

# 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](mailto:mail@iayt.org) • URL: [www.iayt.org](http://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.]

**Abhedananda, Swami.** *The Yoga Psychology*. Calcutta: Ramakrishna Vedanta Math, 1960, 1983.

“This volume comprises lectures delivered by Swami Abhedananda before a[n] . . . 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.”

\_\_\_\_\_. *True Psychology*. Calcutta: Ramakrishna Vedanta Math, 1982.

“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.]

**Ajaya, Swami.** *Yoga Psychology: A Practical Guide to Meditation*. Honesdale, Penn.: The Himalayan International Institute, 1976.

\_\_\_\_\_. *Psychotherapy East and West: A Unifying Paradigm*. Glenview, Ill.: Himalayan Institute, 1976, 1983.

\_\_\_\_\_, ed. *Meditational Therapy*. Glenview, Ill.: Himalayan Institute, 1977.

**Akhilananda, Swami.** *Hindu Psychology: Its Meaning for the West*. New York: Harper & Brothers, 1946/London: Routledge and Kegan Paul, 1965.

\_\_\_\_\_. *Mental Health and Hindu Psychology*. London: George Allen and Unwin, 1952.

**Akishige, Yoshiharu., ed.** *Psychological Studies on Zen*. Tokyo: Zen Institute of Komazawa University, 1977.

**Anandamurti, Shrii Shrii.** *Yoga Psychology*. 3d ed. Calcutta, India: Ananda Marga Publications, 1998.

**Andresen, Jensine, and Robert K. C. Forman, eds.** *Cognitive Models and Spiritual Maps: Interdisciplinary Explorations of Religious Experience*. Thorverton, England: Imprint Academic, 2000.

Contents: Meditation Meets Behavioural Medicine: The Story of Experimental Research on Meditation; A Functional Approach to Mysticism; The Epistemology and Technologies of Shamanic States of Consciousness; Critical Reflections on Christic Visions; Waves, Streams, States and Self: Further Considerations for an Integral Theory of Consciousness; The Promise of Integralism: A Critical Appreciation of Ken Wilber's *Integral Psychology*; Consciousness Evolves When Self Dissolves; On the Relationship Between Cognitive Models and Spiritual Maps: Evidence from Hebrew Language Mysticism; The Neuropsychology of Religious and Spritual Experience; The Rhetoric of Experience and the Study of Religion

**Aronson, Harvey.** *Buddhist Practice on Western Ground: Reconciling Eastern Ideals and Western Psychology*. Boston: Shambhala, 2004.

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 respectful 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."

**Asrani, U. A.** *Yoga Unveiled, Part I: Through a Synthesis of Personal Mystic Experiences and Psychological and Psychosomatic Studies*. Delhi: Motilal Banarsidass, 1977.

\_\_\_\_\_. *Yoga Unveiled, Part II*. New Delhi: Motilal Bandarsidass, 1993.

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.]

**Balakrishnananda, Swami.** *Yogic Depth Psychology: Introduction to Swami Narayananda's Psychology*. Gylling: N. U. Yoga Ashrama, 1980.

**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 Feuilles, 1972. [In French.]

**Basu, Soumitra, M.D.** *Integral Health*. Pondicherry, India: Sri Aurobindo Ashram Press, 2000. See also the citation in the "Articles" section below for Natalie Tobert's interview with Dr. Basu.

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."

**Bates, Charles.** *Ransoming the Mind: An Integration of Yoga and Modern Therapy*. St. Paul, Minn.: YES International, Publishers, 1986.

**Batista, Antenor.** *Alimentação, Joga, Psicanálise: Roteiro do Bem Viver*. 2d ed. São Paulo: Civilização Brasileira, 1970. [In Portuguese.]

**Beeken, Jenny.** *Yoga of the Heart: A White Eagle Book of Yoga*. News Lands, England: The White Eagle Publishing Trust, 1990.

" . . . 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 . . ."

**Behanan, Kovoort T.** *Yoga: A Scientific Evaluation*. New York: Dover Publications, 1937, 1964. (Contains chapters on Yoga and psychology/psychoanalysis.)

**Bennett, Bija.** *Emotