognitive therapy and its mode of action. We set out to see if 1) meditation was a useful way to help depressed people (there was almost no literature at the time of writing); 2) if we could find a specificity of treatment outcome in our results (others said there’s no point trying and we didn’t find a specificity); 3) we set out to look at the mode of action of cognitive therapy by showing

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that meditation changed depressive’s dysfunctional thoughts without addressing them as in cognitive therapy which focused just on these thoughts. If depression is caused by dysfunctional thinking, why do the same thoughts return with relapses and are they really cognitively restructured? And why does the meditation which doesn’t address cognitive restructuring have the same effect? Is CT an elaborate form of attentional training, i.e., meditation?!!

I gave all participants the SHCS Stanford Hypnotic Clinical Scale thinking the good meditators may have greater absorption and be better able to let intrusions float by. We had no correlation with results and hypnotic ability.

Lerner, M. [Recent medical research on yoga and states of concentration]. *Acta Siquiatr Psicol Am Lat*, Mar 1975, 21(1):56-63. [In Spanish.]


Abstract: Seasonal Affective Disorder is a psychiatric disorder whose pathophysiology and clinical presentation are poorly understood. By applying the ancient paradigm of yoga psychology to this subject, new understandings of the syndrome emerge regarding the possible role of the pineal gland, the clinical presentation of the syndrome, and the possible mechanism of action of phototherapy. The energy depletion model presented here ties together such diverse elements as: dose-response aspects of phototherapy, anergia as a primary symptom of SAD, “spring fever,” myofascial pain disorder, the anti-gonadotrophic effect of melatonin, and pineal supersensitivity in bipolar patients. Clinical predictions are made, and simple research protocols are suggested which can directly test the hypotheses generated by this paradigm.


Abstract: Self-transcendence has been hypothesized to be a critical component of wisdom (Curnow, 1999) and adaptation in later life (Tornstam, 1994). It reflects a decreasing reliance on externals for definition of the self, increasing interiority and spirituality, and a greater sense of connectedness with past and future generations. The Adult Self-Transcendence Inventory was administered to 351 individuals along with the NEO-FFI Personality Scale (McCrae & Costa, 1989). A principal axis factor analysis identified two factors: self-transcendence and alienation. The relationships between self-transcendence and neuroticism, openness to experience, extraversion, and agreeableness were significant, although modest, suggesting that self-transcendence cannot be accounted for in terms of positive personality traits alone. As expected, a
multiple regression analysis indicated that self-transcendence was negatively related to
neuroticism and positively related to meditation practice. The present study appears to lend
support to the construct of self-transcendence.

**Levinson, Andrew, M.D.** Yogic neuromuscular therapy. The Power of Yoga for Healing,

“The technique blends yogic postures and deep tissue bodywork to allow for cathartic release of
emotions, and to break through from the limitations of physical restrictions.”

**Linden, William.** Practicing of meditation by school children and their levels of field
dependence-independence, test anxiety, and reading achievement. *Journal of Consulting and
89-93.

**Lobo, R. J., M. C. H. Michailov, V. Iyenger, V. T. Zonevia, and E. Neu.** On psychological
effects of Hatha yoga: Long time group teaching. *Proceedings of the International Union of

**Loizzo, Joseph.** Meditation and psychotherapy: Stress, allostatis, and enriched learning. In P. R.
Muskin, ed., *Complementary and Alternative Medicine in Psychiatry*. American Psychiatric
Association, 2000, pp. 147-198.

Chapter contents: Meditation in medicine, neuroscience, and psychiatry; From meditation to
psychotherapy: The bridge of hypnotic learning; From trauma to enrichment: Stress, learning, and
the brain; Meditation and psychotherapy: Two methods of enriched learning; Research, teaching,
and clinical uses of meditation, References

**Longaker, Kiranjit K. B., and Gabriel Tornusciolo.** Yoga group therapy with traumatized

Abstract: This paper describes how Yoga groups have been implemented as a form of interperonal
group therapy with adolescent males who have experienced severe trauma in their lives. It discusses
how over time these groups have evolved to exhibit 11 therapeutic factors that are necessary for
effective interpersonal group therapy. It then describes the ways in which these groups help the
members begin to cope with and heal from the effects of their trauma without having to rely on
traditional “talk” therapy.

teaching students with emotional difficulties.)


**Lowenstein, Keith.** The physiology, psychology and practice of meditation and Kriya Yoga:
Effects on health and stress-related disorders. The Psychology of Health, Immunity & Disease
Conference, Hilton Head Island, South Carolina, December 4-10, 2000.

Will include a synthesis of meditation, Yoga, medicine and psychiatry, which can be used for
personal growth or as an adjunctive treatment.

Loy, David R. What are you really afraid of? David R. Loy argues that our true fear is not of dying, but of not existing in the first place. *Tricycle*, Summer 2003, pp. 50-52.


“People with obsessive-compulsive disorder will find great benefit from this practice, since it engages the senses into the present moment without [a] great deal of discipline and effort.”


Abstract: A student under optimal stress does bring out his or her best, However extremes of stress can result in stress induced disorders and deteriorating performance. Can yoga be of benefit in stress induced effects in medical students? The present study was conducted in first MBBS students (n = 50) to determine the benefit if any of yogic practices on anxiety status during routine activities and prior to examination. Feedback scores were assessed to determine how the students had benefited from the practices. Anxiety status as assessed by Spillberger’s anxiety scale showed a statistically significant reduction following practice. In addition the anxiety score which rose prior to exams showed a statistically significant reduction on the day of exam after practice. These results point to the beneficial role of yoga in not only causing reduction in basal anxiety level but also attenuating the increase in anxiety score in stressful state such as exams. The results of the exam indicated a statistically significant reduction in number of failures in yoga group as compared to the control group. The improvement in various parameters such as better sense of well being, feeling of relaxation, improved concentration, self confidence, improved efficiency, good interpersonal relationship, increased attentiveness, lowered irritability levels, and an optimistic outlook in life were some of the beneficial effects enjoyed by the yoga group indicated by feedback score.


Abstract: Forty eight healthy volunteers who participated in the practice of yoga over a period of 4 months were assessed on Subjective Well Being Inventory (SUI) before and after the course in order to evaluate the effect of practice of yoga on subjective feelings of well-being and quality of life. A significant improvement in 9 of the 11 factors of SUI was observed at the end of 4
months, in these participants. The paper thus, reiterates the beneficial effects of regular practice of yoga on subjective well being.


“... What work best for Dr. Knight are meditation techniques coupled with daily medication. Although he first learned meditation techniques years ago, Dr. Knight didn’t know how to use them to improve his own mental state. ‘The staff frowned upon this technique when I was hospitalized,’ he remembers. ‘I learned (the concentration techniques) from a meditation teacher, but he had not taught me the application. I invented the application to mental afflictions.’”


___________. Yoga and psychotherapy. *Yoga Outreach*. Article available online: http://www.donnamartin.net/6article.htm.

___________. Yoga and psychotherapy. *Reaching Out with Yoga*, no. 6, pp. 11-12.
Yoga as therapy: Remembering wholeness. Article available online: http://www.donnamartin.net/2article.htm.


Discusses uses of Yoga therapy as an adjunct to psychotherapy in the 1960s.


Abstract: Psychotherapeutic interventions containing training in mindfulness meditation have been shown to help participants with a variety of somatic and psychological conditions. Mindfulness-based cognitive therapy (MBCT) is a meditation-based psychotherapeutic intervention designed to help reduce the risk of relapse of recurrent depression. There is encouraging early evidence from multi-centre randomized controlled trials. However, little is known of the process by which MBCT may bring therapeutic benefits. This study set out to explore participants’ accounts of MBCT in the mental-health context. Seven participants were interviewed in two phases. Interview data from four participants were obtained in the weeks following MBCT. Grounded theory techniques were used to identify several categories that combine to describe the ways in which mental-health difficulties arose as well as their experiences of MBCT. Three further participants who have continued to practise MBCT were interviewed so as to further validate, elucidate and extend these categories. The theory suggested that the preconceptions and expectations of therapy are important influences on later experiences of MBCT. Important areas of therapeutic change (“coming to terms”) were identified, including the development of mindfulness skills, an attitude of acceptance and “living in the moment.” The development of mindfulness skills was seen to hold a key role in the development of change. Generalization of these skills to everyday life was seen as important, and several ways in which this happened, including the use of breathing spaces, were discussed. The study emphasized the role of continued skills practice for participants' therapeutic gains. In addition, several of the concepts and categories offered support to cognitive accounts of mood disorder and the role of MBCT in reducing relapse.


___________. Die indischen Heilstechniken. Eranos-Jahrbuch, 1937, 5:85-91. [In German.]

___________. La psychologie contemporaine occidentale et les conditions d’intelligence de la pensée indienne. Journal de Psychologie Normale et Pathologique, 1937, 94(2):152ff. [In French.]

___________. Les traits essentiels de la psychologie indienne. Revue Philosophique de la France et de l’Etranger, 1928, pp. 418-429. [In French.]

A contemporary psychiatrist uses ancient Buddhist wisdom to make sense of desire in our everyday lives.

“What we really want is for the object to be more satisfying than it ever can be.”


Abstract: Objective: To describe the relationship between Buddhism and psychiatry, from a personal perspective. Conclusions: The present paper introduces Buddhist thought for those unfamiliar with it, then describes some of the sites of confluence and conflict between this tradition and those of Western mental health care. It does so from the perspective of a Westerner who has made some exploration of Buddhism, mainly within one of the Tibetan traditions.


On a pilot study conducted over six weeks by psychiatrist Janis Carter and professor Gerard Byrne, Department of Psychiatry, University of Queensland, to study the effects of sequencing of Iyengar Yoga poses on Vietnam veterans with PTSD suffering from depression. All participants showed significant progress based on measurement of their depression via the Hamilton rating scale, used less medication, and adapted to life better.


From an 18 Apr 2005 Newswise release: “Meditation is now being incorporated into psychotherapeutic practice and combined in surprising ways with other healing traditions, the April issue of the *Harvard Mental Health Letter* reports.

“The focused attention of meditation may change attitudes and behavior by decreasing preoccupation with one’s own suffering and fostering self-understanding. ‘Professionals of both traditions are beginning to realize that the resemblance to the aims of psychotherapy is no accident,’ says *Harvard Mental Health Letter* editor Dr. Michael Miller.
“To the surprise of some, the psychotherapeutic tradition now taking meditation most seriously is
cognitive behavioral therapy, the article reports. Behavioral therapy in its original form was
concerned only with stimulus and response and tangible rewards and punishments. Eventually
behavior therapists recognized the need to take account of thoughts and feelings, and they
incorporated cognitive techniques into therapy. Now some therapists have gone further, merging
cognitive techniques and meditation in something they call the ‘third wave’ of cognitive
behavioral therapy.

“Approaches to the new technique include dialectical behavior therapy, acceptance and
commitment therapy, and mindfulness-based cognitive therapy. All three incorporate meditation
and mindfulness into therapy in a slightly different way. In mindfulness-based cognitive therapy,
for example, instead of struggling against depressive thoughts, patients are taught to notice when
“The Harvard Mental Health Letter concludes that different types of psychotherapy are starting
to borrow ideas and techniques from one another, and therapists may use several different
approaches with a single patient. ‘The introduction of meditation practice into cognitive
behavioral therapy may represent a further stage in the historical evolution of psychotherapy,’
says Dr. Miller.”

Meditation in psychotherapy: An ancient spiritual practice is finding new uses in the

Mehta, Arti H. Undetaking the challenge to teach the mentally challenged. *Yoga Rahasya*, 2005,


__________. The Kn. and its place in Jain psychology. M. A. thesis, Benares Hindu University,
Varanasi, 1955.

Mehta, Mira. Psychology: Dosas and pranayama; Mental and emotional well-being. In Mira
Mehta, *Health through Yoga: Simple Practice Routines and a Guide to the Ancient Teachings*.


Mehti, B. L., T. R. Raju, N. Janakiramaiah, N. Venkatesh, P. J. Murthy, and B. N.
Gangadhar. Effects of Sudarshan Kriya in dysthymic disorders. National Institute of Mental
Health and Neurosciences of India, Departments of Neurophysiology and Psychiatry, 1996.
Abstract available online at http://www.artofliving.org/t-depression.html.

Mental and physical illness can be caused by spirits: An interview with Segyu Rinpoche and

Meyer, R. The practice of awareness as a form of psychotherapy. *J Religious Health*, 1971,
10:333-345.


Miller, John J., Ken Fletcher, and Jon Kabat-Zinn. Three-year follow-up and clinical
implications of a mindfulness meditation-based stress reduction intervention in the treatment of
Männer, Menschen, Frauen: Die Rolle von Yoga im Kontext der psychiatrischen Behandlung.


Mishra, N. Samskaras in yoga philosophy and Western psychology. Philosophy East and West, Jan 1953, 2:308-316.


“Are you relating to yourself in a manner that results in your life being more emotionally or physically violent than it need be?”

___________. The knife’s edge: The only thing that can prepare you for the way life cuts the heart and the mind is study, reflection, and practice. Yoga Journal, May/Jun 2001, pp. 60-66.

___________. Healing your mother wound: By embracing your mother wound as your yoga, you transform what has been a hindrance in your life into a teacher of the heart. Yoga Journal, Sep/Oct 2002, p. 67-76.

___________. Lost in doubt? Inviting the many voices of doubt to come sit with you on the meditation cushion can help you better understand them. Yoga Journal, Dec 2002, pp. 67-74.

___________. Living in an age of fear: In these uncertain times, how do you contend with the insidious ways that fear tries to take over your life? Yoga Journal, Mar/Apr 2003, pp. 67-74.

Möller, Ingelore. Yoga als Therapie bei psychisch Kranken. Yoga Aktuell, Aug/Sep 2004, pp. 62-64. [In German.]

On Yoga and psychiatry.


“A moving account by Susan Moon of her journey back from depression, and how her Buddhist practice both helped and hindered her.”


_________. H. R. Nagendra, and S. Telles. Comparison of the beneficial effects of special pranayama techniques (SAV, CAV & NS) in anxiety neurosis, back pain, bronchial asthma, chronic pain, diabetes mellitus, obesity and hypertension by clinical, autonomic and bio-chemical studies. Swami Vivekananda Yoga Research Foundation.

_________. H. R. Nagendra, and S. Telles. Psychological evaluation of the beneficial effects of 3 types of special pranayama (SAV, CAV & NS) in anxiety neurosis, back pain, bronchial asthma, chronic pain, diabetes mellitus, obesity and hypertension. Swami Vivekananda Yoga Research Foundation.


__________. The spiritual dimension of psychotherapy. Article available online: http://www.sonoma.edu/psychology/os2db/naranjo1.html.

“I see psychotherapy as an original Way, or Yoga, developed in the West, an interpersonal Yoga that may prove to be the greatest contribution of our civilization to culture proper. I don’t count technology, because no matter how much of a contribution to life it may be, it has also come to pose a threat to life, being a plus or a minus depending on how it is used. But the emerging therapeutic endeavor or Yoga of human relationships unquestionably helps us move in the direction of that optimal consciousness that is the goal of all paths.”


Nespor, Karel. [Use of yoga in psychiatry]. Cas Lek Cesk, May 16, 1994, 133(10):295-297. [In Czech.] Dr. Nespor’s email address: nespor@plbohnice.cz.


Abstract: The author describes his experience with the use of yoga in the prevention and treatment of alcohol and drug related problems, in psychosomatics, neuroses, geriatric psychiatry, and in some other areas. He deals with problems of the use of yoga in psychiatry like compliance, systems aspect, competitiveness and respecting specific indications in regard to health status and contraindications with personal differences. The usefulness of yoga in the prevention of stress and burn-out in health care professionals is emphasized.

Abstract: The discussion on yoga and psychiatric treatment covers the following topics: (1) yoga and psychology; (2) drug therapy and yoga; (3) psychotherapy and yoga; (4) hypnosis and yoga; (5) therapy of both alcohol [and] drug addiction and yoga; (6) diagnosis and yoga; and (7) personal use in psychiatric patients.

Yoga and mental health: A course for yoga teachers. Article available online: http://www.geocities.com/health_yoga_poetry/mental.html

Includes brief sections on: “When a Western yoga teacher should recommend seeing a psychiatrist” and “Can yoga cause mental problems?”


Abstract: This paper considers the neuropsychology of religious and spiritual experiences. This requires a review of our current understanding of brain function as well as an integrated synthesis to derive a neuropsychological model of spiritual experiences. Religious and spiritual experiences are highly complex states that likely involve many brain structures including those involved in higher order processing of sensory and cognitive input as well as those involved in the elaboration of emotions and autonomic responses. Such an analysis can help elucidate the biological correlates of these experiences and provide new information regarding the function of the human brain.


Subjects practicing Transcendental Meditation showed significant improvement in the following traits when compared with a matched control group of subjects not practicing TM: inner-directedness, time competence, self-actualization, spontaneity, sensitivity to one’s needs, self-acceptance, and capacity for warm interpersonal relationships. The test used was the Personal Orientation Inventory. Two independent studies also using the latter inventory confirmed these results.


__________. Balancing the emotions. Yoga (Sivananda Math), May-Jun 2002, pp. 7-11.

__________. Answers the question: “What should I do with anger when it comes? I tend to repress my anger and get depressed often, not knowing that I am angry. Intellectually I understand that my feeling of sadness may come from unexpressed anger, but how can I express it?” Yoga (Sivananda Math), Nov-Dec 2003, 2(6):12-13.


Articles: It’s only natural (Wisker), Taking fear apart (McLeod), Inviting fear (Bhikkhu), Between two mountains (Daido Loori Roshi), Bursting the bubble of fear (Bayda)


“This book is, rather than a comparison between Buddhist philosophy and psychological theory, a frank talk about seeing oneself, conditioning, western minds and eastern minds, and the possible place of psychology in the life of a practitioner.”


“The effectiveness of two different relaxation procedures [progressive relaxation training and Agni-Yoga] was compared in treating snake anxious people who expressed anxiety primarily in a somatic or a cognitive manner . . . The results provided tentative evidence that the two relaxation procedures produced differential effects according to whether subjects expressed anxiety somatically or cognitively.”


———. [Evaluation of the effect of relaxation and concentration exercises based on yoga on patients with psychogenic mental disorders]. *Pschiatria Polska*, 1982 Sep-Dec;16(5-6):365-70. PMID: 6764258. [In Polish.]


Workshop description: “Most people think that the opposite of love is hate, but ancient tantric wisdom tells us that’s not true. The opposite of love is fear. Fear and worry disable us and imprison our expansive spiritual Self. In this lively and very practical seminar with . . . Dr. Phil Nuernberger, learn how the habits of the mind create the illusions of fear and discover how to overcome this dragon and regain what is rightfully ours—the power of purpose, creativity and love.”

Topics covered: Directing the creative force to transform fear, Unwrapping self-confidence by turning attacks into opportunities, Releasing pressure and stress by increasing flexibility, Tapping the spiritual core of love—the unconquerable force


_________. Joga na osiedlu [Yoga in a Settlement Center]. Gazeta zachodnia, 10 Jul 1978, 31(155). [Polish]


On Sahaj Marg and psychotherapy.


Peo. [How does the attitude influence the effects of Yoga?]. *Jógová Cvicení*, 1982, pp. 16-25. [In Czechoslovakian.]


“Does Jung’s imperfect and outdated understanding of the myths, religions and philosophies of the pre-modern and Eastern worlds invalidate the conclusions he drew from this material?”


Abstract: The immediate effects of relaxation therapy (RT) were assessed in 40 hospitalized
children and adolescents with diagnoses of adjustment disorder and depression. These effects were assessed using a within subjects pre-test/post-test design and by comparison with a control group of 20 depressed and adjustment disorder patients who watched a 1-h relaxing videotape. The 1-h RT class consisted of yoga exercise, a brief massage and progressive muscle relaxation. Decreases were noted in both self-reported anxiety and in anxious behavior and fidgeting as well as increases in positive affect in the RT but not the video group. In addition, adjustment disorder patients and a third of the depressed patients showed decreases in cortisol levels following RT, while no changes were noted in the video group. Thus, both diagnostic groups appeared to benefit from the RT class.

Pomerantz, Rachel, and Lisa Slède. Yoga and psychotherapy: A review of the literature. Independent study, Santa Clara University, 2000. The authors may be contacted at rpomerantz@hotmail.com or lslede@earthlink.net.


Powers, Sarah. Answers the question: “Lately during my yoga classes, I find myself feeling very emotional. Several times I have felt my eyes fill up with tears during a pose. This has happened even on good days. Why is this, and is it normal?” Yoga Journal. Article available online: http://www.yogajournal.com/practice/806_1.cfm?ctsrc=nlv75.


Contents: Causes of anger, Effects of anger on body, Effects of anger on mind, Effects of anger on consciousness, Effects of anger on behavior, Anger and disease, Ways for subsiding anger


“The evolution of Buddhism in the west reveals a division between those who wish to practice within an organisation and those who attempt to follow a more individual journey. Many people I have met through workshops, meditation courses or therapy express a now familiar question: is it possible to develop a Buddhist practice without taking on the culture, personality and style of one of numerous organisations? This dilemma seems to reflect a need to retain a sense of spiritual individuality whilst learning a system of practice. It echoes a deeper dichotomy that individuality, creativity and the development of organised religion do not always sit comfortable together . . .”

”. . . The mandala has important psychological implications as a symbol of transformation, and from a Buddhist viewpoint it encompasses the totality of an individual’s reality. This includes the entire phenomenal world experienced through the five senses and mental consciousness. Each of us lives within, or we could say as a mandala, which encompasses our entire world-view. From a tantric viewpoint this mandala of appearances arises or manifests from the causal mind or clear light mind. When we are unaware that our relative world arises in this way we believe it to be solid and inherently existent, but when we recognise its momentary fleeting nature, its lack of inherent existence begins to be understood. This does not imply the relative world does not exist, merely that it is fluid, transitory and illusory, like a dream, a mirage or a rainbow. It is therefore crucial to recognise that the mandala is a process unfolding, not just a structure of the psyche . . .”


“In 1985 I returned from a period of five years living in India and began to train to become a psychotherapist. Gradually this training confirmed for me that our western psychopathology was sufficiently complex to require quite sophisticated understanding for its potential healing. It also confirmed my growing sense, through many years of connection to Buddhist centres, primarily in Europe and India, that many of us attempting to practice Buddhism often fail to address some of our key emotional difficulties. We may be genuinely trying to do so, but do not seem to shift some of our fundamental emotional wounds.

“When I eventually began to work as a psychotherapist those who frequently contacted me wished to enter therapy because their personal problems were blocking the integration of Buddhist practice. Most wished to look at emotional issues they felt were deeply rooted in their childhood and which were difficult to unravel. Many felt the complexity of their problems were not resolved by their meditation practices or by the doctrinal views that tended to be generalised approaches to how to deal with the mind and emotions. What emerged in these therapeutic encounters was something that reinforced a concern that had been growing for several years - it is surprisingly easy for us to distort and colour our spiritual understanding by our own individual psychopathology. I use the term ‘spiritual pathology’ to refer to the way in which our emotional wounds and beliefs have the power to influence, shape and distort the way we practice and view our spiritual path. Of particular importance is that we are often blind to this side of our nature, as these wounds live in the unconscious as our shadow . . .

“Although the term shadow comes from Jung and not Buddhism, its recognition is nevertheless crucial to Buddhist practice. If we do not do so we will remain blind to not only our failings but also to many aspects of our nature that lie unconscious and yet influence our life. The shadow, far from being something to be suppressed, contains much of the manure out of which we grow. Failure to face the shadow will have one significant consequence, namely that we will tend to distort our spirituality by our shadow’s particular pathology, and because the shadow is our blind spot we will be relatively unaware that it does so . . .”


**Prendergast, John.** The cakras in transpersonal psychotherapy. *International Journal of Yoga Therapy*, 2000, no. 10, pp. 45-64.


**Psychology of yoga.** *Yoga Rahasya*, 1998, 5(1).

**Psychotherapy.** Available online: http://www.yogamedicine.com/yogapsychotherapy.htm.


Abstract: Why do so many people think Ken Wilber is one of the most important thinkers of our time? Why are so many disturbed by what he writes? In this review of his work, I hope to throw some light on both questions.


Contents: Inward Revolution; The Mystery of Meditation; Sex, Love and Prayer: Three Steps to the Divine; Kandulini Yoga; Esoteric Games: A Hindrance to Growth; The Psychology of Dreams; Transcending the Seven Bodies; Becoming and Being; The Fallacy of Knowledge; Windows to the Divine; Balancing the Rational and the Irrational


Abstract: The role of yoga in disturbed mental health is an area which needs careful consideration. Elementary techniques in meditation do result in an increase in the mental capacity of the practitioners. The value of yogic techniques in the treatment of established psychosis has to be carefully examined. With the advances in neurochemistry, the problem of the basic defect in many psychotic conditions is becoming clear. In yogic practices of pranayama, meditation, etc., it is well known that the chemical activity in the brain undergoes a favorable change. Whether this change could be made effective even in psychotic states needs to be investigated. It is also necessary to find out whether any modified yogic practice could be suggested to disturbed persons who may not have enough mental drive to undergo the routine yogic practices. It will be a great gain to mankind if along with drug therapy of psychosis, yogic techniques could also be used. One should earnestly hope that further knowledge in these fields would soon be available from practical observations from many centers.


__________. Symbols and imagery in Jungian psychology and Tibetan Buddhism: A conversation with Dr. Lobsang Rapgay. The Journal for Tibetan Buddhist Psychology and Medicine, Summer 1989, pp. 4-6.


From the article: “Yoga physiology or psychology thus takes its direction and significance from the reality which is beyond the body or the psyche. This renders the physio-psychology of yoga sacred. The cultivation of the body or the mind for their own sake is not yoga. The psychic healing of yoga has its centre above the psyche; here the wholeness aspired for is that of holiness” (p. 396).


Abstract: A study was undertaken to observe any beneficial effect of yogic practices during training period on the young trainees. 54 trainees of 20-25 years age group were divided randomly in two groups i.e. yoga and control group. Yoga group (23 males and 5 females) was administered yogic practices for the first five months of the course while control group (21 males and 5 females) did not perform yogic exercises during this period. From the 6th to 10th month of training both the groups performed the yogic practices. Physiological parameters like heart rate, blood pressure, oral temperature, skin temperature in resting condition, responses to maximal and submaximal exercise, body flexibility were recorded. Psychological parameters like personality, learning, arithmetic and psychomotor ability, mental well being were also recorded. Various parameters were taken before and during the 5th and 10th month of training period. Initially there was relatively higher sympathetic activity in both the groups due to the new work/training environment but gradually it subsided. Later on at the 5th and 10th month, yoga group had relatively lower sympathetic activity
than the control group. There was improvement in performance at submaximal level of exercise and in anaerobic threshold in the yoga group. Shoulder, hip, trunk and neck flexibility improved in the yoga group. There was improvement in various psychological parameters like reduction in anxiety and depression and a better mental function after yogic practices.

**Readers speak out: Has yoga ever helped you with depression?** *Yoga Journal*, Jan/Feb 2003, p. 28.


“Many people believe that anger is ‘unspiritual,’ a damaging misconception that often causes us to stuff it inside. Spiritual traditions such as yoga and Buddhism can teach us how to react skillfully to anger without repressing it—and turn it into a positive force.”


Abstract: This study examined the effects of mindfulness-based stress reduction (MBSR) on health-related quality of life and physical and psychological symptomatology in a heterogeneous patient population. Patients (n=136) participated in an 8-week MBSR program and were required to practice 20 min. of meditation daily. Pre- and post-intervention data were collected by using the Short-Form Health Survey (SF-36), Medical Symptom Checklist (MSCL) and Symptom Checklist-90 Revised (SCL-90-R). Health-related quality of life was enhanced as demonstrated by improvement on all indices of the SF-36, including vitality, bodily pain, role limitations caused by physical health, and social functioning (all P<.01). Alleviation of physical symptoms was revealed by a 28% reduction on the MSCL (P<.0001). Decreased psychological distress was indicated on the SCL-90-R by a 38% reduction on the Global Severity Index, a 44% reduction on the anxiety subscale, and a 34% reduction on the depression subscale (all P<.0001). One-year follow-up revealed maintenance of initial improvements on several outcome parameters. We conclude that a group mindfulness meditation training program can enhance functional status and well-being and reduce physical symptoms and psychological distress in a heterogeneous patient population and that the intervention may have long-term beneficial effects.

**Reinders, Sophia.** Workshop: Yoga & the emotions. Iyengar Yoga Institute of San Francisco, 2001, 415-753-0909. Sophia, Ph.D., MFT, is a certified Iyengar Yoga teacher, a Jungian psychotherapist in private practice in Northern California, a faculty member of California Institute of Integral Studies, and professional member of Yoga Research and Education Center.

“Yoga allows the emotions and feelings that have taken a silent shape in our muscles, in our posture and movements, to come to awareness and be experienced and expressed consciously . . . The workshop develops personal and professional skills through the increased ability for kinesthetic attunement of self and others . . .”


Includes: Morita Psychotherapy, Naikan: Introspection Therapy, Shadan: Isolation Therapy, Seiza: Quiet - Sitting Therapy, Zen: Meditation Therapy


“People with anxiety and panic will often breathe mainly with the upper chest. Those with depression will often use deep abdominal breathing with little chest involvement . . .”


“We asked how we could support your teaching, and you requested sequences you could use in the studio. So here’s a primer on sequencing a class, followed by nine routines that target different types of students, areas of the body, and physical conditions.”

Sequences include: 45-minute beginners, advanced beginners, headache, menstruation, depression, groins, shoulders, forward bends, backbends.


Ruhe, Brian. Transmuting anger. Available online: http://home.istar.ca/~bar/transmuting.html. (Buddhist perspective.)


From the publisher: “Guru Sri Siddheshwar Baba was a renowned devotee of Sri Sathya Sai Baba. A staunch Marxist and Freudian in his youth, he passed many years in intense mental depression and agony due to faulty and early awakening of his Kundalini. Sai Baba showed him the futility and harm of Marxism and Freudian psychoanalytic theory and how the mysteries of the Kundalini could cure him.”


“Mudras, yoga hand gestures, are a subtle form of asana that can change your emotional state and deepen your practice.”


Sabel, B. A. [Transcendental meditation in psychology, psychiatry and psychotherapy]. *Medizinische Klinik*, 1979, 74(47):1779-1784. [In German.]


__________. An integrative approach to growth and development. Article available online: http://www.jps.net/virtreal/education.html. (Based on the Integral Education view of Sri Aurobindo and The Mother.)

__________. Introspection and psychology: A history and proposal Article available online: http://www.jps.net/virtreal/introspect.html.


From the author: “I am writing this book in order to bring out aspects of Sri Aurobindo’s philosophy which I believe have not yet been sufficiently acknowledged as having a potentially profound impact on the development of the science and practice of psychology. As Sri Aurobindo represents a unique East-West synthesis - educated in the finest schools of the West, deeply knowledgeable of the greatest spiritual traditions of the East - I believe that his work can provide a powerful means of bringing a spiritual perspective to psychology which would be in harmony with the best of modern science. Recent scholarship has revealed that Indic influence on modern thought is far greater than is generally known. It may be that a writer such as Sri Aurobindo, who understands the culture of both East and West, could be particularly well-suited to help foster a truly global understanding of science, of humanity, and indeed, of life.

“I have been studying Sri Aurobindo’s writings for the past 25 years, and have written numerous essays on the ‘Integral Psychology’ which has been developed by several of his students. Several years ago, I co-founded an online discussion group dedicated to the development of this psychology, and in 1999 helped to organize the first international ‘Integral Psychology’ conference. While I have had thoughts of writing a book on this topic for several years, the recent surge of interest in Ken Wilber’s newly christened ‘Integral Psychology’ made me realize that it is important to publish a book representing the original ideas of Sri Aurobindo. Both Wilber and other writers in the field of transpersonal psychology have portrayed Sri Aurobindo’s ideas in a way which requires extensive clarification. I hope that by providing an overview of the psychological implications of his work, a new initiative in the field of the original ‘Integral Psychology’ might develop.”


__________. Towards a truly integrative psychotherapy. Article available online: http://www.jps.net/virtreal/workgroups-tpy-tertiary-process.html.

“This paper was written in response to a common misunderstanding of spiritually based therapy among mainstream psychotherapists. The complex highly integrated state of oneness which is realized in advanced states of meditation is often taken—particularly by those trained in psychoanalytic schools—to be a kind of regressed, primitive state. The philosopher Richard Tarnas addressed this misunderstanding in a lecture he gave using 3 very simple but brilliant illustrations.
Those illustrations are used here to help clarify the relationship between psychotherapy and spiritual experience.”


__________. What if we took Indian psychology seriously? Article available online: http://www.infinityfoundation.com/mandala/i_es/i_es_salamo_psych_frameset.htm.


Sarron, C. Perspectives et recherches en psychiatrie et yoga. Les premiers entretiens medicaux du yoga. Nov 1986. [In French.]


__________. [Recommends vajrasana and shashankasana for nervous depression]. Yoga, Jan 1977, pp. 16-17.


Excerpt: “Indeed, surya namaskara’s role in mental health is far greater than most people suspect and in certain conditions, notably psychosis, it is one of the most useful and powerful tools the yoga therapist has at his disposal. In some situations it surpasses even meditation in its ability to rearrange the energies, that, having become distorted, have led to varying degrees of mental and nervous breakdown.”


“How can the mind of man be freed from this neurosis? Lord Buddha, Mahavir, all the saints and mahatmas have said that everybody who is born in this world has to undergo suffering. Nobody is free from disease. If you ask each and everyone you will find that this is true. Nobody is free from disease, suffering or faults. We are all beggars; therefore, we have to suffer. Those who are without fault become liberated. If you ask the way to become fault free, nirakara, then I can lecture you for hours. But if you ask the way to be free from suffering, disease and poverty, I cannot give any remedy, nor does God have one . . . So listen carefully, you will have to forget your suffering, and this is the truth . . . In the course of life, you may be afflicted with many different kinds of suffering due to pain, disease, death, poverty, wealth, loss of friends, ill repute and so on. In such situations you must find a way to absorb your mind in another subject where it dissolves totally. Ramakrishna Paramahamsa had cancer, Adiguru Shankaracharya had fistula, Ramana Maharshi had piles and Swami Vivekananda had diabetes. How did they all deal with these sufferings? They identified themselves with God, Brahman or Atman, and not with disease and suffering. Therefore, the wise ask God only for those things which are appropriate for their spiritual evolution, and not for the removal of suffering, disease or pain.”


Abstract: This thesis provides the contextual background, theoretical foundation, and procedural components of mantra meditation. This thesis also proposes the complementary use of mantra meditation in conventional psychotherapy practice. The paper is supported by the professional psychotherapy literature and relevant writings by renowned Indian authors and philosophers, and is interspersed with the author's own viewpoints and suggestions. The thesis begins with an introduction, providing a general overview of use of meditation in psychotherapy, and briefly outlines the facts and reasons for the lack of its wide acceptance in standard psychotherapy practice, despite positive research evidence. This introductory section is followed by chapters that
include: (i) the development of mantra meditation from the ancient Indian context to the
contemporary one; (ii) a detailed outline of the theoretical foundation of Mantra Meditation,
rooted in the ancient Indian medicine system called “Ayurveda”; (iii) the process of Mantra
Meditation; (iv) a comparison of Transcendental Meditation (TM), a contemporary form of
mantra meditation with Mindfulness Meditation; (v) a comparison of mantra meditation with
psychodynamic theories of psychotherapy; and (vi) guidelines for integrating mantra meditation
in traditional psychodynamic psychotherapy with the help of a case example. The final chapter
concludes with a discussion about the responsible use of mantra meditation in psychotherapy, and
limitations of the thesis and its potential contributions to the field of psychotherapy.

Savic, K., et al. [The effect of Hatha yoga on poor posture in children and the psychophysiologic
condition in adults]. *Med Pregl*, 1990, 43(5-6):268-272. [In Serbo-Croatian (Roman).]


Schaeffer, Rachel. Relieve your anxiety with yoga: These poses can help you regain mental
peace. *Natural Health*, Jan-Feb 2002. Article available online:
http://www.findarticles.com/cf_0/m0NAH/1_32/81391087/p1/article.jhtml?term=yoga.

Scharfetter, C., and G. Benedetti. Meditation conceptual field: Sifting of findings application in

Scharfstein, Ben-Ami. Freud’s psychoanalysis and Patanjali’s yoga. In Ben-Ami Scharfstein,

Schell, F. J., B. Allolio, and O. W. Schonecke. Physiological and psychological effects of

Abstract: Hatha-Yoga has become increasingly popular in western countries as a method for
coping with stress. However, little is known about the physiological and psychological effects of
yoga practice. We measured heart rate, blood pressure, the hormones cortisol, prolactin and
growth hormone and certain psychological parameters in a yoga practicing group and a control
group of young female volunteers reading in a comfortable position during the experimental
period. There were no substantial differences between the groups concerning endocrine
parameters and blood pressure. The course of heart rate was significantly different, the yoga
group had a decrease during the yoga practice. Significant differences between both groups were
found in psychological parameters. In the personality inventory the yoga group showed markedly
higher scores in life satisfaction and lower scores in excitability, aggressiveness, openness,
emotionality and somatic complaints. Significant differences could also be observed concerning
coping with stress and the mood at the end of the experiment. The yoga group had significant
higher scores in high spirits and extravertedness.

Schiff, B. B., and S. A. Rump. Asymmetrical hemispheric activation and emotion: The effects of

Schelling, P. B. The effect of the regular practice of the TM technique on behaviour and

Abstract: Objective: To conceptualize the essence of the mind-body or mind-brain problem as one of metaphysics rather than science, and to propose a formulation of the problem in the context of current scientific knowledge and its limitations. Method and results: The background and conceptual parameters of the mind-body problem are delineated, and the limitations of brain research in formulating a solution identified. The problem is reformulated and stated in terms of two propositions. These constitute a “double aspect theory.” Conclusions: The problem appears to arise as a consequence of the conceptual limitations of the human mind, and hence remains essentially a metaphysical one. A “double aspect theory” recognizes the essential unity of mind and brain, while remaining consistent with the dualism inherent in human experience.


Overview: “One of the authors (VVA) recently traveled to India and had the opportunity to interview several well-known yogic masters regarding their use of yogic breathing for selected emotional disorders. The goal of this paper is to discuss the psychologic changes associated with respiration controlled by the Yogic method. Two case examples will be presented with discussion.”


Joseph Schwartz, attachment-based psychoanalytic psychotherapist
Why Are We So Fussed About Consciousness?
Consciousness has been a prime research target for neuroscientists since the successes of the molecular biology of the 1950s and 1960s. But has this produced anything of lasting value for our understanding of human subjectivity?

Margaret Arden, psychoanalyst.
Mistaken Notions of Consciousness
We spend too much time inside favorite theories, with no recognition of the limitations of our thinking; consciousness in particular eludes the assumptions of scientific theory. A holistic approach makes it possible to accept awkward facts usually disregarded.


_________. The standpoint of Indian psychology. *Indian Journal of Psychology*, 1951, 26:89-95.


On using Yoga for coping skills at Brooklyn Day Habilitation, an experiential learning program for adults with developmental disabilities.


Shannahoff-Khalsa, David S. *The Kundalini Yoga Meditation Video for Obsessive Compulsive Disorder*. Available from G. T. Enterprises, Box 13 Shady Lane, Espanola, NM, 87532, 1-800-829-3970, or 505-753-0563, email: Gtent@roadrunner.com.

Utilizes the same protocol that Shannahoff-Khalsa taught in his highly successful workshop at the Obsessive Compulsive Foundation Annual Conference in Chicago on August 11, 2000. This protocol was also previously published in complete written detail in the chapter “Yogic meditation techniques are effective in the treatment of obsessive compulsive disorders” in *Obsessive-Compulsive Disorders: Diagnosis, Etiology, Treatment* (see citation above).

One can learn to do the protocol exactly as it should be taught by viewing the video, and it can be used as a guide for daily practice. It is intended for use by those who suffer with OCD and/or other anxiety-related disorders, anger, or fear. Specific techniques are taught for OCD, a range of anxiety disorders, and also one specific for managing fear and one for anger. The video also is helpful for therapists who have patients that are “treatment resistant” to medication and/or refuse CBT. By viewing the 11 different meditation techniques and how they are to be practiced, someone with no experience whatsoever in yoga or meditation can now learn to practice the techniques that have been shown to be highly effective under rigorously controlled scientific conditions.


Course objective: At the conclusion of this course, the participant should be able to (1) learn specific meditation techniques for treating OCD, anxiety disorders, depression, grief, fear, anger, and addictions and (2) be familiar with published results showing efficacy for new and “treatment refractory” OCD and OC spectrum and other comorbid patients.


Abstract: Ultradian rhythms of alternating cerebral dominance have been demonstrated in humans and other mammals during waking and sleep. Human studies have used the methods of psychological testing and electroencephalography (EEG) as measurements to identify the phase
of this natural endogenous rhythm. The periodicity of this rhythm approximates 1.5 – 3 hours in awake humans. This cerebral rhythm is tightly coupled to another ultradian rhythm known as the nasal cycle, which is regulated by the autonomic nervous system, and is exhibited by greater airflow in one nostril, later switching to the other side. This paper correlates uninostril airflow with varying ratios of verbal/spatial performance in 23 right-handed males. Relatively greater cognitive ability in one hemisphere corresponds to unilateral forced nostril breathing in the contralateral nostril. Cognitive performance ratios can be influenced by forcibly altering the breathing pattern.


Patients finished the NIH-funded clinical trial with a 71% mean improvement on the Y-Yale-Brown Obsessive Compulsive Scale (Y-BOCS).

Abstract: The objective of this study was to compare efficacy of two meditation protocols for treating patients with obsessive-compulsive disorder (OCD). Patients were randomized to two groups—matched for sex, age, and medication status—and blinded to the comparison protocol. They were told the trial would last for 12 months, unless one protocol proved to be more efficacious. If so, groups would merge, and the group that received the less efficacious treatment would also be afforded 12 months of the more effective one. The study was conducted at Children’s Hospital, San Diego, Calif. Patients were selected according to Diagnostic and Statistical Manual of Mental Disorders, Third Edition-Revised (DMS-III-R) criteria and recruited by advertisements and referral. At baseline, Group 1 included 11 adults and 1 adolescent, and Group 2 included 10 adults. Group 1 employed a kundalini yoga meditation protocol and Group 2 employed the Relaxation Response plus Mindfulness Meditation technique. Baseline and 3-month interval testing was conducted using the Yale-Brown Obsessive Compulsive Scale (Y-BOCS), Symptoms Checklist-90-Revised Obsessive Compulsive (SCL-90-R OC) and Global Severity Index (SCL-90-R GSI) scales, Profile of Moods scale (POMS), Perceived Stress Scale (PSS), and Purpose in Life (PIL) test. Seven adults in each group completed 3 months of therapy. At 3 months, Group 1 demonstrated greater improvements (Student’s independent groups t-test) on the Y-BOCS, SCL-90-R OC and GSI scales, and POMS, and greater but nonsignificant improvements on the PSS and PIL test. An intent-to-treat analysis (Y-BOCS) for the baseline and 3-months tests showed that only Group 1 improved. Within-group statistics (Student’s paired t-tests) showed that Group 1 significantly improved on all six scales, but Group 23 had no improvements. Groups were merged for an additional year using Group 1 techniques. At 15 months, the final group (N=11) improved 71%, 62%, 66%, 74%, 39%, and 23%, respectively, on the Y-BOCS, SCL-90-R OC, Scl-90-R GSI, POMS, PSS, and PIL; P<0.003 (analysis of variance). This study demonstrates that kundalini yoga techniques are effective in the treatment of OCD.


Abstract: The main objectives of this study were 1) to examine changes in self-reported moods and emotional states from before to after Iyengar Yoga classes and how they are affected by the practice of different types of Yoga poses and (2) to determine whether observed changes in mood depend on one’s personality traits. The participants were 11 healthy Yoga students in a nine-
session Yoga course in which three different types of Yoga poses were compared: back bends, forward bends, and standing poses. Each 90-minute class focused on one of the three types of poses with three repetitions of each type of class. Self-ratings of 15 moods dealing with positive, negative, and energy-related emotional states were obtained before and after each class. Personality traits of depression, anxiety, and hostility were assessed at an initial orientation. Independently of the specific pose, positive moods increased, negative moods decreased, and energy-related moods increased from before to after classes with most changes lasting for two hours. Specific poses resulted in differences in how moods were affected, with back bends associated with greater increases in positive moods. Some mood changes were dependent on one’s characteristic personality traits. The positive mood effects of back bends were greater for participants who were relatively hostile or depressed. The specific and nonspecific effects of different bodily postures and movements on psychological processes in Yoga and other forms of physical activity deserve further study. Yoga practices should be investigated for their potential clinical application in mood disorders and depression.


Contents: Shamanism and imagery; Imagery in Judaism, Christianity, and Islam; Imagery in the Hindu/Buddhist tradition (includes imagery in yoga and in Tibetan Buddhist medicine); Healing images: A historical outline of their use in the Western medical tradition; Healing images: Psychotherapeutic uses; Healing images: Modern science


Sherman, Tom. Is preparing a proposal at New Hampshire Hospital for a study of Yoga for the severely mentally ill in cooperation with Boston University Psychiatric Research Center. Tom Sherman, P.O. Box 172, Goshen, NH 03752, 603-863-5791.


Shrager, Loree. Ph.D. candidate in clinical psychology, studying psychological effects of Yoga. Contact: shragerl@yahoo.com, 305-532-3940.

Sikora, J. [Yoga exercises as a system of re-integration of personality]. *Zdr Psycho*, 1969, 5:87. [In Polish.]


“Thought moves. It actually leaves the brain and hovers about. It enters the brains of others also. . .’ In our eagerness to still the mind we forget that we have to use thought, whether we like it or not. Swami Sivananda of Rishikesh explains the proper uses of the mind.”


In this article, the author writes about Donna Acox, a dietitian for the state Office of Mental Retardation and Developmental Disabilities in New York who also is a Yoga instructor.

When Acox needed a project to complete her work toward a second master’s degree in exercise science, she combined her two roles by studying the effects of a Yoga program on the physical fitness levels of adults with mild mental retardation. Her idea was that a person who is flexible, agile, and strong is less likely to fall and therefore less likely to be injured.
Adults aged 18 to 60 participated in twice weekly classes for 12 weeks, and at the beginning of each class, Acox asked participants to describe, in a word, how Yoga made them feel after the previous class. Answers included, “alive,” “empowered,” “limber,” and “flexible.” She said that one study participant also noticed improvement in blood sugar level, and another is thrilled simply to be able to touch her toes.

Acox says, “I definitely think they’re getting stronger. And their balance, they are steadier on their feet, able to focus and balance.”


Abstract: Self-regulation is the exercise of executive control, whereby lower, shorter-term and more concrete objectives are superceded by higher, period immediately following self-regulation, self-regulatory capacity appears to be reduced or depleted. Furthermore, research indicates that relaxation and meditation may enhance performance. The present research sought to determine the degree of decrement following self-regulation as well as the incremental advantage of relaxation over other behaviors in restoration of self-regulatory capacity. Participants were assigned to six conditions: (1) The self-regulation condition was one in which participants were told to not think about a white bear, based on Wegner’s (1989) technique. (2) The free-thought (control) condition in which participants were free to think about anything. (3) Combination self-regulation (white bear) and relaxation (using deep breathing and guided imagery) condition. (4) Combination self-regulation and magazine perusal condition. (5) Combination self-regulation and sitting without any task. And (6) a relaxation condition. Following the above tasks, participants engaged in an unsolvable anagrams task. Persistence on the anagrams task was measured and served as the dependent variable. The self-regulation condition persisted on the anagrams significantly less than controls. Perusing a magazine and sitting doing nothing following self-regulation offered modest benefit to self-regulatory capacity. Engaging in relaxation following self-regulation appeared to offer significant benefit to self-regulatory capacity. Relaxation among those who had not previously engaged in a self-regulatory act provided no beneficial effect over controls. Thus, relaxation may help restore self-regulatory
capacity among those experiencing decrement in capacity but did not enhance baseline persistence. Future research should examine the degree to which these effects are replicated among clinical and psychiatric populations as well as the relative effect of various similar techniques.


**Spira, James.** Anxiety disorders [and meditation]. Article available online: http://www.behavior.net/cgi-bin/nph-display.cgi?MessageID=89&Top=83&config=meditation&uid=nC1M8.user&new=0&adm=0.

__________. Depressive disorders. Article available online: http://www.behavior.net/cgi-bin/nph-display.cgi?MessageID=24&Top=23&config=meditation&uid=nC1M8.user&new=0&adm=0.

__________. Meditation and abreaction due to childhood trauma. Article available online: http://www.behavior.net/cgi-bin/nph-display.cgi?MessageID=24&Top=23&config=meditation&uid=nC1M8.user&new=0&adm=0.

__________. Meditation in psychotherapy: Major issues to consider. Article available online: http://www.behavior.net/cgi-bin/nph-display.cgi?MessageID=2&Top=1&config=meditation&uid=nC1M8.user&new=0&adm=0.

__________. Meditation in Psychotherapy online forum. URL: http://www.behavior.net/cgi-bin/lS2.cgi?config=meditation&uid=nC1M8.user&new=0.

__________. Personality disorders [and meditation]. Article available online:
http://www.behavior.net/cgi-bin/nph-display.cgi?MessageID=90&Top=83&config=meditation&uid=nC1M8.user&new=0&adm=0. (Includes schizophrenia.)

Prevalence of meditation in psychotherapy. Article available online: http://www.behavior.net/cgi-bin/nph-display.cgi?MessageID=17&Top=-1&config=meditation&uid=nC1M8.user&new=0&adm=0.

Psychosis. Article available online: http://www.behavior.net/cgi-bin/nph-display.cgi?MessageID=17&Top=-1&config=meditation&uid=nC1M8.user&new=0&adm=0. (Includes schizophrenia.)

“I believe that slow moving meditation is more appropriate for psychosis and severe depression than is silent sitting meditation.”

Schizophrenia. Article available online: http://www.behavior.net/cgi-bin/nph-display.cgi?MessageID=17&Top=-1&config=meditation&uid=nC1M8.user&new=0&adm=0.

Schizophrenia and meditation. Article available online: http://www.behavior.net/cgi-bin/nph-display.cgi?MessageID=17&Top=-1&config=meditation&uid=nC1M8.user&new=0&adm=0.

Zen and depression/anxiety. Article available online: http://www.behavior.net/cgi-bin/nph-display.cgi?MessageID=47&Top=46&config=meditation&uid=nC1M8.user&new=0&adm=0.


“If you’re having trouble sleeping, concentrating, and making decisions, you may suffer from dysthymia, a.k.a. mild depression. Instead of drug therapy, try yoga to renew your outlook on life.”


Abstract: Systems for promoting self-realization have come from both the West and the East. Two basically eastern systems of “therapy,” in the Zen tradition and the Hindu Yoga meditative tradition, are now attracting substantial interest in the West. There is now substantial Western concern to evaluate their effectiveness in the way that many other psychotherapeutic traditions have been examined. In particular a technique in the Hindu Yoga meditative tradition, Transcendental Meditation (TM) is beginning to attract strong scientific attention in the West. This paper looks at some of the physiological, psychological and social research on this practice, and also looks at some of the rather arresting work done in the training of people to produce states of mind found subjectively to be pleasant. This paper then is concerned to look at some of the correlates of states of “human realization.”


Stukin, Stacie. The anti-drug for anxiety: Although you may be tempted to reach for a pill to ease your anxiety, yogic breathwork can be just as effective—without the side effects. Yoga Journal, Mar/Apr 2003, pp. 108-113. See also follow-up cautionary letter to the editor in the Jul/Aug 2003 issue, p. 17.


Abstract: Yoga is an ancient scientific discipline which coordinates different aspects of human personality, thus bringing about a state of equilibrium between mind and body. In the present study, an attempt is made to find out the effect of yoga and meditation on the biogenic amine
levels in certain psychiatric disorders like mild aggressive hyperkinetic behavior, moderate mental retardation and temporal lobe epilepsy . . . All results were correlated with improvement in behavior. The possible mode of yoga and meditation is discussed.

Subramuniaswami, Satguru Sivaya. Revenge is a terrible negative force: The karma of retaliation returns to the perpetrators with three times the force. *Hinduism Today*, Jul – Sep 2002, p.32.


Abstract: Sudarshan Kriya Yoga has been tried as an alternative treatment in depression. Studies on patients with dysthymia and major depression showed significant antidepressive effect. The biological basis of the therapeutic efficacy of SKY has not been investigated. In the present study we examined the effect of SKY on plasma cortisol. Plasma cortisol levels were measured before and after a SKY treatment in 20 major depressive patients who received no psychotropic medication. There was significant reduction in plasma cortisol levels. The relevance of this finding to the biological correlates of SKY will be presented.


Includes Sithilikarana Vyayama (loosening exercises), Asanas, Pranayama, Meditation (Dharana, Dhyana), and Kriyas


Abstract: Meditation is the attainment of a restful yet fully alert physical and mental state practiced by many as a self-regulatory approach to emotion management, but the psychophysiological properties and personality traits that characterize this meditative state have
not been adequately studied. We quantitatively analyzed changes in psychophysiological parameters during Zen meditation in 20 normal adults, and evaluated the results in association with personality traits assessed by Cloninger's Temperament and Character Inventory (TCI). During meditation, increases were observed in fast theta power and slow alpha power on EEG predominantly in the frontal area, whereas an increase in the normalized unit of high-frequency (nuHF) power (as a parasympathetic index) and decreases in the normalized unit of low-frequency (nuLF) power and LF/HF (as sympathetic indices) were observed through analyses of heart rate variability. We analyzed the possible correlations among these changes in terms of the percent change during meditation using the control condition as the baseline. The percent change in slow alpha EEG power in the frontal area, reflecting enhanced internalized attention, was negatively correlated with that in nuLF as well as in LF/HF and was positively correlated with the novelty seeking score (which has been suggested to be associated with dopaminergic activity). The percent change in fast theta power in the frontal area, reflecting enhanced mindfulness, was positively correlated with that in nuHF and also with the harm avoidance score (which has been suggested to be associated with serotonergic activity). These results suggest that internalized attention and mindfulness as two major core factors of behaviors of mind during meditation are characterized by different combinations of psychophysiological properties and personality traits.


Abstract: There is encouraging evidence that structured psychological treatments for depression, in particular cognitive therapy, can reduce subsequent relapse after the period of initial treatment has been completed. However, there is a continuing need for prophylactic psychological approaches that can be administered to recovered patients in euthymic mood. An information-processing analysis of depressive maintenance and relapse is used to define the requirements for effective prevention, and to propose mechanisms through which cognitive therapy achieves its prophylactic effects. This analysis suggests that similar effects can be achieved using techniques of stress-reduction based on the skills of attentional control taught in mindfulness meditation. An information-processing analysis is presented of mindfulness and mindlessness, and of their relevance to preventing depressive relapse. This analysis provides the basis for the development of Attentional Control Training, a new approach to preventing relapse that integrates features of cognitive therapy and mindfulness training and is applicable to recovered depressed patients.
Telles, Shirley. Yoga therapy in the management of schizophrenia. Swami Vivekananda Yoga Research Foundation, Bangalore, India, 2000. Address correspondence to Shirley Telles, Ph.D., Assistant Director of Research, Swami Vivekananda Yoga Research Foundation, City Office, #9, 1st Main, Bangalore, 560 018, India.


“A short stay in a temple or place of worship can actually improve your mental health, a study has shown. For example, researchers in India found that a six-week stay at a Hindu temple can produce the same improvement in people with severe psychiatric disorders as a month-long course of standard drugs. According to science journal New Scientist, a team led by Mr. Ramanathan Raguram of the National Institute of Mental Health and Neurosciences in Bangalore studies all 31 people who came for help and stayed at the Muthuswamy temple between June and August 2000. The patients were evaluated by a trained psychiatrist. Six were diagnosed with delusional disorders, 23 with paranoid schizophrenia, and two with bipolar disorder. At the end of their stay, their scores on a test called the Brief Psychiatric Rating Scale had improved by an average of nearly 20 percent . . .”


On working with destructive emotions.


On the psychological aspects of asanas, and specifically matsyasana, vrikshasana, and sasasana.


Abstract:

Objectives:
a. To determine the physical, physiological and psychological effects of practicing Iyengar Yoga
b. To determine the reason and motivation for practitioners to continue yoga practice.
c. To evaluate perception of “stress” and coping mechanisms amongst Iyengar Yoga practitioners
d. To compare the personality characteristics of Iyengar Yoga Practitioners with the “normal”
   adults who did not practice Iyengar Yoga.

Participants and Methodology:
367 Iyengar Yoga practitioners, from North and South America, Asia, South Africa, New
Zealand and Australia, who attended the “Iyengar Yoga Festival”, Pune in 1998 participated in
this study. All these participants answered three questionnaires pertaining to their yoga practice,
the perception and coping of stress and their personality traits. It took each participant at least one
hour to answer all the questions listed. Their replies were then assessed using specific statistical
tests.

Results:
Yoga Practice: 97% of the participants practiced asanas for an average of 8 hours per week while
71% practiced pranayama for an average of 2.3 hours a week.

Life Style: Yoga practice was a strong motivating factor amongst all the practitioners to improve
health habits. 94% balanced work with recreation while 85% followed a vegetarian diet. It is
pertinent to note that “Iyengar Yoga” does not compel the practitioner to any specific dietary or
life style regiment.

Improvement in the Physical and Physiological Disorders following Yoga Practice: 65% of the
participants had a medical problem when they started their yoga practice. Most people indicated
that, on the average, they improved, with some proclaiming cures and others remission. There
was a significant improvement in the physical health of all the participants. Significant benefits
were seen with reference to the respiratory, genitourinary, circulatory and digestive systems.

There was a very significant improvement with relation to emotional disorders especially those
pertaining to mood disorders and substance abuse.

Reasons and Motivation to Continue Yoga Practice: Although, majority of practitioners started
their yoga practice to seek physical benefit – it is the psychological benefits especially mental
control and stress/ tension control which now motivates them to continue their practices.

Perception of Stress and Coping Mechanisms: The awareness of stress among yoga practitioners
was similar to that of a normal population. Coping methods, however, were more active and
varied than for the typical person. The management of stress by those practicing yoga was
characterized by heightened self-control, using difficulties as a means to enhance personal growth
and the ability to detach oneself from tension and anxiety. The results of the study also revealed
that those who adopted a planful and optimistic approach to problem solving significantly
reduced perceived stress. Interestingly, those primarily involved in the teaching of yoga had the
lowest perceived stress.

Personality Characteristics: A comparative study of the personality differences between yoga
practitioners and normal “non-practicing” individuals shows that the yoga practitioners had a
higher than average values when assessed for their sensitivity, flexibility and self reliance.
However, they were less conforming and “submissive” as compared with “normal” non
practitioners.
Conclusion:
The results of this study clearly documents that practice of Iyengar Yoga improves the physical, physiological and psychological well being of the practitioner; a heightened self control; an enhancement of personal growth, a low perception of stress. The personality of the practitioners indicated that they were more sensitive, flexible and self-reliant but at the same time exhibited a “mind of their own” by being non-conforming and submissive.


“Data collection and entry (pre/post repeated measures and two follow ups) of the psychological and physical health benefits of meditation and yoga is completed. Individual coping resources, psychological adjustments, life style habits, mood states, and personality characteristics were measured in 190 college beginning yoga students. Preliminary results are revealing significant findings.”

Timcák, G. M. Psychohygiena jogy [The psychohygiene of yoga]. In Metodické listy - jóga, ÚÚTK. Prague, 1979. [In Slovak.]


Tori, C. D. Change on psychological scales following Buddhist and Roman Catholic retreats. Psychological Reports, Feb 1999, 84(1):125-126. Author’s email: ctori@mail.cspp.edu. MEDLINE® PMID: 0010203937.

Abstract: Orthogonal contrasts of Adjective Checklist pretest-posttest change scores obtained from adolescents who attended three-day Buddhist or Roman Catholic retreats (n = 204) and no
treatment control participants (n = 102) indicated those who attended had higher change scores and greater change occurred among those attending the Buddhist meditation retreat.


Abstract: The Yoga, described by Maharshi Patanjali, is eight-limbic; its every constituent part depends upon interrelated equidevelopment. But often it is misunderstood as sequential and hierarchical levels and the *Yama* and *Niyama* are neglected. In present discussion, according to classical Indian psychological perspective with reference to personality and mind, environment and individual response, the symmetrical wholeness and mutual interrelations of *Astangika Yoga*, significance and exigency of *Yama* and *Niyama*, spontaneity and applicability of *Samadhi* state, have been emphasized with simplified scientific interpretations.

**Trungpa Rinpoche, Chogyam.** Basic goodness or original sin? Chogyam trungpa Rinpoche on the Buddhist and Western approaches to psychology. *Shambhala Sun*, Nov 2002, p. 76.


The author, whose spiritual practice combines Christianity and Zen meditation, explains how meditation and Buddhist perspectives affect her work.


Sections include: Conceptual foundations of yoga, *Yama* and *niyama*, Asana, pranayama, and pratyahara, Dharana and dhyana, Samadi, Studies in the treatment of neuroses and psychosomatic disorders


**Vajradhatu.** The psychology of meditation. Excerpted from *Garuda*. Article available online: http://www.dcn.davis.ca.us/~hmchenry/psch.htm.


“Dr. Van Houten explains and demonstrates meditation and other techniques that, when combined, with other treatments, can quickly and lastingly improve . . . depression and anxiety.”


**Votava, Jiri.** [Yogic exercises as a means for behavioral changes]. *Jôgová Cvicení*, 1982, pp. 7-10. [In Czechoslovakian.]


___________. Health status of nurses and yoga; I: baseline data. *Nurs J India*, Sep 1989, 80(9):235-237. (Examines mental health.)


“Based on the teachings of Tsongkhapa, these profoundly effective meditations help replace depression, anger, and other forms of mental pain with tranquillity, compassion, and wisdom.”

**Wattelle, Charles, and Michel Nollevalle.** Yoga et handicapés mentaux. *Yoga revue mensuelle*, Nov 1971, 94:25-27. [In French.]


Abstract: There are two kinds of scientific questions about procedures such as yoga: ‘process’ questions and ‘outcome’ questions. Research on the effectiveness of yoga indicates that it has a variety of beneficial effects, but there is more doubt about whether it has unique effects. A broad range of procedures which combine physical stillness with mental alertness seem to have comparable effects. More subtle questions arise concerning the ‘processes’ by which yoga achieves its effects, and both mental and physical processes need to be investigated. Concerning physical aspects, attention needs to be given to the under-explored effects of posture on states of consciousness. Concerning mental aspects, the ‘focusing’ of consciousness is likely to be important; an unusual aspect of many forms of yoga is the somatic focus of consciousness. Also relevant are the critical comments of Jung about appropriateness of yoga in the West. Though Jung’s views on this should not be accepted uncritically, they can be taken as setting an agenda for a research programme.


“…”Psychotherapy can be a powerful complement to spiritual practice, supporting our inspiration to develop awareness and compassion.”

“That sinking feeling in the pit of the stomach is very good news. It represents a powerful opportunity.”


**Weintraub, Amy.** The natural Prozac: When talk therapy and antidepressants aren’t enough, the yoga mat is a good place to turn to for help. *Yoga Journal*, Nov/Dec 1999, pp. 40-44, 134-138, 147. Article available online: http://www.yogajournal.com/health/133_1.cfm.


On Yoga’s positive effects on mood, depression, and bipolar disorder.

Better than Prozac? Yoga and meditation offer some of the same benefits as antidepressants—without the side effects. *Yoga Journal*, Jul/Aug 2001, p. 31.


“Each time we step on our yoga mat, sit down to meditate, or chant our favorite bhajan, we are given the opportunity to remember who we really are . . . Yoga is the science of positive mental health.”

**Compassionate Practice: Moving Through Depression with Yoga.** New York: Broadway Books, forthcoming 2004. Author’s email: azamyoga@aol.com.

From the author: “I would like to talk with yogins who maintain a strong practice and who also suffer or have suffered from depression. I would also like to talk with yoga teachers who are psychotherapists about how they use asana, pranayama and meditation in their clinical practice. I’ve written quite a bit about yoga and depression for national magazines and lead workshops on the subject.”

Contents: Empty pockets, A house on fire, Why yoga works, Fertilizing ground—the healing principles of yoga, Lotus of many petals—ways we practice, Fire in the belling—managing with yogic breathing, Art of living—breathing that heals, Meditate to mediate, Grief in the tissues—releasing trauma, Yoga on and off the mat, Resources


Abstract: In this commentary I discuss the integration of mindful procedures in cognitive therapy of generalized anxiety disorder (GAD) and attempt to answer questions concerning the effects of mindfulness on information processing and on mechanisms purported to maintain GAD in the metacognitive model of this disorder. Different techniques that promote mindfulness can be identified, including mindfulness meditation and attention training. These techniques are intended to disrupt repetitive styles of dysfunctional thinking. I argue that the effect of mindfulness strategies on information processing in emotional disorder can be conceptualized in metacognitive terms as (a) activating a metacognitive ode of processing; (b) disconnecting the influence of maladaptive beliefs on processing; (c) strengthening flexible responding to threat; and (d) strengthening metacognitive plans for controlling cognition. Although mindfulness meditation may have general treatment applications, the metacognitive model of GAD suggests caution in using this treatment in GAD. It is unclear which dimension of worry should be targeted, and mindfulness meditation does not contain information that can lead to unambiguous disconfirmation of erroneous beliefs about worry.


Abstract: BACKGROUND: Dance and yoga have been shown to produce improvements in psychological well-being. PURPOSE: The aim of this study was to examine some of the psychological and neuroendocrine response to these activities. METHODS: Sixty-nine healthy college students participated in one of three 90-min classes: African dance (n = 21), Hatha yoga (n= 18), or a biology lecture as a control session (n = 30). Before and after each condition participants completed the Perceived Stress Scale (PSS), completed the Positive Affect and Negative Affect Schedule, and provided a saliva sample for cortisol. RESULTS: There were significant reductions in PSS and negative affect (ps < .0001) and Time x Treatment interactions (ps < .0001) such that African dance and Hatha yoga showed significant declines, whereas there was no significant change in biology lecture. There was no significant main effect for positive affect (p = .53), however there was a significant interaction effect (p < .001) such that positive affect increased in African dance, decreased in biology lecture, and did not change significantly in Hatha yoga. There was a significant main effect for salivary cortisol (p < .05) and a significant interaction effect (p < .0001) such that cortisol increased in African dance, decreased in Hatha yoga, and did not change in biology. Changes in cortisol were not significantly related to changes in psychological variables across treatments. There was 1 significant interaction effect (p = .04) such that change in positive affect and change in cortisol were negatively correlated in Hatha yoga but positively correlated in Africa dance and biology. CONCLUSIONS: Both African dance and Hatha yoga reduced perceived stress and negative affect. Cortisol increased in African dance and decreased in Hatha yoga. Therefore, even when these interventions produce similar positive psychological effects, the effects may be very different on physiological stress processes. One factor that may have particular salience is that amount of physiological arousal produced by the intervention.


“The traditional yogic texts divide the mind into four parts: the buddhi, the manas, the cit, and the ahamkara. The manas are considered the emotional mind and its seat in the body is often collapsed as we move through our Western lives. Opening this area in the physical body causes profound reverberations in the pranamaya kosa and manomaya kosa.” For intermediate to advanced practitioners.


Abstract: Although far from unanimous, there seems to be a general consensus that neither mind nor brain can be reduced without remainder to the other. This essay argues that indeed both mind and brain need to be included in a nonreductionistic way in any genuinely integral theory of consciousness. In order to facilitate such integration, this essay presents the results of an extensive cross-cultural literature search on the ‘mind’ side of the equation, suggesting that the mental phenomena that need to be considered in any integral theory include developmental levels or waves of consciousness, developmental lines or streams of consciousness, states of consciousness, and the self (or self-system). A ‘master template’ of these various phenomena, culled from over one-hundred psychological systems East and West, is presented. It is suggested that this master template represents a general summary of the ‘mind’ side of the brain–mind integration. The essay concludes with reflections on the ‘hard problem’, or how the mind-side can be integrated with the brain-side to result a more integral theory of consciousness.


Abstract: Following leads by Maslow (1964, 1968) and others who described peak experiences, this study was designed to learn more about the (1) subjective effects; (2) after-effects; and (3) interpretations of intense positive and negative experiences. Comparisons were made between respondents’ “most positive” and “most negative” experiences and between these positive experiences and those of members of a yoga ashram. It was found that except for the differences in affect, positive and negative experiences were similar in subjective effects and impact on later life. The most positive experience of most respondents fell short of peak experience as described by Maslow. On the other hand, the most positive experience of ashram respondents showed evidence of a genuine alternation of consciousness and lasting life change afterward. The results suggest that only in rare instances is therapeutic change or self-actualization initiated by peak experiences. Implications are discussed.


**Wolff, Margaret.** The psychology of the soul: An interview with Brother Anandamoy. *Yoga International*, Nov/Dec 1994, pp. 28-33.


Abstract: The effects of three different procedures, relaxation, visualization and yogic breathing (pranayama) and stretch on perceptions of physical and mental energy and on positive and negative mood states have bee nassessed in a group of normal volunteers (N = 71, age range 21-76). Pranayama produced a significantly greater increase in perceptions of mental and physical energy and feelings of alertness and enthusiasm than the other two procedures (P < 0.5). Relaxation made subjects significantly more sleepy and sluggish immediately after the session than pranayama (P < 0.05). Visualization made them more sluggish but less content than pranayama (P < 0.05) and more upset than relaxation after the second session (P < 0.05). Thus, a 30 min programme of yogic stretch and breathing exercises which is simple to learn and which can be practised even by the elderly had a markedly “invigorating” effect on perceptions of both mental and physical energy and increased high positive mood. A more extensive investigation is planned to establish whether such a programme can readily be incorporated into everyday life, and with what long-term results.


Abstract: Context: Yoga teachers and students often report that yoga has an uplifting effect on their moods, but scientific research on yoga and depression is limited. Objective: To examine the effects of a short-term Iyengar yoga course on mood in mildly depressed young adults. Design: Young adults pre-screened for mild levels of depression were randomly assigned to a yoga course or wait-list control group. Setting: College campus recreation center. Participants: Twenty-eight volunteers ages 18 to 29. At intake, all participants were experiencing mild levels of depression, but had receive no current psychiatric diagnoses or treatments. None had significant yoga experience. Intervention: Subjects in the yoga group attended two 1-hour Iyengar yoga classes each week for 5 consecutive weeks. The classes emphasized yoga postures thought to alleviate depression, particularly back bends, standing poses, and inversions. Main outcome measures: Beck Depression Inventory, State-Trait Anxiety Inventory, Profile of Mood States, morning cortisol levels. Results: Subjects who participated in the yoga course demonstrated significant decreases in self-reported symptoms of depression and trait anxiety. These effects emerged by the middle of the yoga course and were maintained by the end. Changes also were observed in acute mood, with subjects reporting decreased levels of negative mood and fatigue following yoga classes. Finally, there was a trend for higher morning cortisol levels in the yoga group by the end of the yoga course, compared to controls. These findings provide suggestive evidence of the utility of yoga asanas in improving mood and support the need for future studies with larger samples and more complex study designs to more fully evaluate the effects of yoga on mood disturbances.


**Working with teenagers: The practice of contemplative psychotherapy.** An interview with Joanne Neiman, Bill Sell and Brus Westby. *Bodhi*, 7(1).

"... when kids get caught up in strong emotions, they feel really cornered. They don’t see a way out except fight or flight. But if they see that there is workability in their lives, and if we speak to those bright and creative qualities of bodhichitta—even when they act out—then eventually they start to respond in a way that is healthy.”

**Wulliemier, Ferdinand.** Our involutive evolution or the invertendo of our growth process. *International Association of Spiritual Psychiatry*, 1995, vol. 3.


Contents: Editor’s introduction; Finding ourselves through Buddhism; Religion: The path of inquiry; A glimpse of Buddhist psychology


“Aspects of Buddhist psychology by the late Ven. Lama Thubten Yeshe. ‘To enter the spiritual path, you must begin to understand your own mental attitude and how your mind perceives things. If you’re all caught up in attachment to tiny atoms, your limited, craving mind will make it impossible for you to enjoy life’s pleasures. External energy is so incredibly limited that if you allow yourself to be bound by it, your mind itself will become just as limited. When your mind is narrow, small things easily agitate you.’ In this series of lectures, Lama speaks on the nature of mind and the Buddhist approach to mental health. Of particular interest here is ‘A Buddhist Approach to Mental Illness,’ a talk Lama gave to a group of Western mental health practitioners, and which highlights the differences between the two approaches to mental health and perhaps lays the foundation for a greater understanding between the two.”


**Yoga and mental disorder.** *Yoga and Total Health*, Dec 2001, 47(5):15.

Includes a report on a study conducted in Tehran, Iran, on obsessive compulsive disorder.

**Yoga and psychotherapy workshops.** At the Cardiac Yoga website: www.cardiacyoga.com/yogapt.html.


“I am schizophrenic, and Yoga Nidra helps me greatly. The drugs I take have numerous and strong side effects. But even after just a short time practicing the long Yoga Nidra, the side effects have practically disappeared altogether. At the same time schizophrenia is very much characterised by fear. But each time I use Yoga Nidra I experience the fear decrease little by little.”

**Yoga relief for special people.** *The Telegraph* (Calcutta, India), 3 May 2005.

“In a small room, a middle-aged man lifts his hands up and signals to more than a dozen students.

“Similar gestures and signalling that follows ultimately translates into series of asanas and postures in yoga. These gruelling sessions in yoga and meditation are for special students who can neither hear nor speak.

“The classes were started by Ashu Rajendra, an *ayurvedic* expert and yoga therapist.

“Started in March this year, classes are held once every week at the Singhbhum District Association for Deaf and Dumb in Kadma . . .”


Results of a study that assessed the effects of three different techniques—relaxation, visualization and yogic exercises—in enhancing an individual’s self-perception of his/her energy level and mood.


For persons with learning difficulties or disabilities and psychiatric or behavioral problems.

From the website: “The YOU & ME Yoga System of sound, colour and Whole-Body-Movement is a unique system which has been devised to enable students of all abilities, both adults and children with learning disabilities and sensory or physical impairments, to develop their potential to the fullest extent possible. Sound is used to coordinate movement with breathing, and colour to identify the various parts of the body which need to be strengthened and relate them to the appropriate beneficial movements for the whole body.”

**Ziji.** The psychology of yoga instructions [for *yoga-nidrā*]. Article available online: http://www.yogagoa.com/psyyi.htm.


**Videos**


From the website: “. . . designed for yoga practitioners, therapists, teachers, [caregivers] and parents of persons with special educational needs or conditions such as Down’s Syndrome, autism, cerebral palsy, epilepsy, spastic ity, paralysis, visual, aural and speech impairment and psychiatric and/or behavioural problems. It can be used with all ages and with people with a range of developmental needs and abilities.

“The video was recorded at various special schools, adult training centres and residential homes in the UK and Eire. Instruction is given by practitioners of the system using adaptations appropriate to their students, and also by some of the more advanced students themselves. Even those who normally show very little response demonstrate here how they are able to practise a thorough programme for the whole body. The techniques shown on the video help to bring about improved physical dexterity, coordination, and sensory awareness, and to make the students more calm, relaxed and confident.”


“. . . this video will show you how to use yoga postures and related practices to overcome anger, anxiety, depression, hurt feelings, negativitity, doubt, and a host of other emotional imbalances. Special emphasis is given to postures that awaken the natural love of the heart . . . and to cultivating experiences of the expansive, life-affirming joy of the true Self. In addition to postures, instructor Lisa Powers shows you how to work with affirmations, breathing, visualizations, and other techniques proven to aid healing . . .”


**Audiotapes**

Non-Dual Wisdom and Psychotherapy Conference, June 9-11, 2000, Berkeley, California. Tapes are available from Timeless Wisdom, John Wyn, 6014 Majestic Avenue Oakland, CA 94605, USA. Tapes are $10 each or $75 for the entire set. Mailing/handling is $2 per individual tape or $10 for the set.
Tape titles:

A Psychotherapy of No-thingness: Seeing Through the Projected Self, Dan Berkow, Ph.D.

Welcoming All That We Are: The Principles and Practice of Yoga Nidra, Richard Miller, Ph.D.

Gaining Happiness through “The Work” of Byron Katie, Elliott Isenberg, Ph.D.

The Uses of Illusion: Techniques in Nondual Psychotherapy—EMDR and Visualization, Sheila Krystal, Ph.D.

Nondual Wisdom in Psychotherapy with Couples, Jennifer Welwood, M.A., MFT

Dualism, Duality and Nonduality: Therapeutic Reflection and Unconditional Presence, John Welwood, Ph.D.

Creating Space: Blending Form and Emptiness the Therapeutic Relationship, Peter Fenner, Ph.D.

Being Together: Reflections in the Sacred Mirror, John Prendergast, Ph.D., and Dorothy Hunt, LCSW

Ego Identity, Splitting, Duality, Nonduality and Beyond, Nirtana Susannah Bleustein, D.C.


From the publisher: “Explores the tools of Yoga for finding a balanced emotional life; for those who feel too much, who feel too little, or whose physical health is affected by emotional injuries.”

__________. Yoga Class for the Emotions audiotape. Buckingham, Va.: Shakticom.

From the publisher: “Veteran teacher and longtime student of Sri Swami Satchidananda, Swami Vidyananda leads a hatha class that focuses on poses for healing and strengthening the emotional body.”

__________. Yoga and the Emotions (Talk) audiotape set. Buckingham, Va.: Shakticom.

From the publisher: “Focuses on how to use yoga to transform emotions and restructure our thinking. An inspiring look at how yoga postures work on the emotions.”

Of Related Interest


Abstract: Psychophysiological response to fear memory imagery was assessed in specific phobia, social anxiety disorder, panic disorder with agoraphobia, post-traumatic stress disorder (PTSD), and healthy controls. Heart rate, skin conductance, and corrugator muscle were recorded as participants responded to tone cues signaling previously memorized descriptor sentences. Image contents included personal fears, social fears, fears of physical danger, and neutral (low arousal) scenes. Reactions to acoustic startle probes (eyeblink) were assessed during recall imagery and nonsignal periods. Participants were significantly more reactive (in physiology and report of affect) to fear than neutral cues. Panic and PTSD patients were, however, less physiologically responsive than specific phobics and the socially anxious. Panic and PTSD patients also reported the most anxiety and mood symptoms, and were most frequently comorbidly depressed. Overall, physiological reactivity to sentence memory cues was greatest in patients with focal fear of specific objects or events, and reduced in patients characterized by generalized, high negative affect.


Abstract: The object of this article is to present a novel physiological classification of Limbic-Autonomic (LA) arousal on the basis of human physiological data, specifically the oro-nasal breathing patterns in man. It is proposed that the multidimensional LA arousal can be classified
into five grades: Grade I: Non-nasal (NN) or oral breathing with bilateral nasal congestion, and nonactive behavior, Grade II: Left Nasal (LN) breathing and quiet behavior, Grade III: Right Nasal (RN) breathing and active behavior, Grade IV: Bilateral Nasal (BN) breathing and very active behavior, and Grade V: Oral and Bilateral Nasal (ON) breathing with maximal behavioral activation. The data from polygraphic electroencephalographic recordings from five healthy volunteers, before, during and after exercise are presented in support of this physiological classification of LA arousal. On the basis of Limbic-Autonomic asymmetry a novel concept of ‘Visceral Dominance’ is also proposed.


__________, and **Raymond F. Paloutzian.** The psychology of religion. *Annual Review of Psychology*, 2003, 54:377-402. Author email: raemmons@ucdavis.edu or paloutz@westmont.edu.


Abstract: Therapists are increasingly treating clients with anger and aggression problems. Issues of anger control are now being addressed across various mental health settings. A wide choice of interventions, providing a range of psychoeducational treatments, is available for mental health therapists to help clients with anger and aggressive behaviors and emotions. In light of this increase in treatment, evidence-based practice to guide therapists is currently limited and poorly developed. Most past studies on anger and aggression have focused on treatments containing components of cognitive and behavioral aspects or a combination of the two. Adherents of other theoretical orientations—such as psychodynamic, psychoeducational, substance abuse counseling, and relaxation therapy—as possible effective interventions have empirically not examined their efficacies, and hence little information is known about the overall contribution of these approaches to the reduction of anger. This lack of research should not be taken to mean that they are not efficacious, but only that they have not been adequately tested. There remains no clear
consensus among therapists and researchers on the best way to treat angry clients, and little information exists to guide therapists in their work with specific angry populations. This paper introduces various treatment approaches for working with clients exhibiting angry and aggressive behaviors and provides a summary of current research findings in relation to the different psychological approaches to anger and aggression.


“The goal in traditional psychotherapies is to reach an intellectual understanding as to how the psyche functions, why symptoms develop, and what they mean. This understanding then becomes the basis for developing a technique that therapists can use to treat their patients. A serious problem with this strategy is the striking lack of agreement among psychologists and psychiatrists concerning the most fundamental theoretical issues and the resulting astonishing number of competing schools of psychotherapy.

“The work with holotropic states shows us a surprising radical alternative—mobilization of deep inner intelligence of the clients that guides the process of healing and transformation. One of the most important consequences of this new understanding of the therapeutic process is the realization that many states, which modern psychiatry considers pathological and treats with suppressive medication, are actually ‘spiritual emergencies,’ psychospiritual crises that have a healing and transformative potential.

“Western materialistic science has no place for any form of spirituality and, in fact, considers it incompatible with the scientific world view. The study of holotropic states shows that spirituality is a natural and legitimate dimension of the human psyche and of the universal scheme of things. However, Grof emphasizes that this statement applies to genuine spirituality and not to dogmas and practices of organized religions.”

**Innes, R.** *Personality Indicators and the Spiritual Life*. Cambridge: Grove Books Ltd., 1996.


“According to the National Mental Health Association, more than 19 million Americans suffer from depression. In the wake of September's terrorists attacks, experts say that number will likely increase. Although the illness can be effectively treated in 80 percent of all cases, only about 33 percent of sufferers ever seek help. Here is a confidential way to get a picture of your mental health . . . To take the depression test, log onto http://www.depression-screening.org.”


Abstract: Nearly all authorities agree that exercise reduces tension and improves mental health; however, a specific cause-and-effect phenomenon has not been found. More than five decades of research have revealed numerous plausible mechanisms underlying exercise-related mood alterations. The purpose of this narrative review is briefly to review six of the more popular mechanisms and acquaint health promotion professionals with their affiliated nature. Nearly all of the mechanisms proposed overlap or share some common neuroanatomic pathway. It is probably that the best candidate for exercise-induced affective changes evolves from an integration of brain neurotransmission processes involving such principle neuroactive substances as endorphin, enkephalin, serotonin, dopamine, and norepinephrine, among many others. The alliance of these specialized brain systems responsible for mood changes also influences a constellation of “mind-body” functions such as state-dependent learning and memory, autogenic training, eating behavior, hypnosuggestion, psychoneuroimmunology, and stress-related disorders such as hypertension. The utilization of new brain imaging techniques to study acute exercise and collaborative efforts with researchers in cognitive neuroscience and neurobiology will help elucidate how these mechanisms are functionally coupled. Individual psychobiological responses to exercise and other stimuli are invariably related to one’s genetic code, the nature of the exercise, the exercise environment, and present health and fitness. By attempting to comprehend these extraordinary psychobiological features, fitness and health promotion professionals can better understand and respect individual differences in mood and performance.


Abstract: Objective: This review article aims to explore current opinions on Qigong-induced mental disorders, an entity which is unfamiliar to Western psychiatrists. Method: Relevant literature published in Chinese and English is reviewed. Results: The review is divided into three sections: first, there is brief consideration of the historical development of Qigong in traditional
Chinese medicine and its role in psychiatry; second, there is a review of the literature published on Qigong deviations and Qigong-induced mental disorders; and third, there is a discussion on the aetiological role of Qigong in these conditions. Conclusions: Qigong remained veiled in secrecy and available only to the elite until the early 1980s. Despite the widespread use of Qigong, there is a conspicuous lack of controlled data regarding its effects on mental health. Qigong, when practised inappropriately, may induce abnormal psychosomatic responses and even mental disorders. However, the ties between Qigong and mental disorders are manifold, and a causal relationship is difficult to establish. Many so-called “Qigong-induced psychoses” may be more appropriately labelled “Qigong-precipitated psychoses,” where the practice of Qigong acts as a stressor in vulnerable individuals.


Abstract: Physical activity may play an important role in the management of mild-to-moderate mental health diseases, especially depression and anxiety. Although people with depression tend to be less physically active than non-depressed individuals, increased aerobic exercise or strength training has been shown to reduce depressive symptoms significantly. However, habitual physical activity has not been shown to prevent the onset of depression. Anxiety symptoms and panic disorder also improve with regular exercise, and beneficial effects appear to equal meditation or relaxation. In general, acute anxiety responds better to exercise than chronic anxiety. Studies of older adults and adolescents with depression or anxiety have been limited, but physical activity appears beneficial to these populations as well. Excessive physical activity may lead to overtraining and generate psychological symptoms that mimic depression. Several differing psychological and physiological mechanisms have been proposed to explain the effect of physical activity on mental health disorders. Well controlled studies are needed to clarify the mental health benefits of exercise among various populations and to address directly processes underlying the benefits of exercise on mental health.


From a review by Andrew Goodwin in *Tricycle*, Winter 2002, p. 87: “[The author’s] passages on the therapist-patient dynamic will remind many Buddhist readers of the debate concerning teachers of dharma. By whose authority does a teacher teach? How is the teacher to know the truth concerning the authenticity of a student’s experience? Phillips asks the same questions of the analyst . . .

“The aim of psychoanalysis, one could say, might be the precondition for democracy; that a person be able to more than bear conflict, and be able to see and enjoy the value of differing voices and alternative positions.’ Replace the word psychoanalysis with meditation and you have
a very interesting sentence. Consider its pertinence to the goal of nonattachment to views, and it really comes alive.

“What binds the Phillips version of psychoanalysis to Buddhism is its eager embrace of no-self . . .

“. . . Phillips insists that psychoanalysis is not about the construction of ego states, but about knowing that they are already illusory. He does not forge the link with Buddhism that is crying out to be made, but—to play Phillips at his own oblique game—that does not mean it isn’t there.”


Provides in-depth discussion of Morita Psychotherapy, Naikan: Introspection Therapy, Shadan: Isolation Therapy, Seiza: Quiet-Sitting Therapy, and Zen: Meditation Therapy


Abstract: Until recently, claims for the psychological benefits of physical exercise have tended to precede supportive evidence. Acrually, emotional effects of exercise remain confusing, both positive and negative effects being reported. Results of cross-sectional and longitudinal studies are more consistent in indicating that aerobic exercise training has antidepressant and anxiolytic effects and protects against harmful consequences of stress. Details of each of these effects remain unclear. Antidepressant and anxiolytic effects have been demonstrated most clearly in subclinical disorder, and clinical applications remain to be exploited. Cross-sectional studies link exercise habits to protection from harmful effects of stress on physical and mental health, but causality is not clear. Nevertheless, the pattern of evidence suggests the theory that exercise training recruits a process which confers enduring resilience to stress. This view allows the effects of exercise to be understood in terms of existing psychobiological knowledge, and it can thereby provide the theoretical base that is needed to guide future research in this area. Clinically, exercise training continues to offer clinical psychologists a vehicle for nonspecific therapeutic social and psychological processes. It also offers a specific psychological treatment that may be particularly effective for patients for whom more conventional psychological interventions are less acceptable.


“As a psychotherapist, yogi and healer, I am deeply interested in how we metabolize and store experience in our bodies. My path has taken me to explore both Western and Eastern forms of psychotherapy and energy work. Various experiences in my yoga practice have led me to search for understanding and explanations. I first explored yoga looking for better physical health. What I found, however, was a system for reintegrating mind with body and spirit. Yoga literally means yolk or union in Sanskrit, the ancient Hindu language in which much of India's sacred texts are written.

“As a psychotherapist, I began to see that certain clients did very well with talking therapy, while others seemed to be much more difficult to reach through language. Persistent states of mind, body and breath (spirit), ways of being and experiencing others often unfold before one develops the capacity of verbal language. In Vedantic psychology, all of life, including Pre-verbal trauma and even your thoughts are imprinted in various physical energy centers in the body. The pathway for tuning into the various chakras (energy centers) is through the third eye center (ajna chakra), located in the center of the brain straight back from the space between your eyebrows . . .”


“Exercise offers a host of mental benefits that scientists are just beginning to uncover.

“‘The psychological benefits of exercise by some account are as significant and meaningful as the physiological.; says Jack Raglin, associate professor of kinesiology at Indiana University.

“Recent studies indicate the benefits of exercise include everything from decreased anxiety, increased energy and self-confidence to improved memory, reaction time and reasoning skills.”


Abstract: Spirituality in the discipline of nursing has gained popularity over the past two decades. National and provincial nursing associations and colleges expect nurses to be educated in providing spiritual health assessments and interventions in order to provide holistic nursing care. There is a paucity of research in the nursing literature on the meaning of spirituality from the perspectives of individuals who experience chronic mental illness, specifically schizophrenia. Spirituality remains an elusive construct, challenging psychiatric nurse educators, researchers and practitioners in the development of nursing curricula to guide psychiatric nursing practice. The focus of this research study was to develop a substantive theory about the experience of spirituality among individuals living with schizophrenia using grounded theory methodology in the tradition of Glaser and Strauss (1967). Forty semi-structured interviews and four focus groups were conducted with 20 participants who self-reported to be diagnosed with schizophrenia. Findings. The substantive theory “spirituality as connection” indicates that spirituality for persons living with schizophrenia involves a dialectical process in which one strives to be connected to one’s spiritual self (body-mind-spirit), significant others (family, friends, God/Higher Power,
health care professionals), community (others living with a mental illness, others who are well, a faith community, the community in which participants lived), and nature, while at the same time experiencing situations and incidents that promote disconnection from these sub-themes. Strategies used by participants to achieve connection included: taking prescribed atypical antipsychotic medications, maintaining their health and a healthy lifestyle, use of prayer/meditation, caring for self and others, and engaging in creative activities that added meaning to their life experiences. Among the 17 factors contributing to connection, exemplars are: reconnecting with one’s spirit through prayer and meditation, attending drop-in centres for persons living with a mental illness, and walking/hiking in nature. Outcomes include feeling peaceful, love, contentment, being accepted and nurtured by others. Among the 14 factors contributing to disconnection, exemplars are: the effect of the illness on relationships with other people, the stigma of being in a psychiatric ward, being unemployed, and taking typical anti-psychotic medications. Outcomes include feeling powerless, isolation, rejection and alienation.


“I frequently see patients who believe that they have difficult lifelong physical or emotional patterns resulting from trauma suffered in utero or during birth. Often they feel a sense of hopelessness about changing these patterns.

“Combining two concepts in Ayurvedic philosophy may point a way to address such maladies. These two concepts are brahmamuhurta, the pre-dawn and dawn hours, and the concept of the relationship of the macrocosm with the microcosm . . .”


Abstract: Qigong as a part of the traditional Chinese medicine is similar to western “meditation,” Indian “Yoga” or Japanese “Zen,” which can all be included in the category of traditional psychotherapy. A series of physiological and psychological effects occur in the course of Qigong training, but inappropriate training can lead to physical and mental disturbances. Physiological effects include changes in EEG, EMG, respiratory movement, heart rate, skin potential, skin temperature and finger tip volume, sympathetic nerve function, function in stomach and intestine, metabolism, endocrine and immunity systems. Psychological effects are motor phenomena and perceptual changes: patients experienced warmth, chilliness, itching sensation in the skin, numbness, soreness, bloatedness, relaxation, tenseness, floating, dropping, enlargement or constriction of the body image, a sensation of rising to the sky, falling off, standing upside down, playing on the swing following respiration, circulation of the intrinsic Qi, electric shock, formication, during Qigong exercise. Some patients experienced dreamland illusions, unreality and pseudohallucination. These phenomena were transient and vanished as the exercise terminated. Qigong deviation syndrome has become a diagnostic term and is now used widely in China.

Ziegler, Alfred. *Archetypal Medicine*. Springer Publication, 1985. (Discusses the somatic meaning of various physical symptoms.)

**Ongoing Research**

Note: For ongoing research related to specific psychiatric disorders (e.g., anxiety, depression, schizophrenia, etc.), please see the bibliography for each disorder.

Michael Butler, M.A.
Fordham University
shakti_10034@yahoo.com

For his Ph.D. dissertation in clinical psychology, Michael will conduct research on the mental health correlates of a variety of yogic practices. He will do a factor analysis of psychiatric symptoms (using the Brief Symptom Inventory) existing in a large sample of Indian yogis living in India. Factor scores will then be correlated with a variety of indexes of experience with five practices: meditation, prânâyâma, āsanas, acceptance, and mindfulness. The relationship between
these five practices and the full spectrum of psychiatric disturbance will thus be determined. He hypothesizes that experience with all five practices will be negatively correlated with severity levels of all observed symptom constellations. Contacted IAYT 6/18/02.

Richard J. Davidson, Ph.D.
Professor
University of Wisconsin at Madison
538 Psychology Building, W. J. Brogden
rjdaivs@facstaff.wisc.edu
Tel.: 608-262-8972
Investigating mechanisms of mind-body interaction: emotion interface. Funded by NIH (NIMH).

Kurt Frost
Midland, Ontario, Canada
kurtf@canada.com
Doing his master’s thesis on Yoga and emotional awareness. Will do his Ph.D. in clinical psychology and Yoga. Contacted IAYT 11/1/02.

Fiona Moane
Fionamoane@hotmail.com
For her Ph.D. dissertation research in clinical psychology, Fiona plans to conduct a survey of Yoga students in different classes to explore their motivation, what they hope to obtain from Yoga, and what their experience of Yoga has been. She also intends to measure student stress level before and after a class. Her intent is to demonstrate how the practice of Yoga may be therapeutic in the same was as psychotherapy/psychoanalysis and therefore serve as a substitute or adjunct to the latter. Contacted IAYT 10/01.

Meditation Research Program
Royal Hospital for Women, Sydney, Australia
Ramesh Manocha, M.D., director
R.Manocha@unsw.edu.au
Dr. Manocha is Barry Wren Fellow at the Royal Hospital for Women, where he initiated the Meditation Research Program in the hospital’s Natural Therapies Unit. Using the sahaja yoga meditation technique, the research has shown promising results for the treatment of asthma, headache, menopause and depression.

Tamra Schwartz
Santiago, Chile
Tamras@ctcinternet.cl
Currently doing her thesis on Kundalini Yoga as a complement to psychotherapy. Contacted IAYT 7/16/02.


“. . . the conference will examine how practices such as meditation influence brain function, emotions and physical health. To be held in the new W. M. Keck Laboratory for Functional Brain Imaging and Behavior and the Fluno Center, the meeting will bring together a small international group of scientists who are leaders in this field of research [as well as His Holiness the Dalai Lama]. Another featured guest will be Matthieu Ricard, a French molecular biologist who has been a Buddhist monk for 20 years and is the author of *The Monk and the Philosopher*. Ricard
has agreed to participate in research during his visit. He will undergo brain scans at the new imaging laboratory. The results of the imaging will be compared with that of other research subjects to help determine whether a disciplined practice such as meditation can elicit brain changes.”

For other research in progress, please see the “Ongoing Research” section of bibliographies for specific mental disorders and populations (e.g., research on dementia in the elderly will be found in the “Ongoing Research” section of the “Yoga and Seniors” bibliography).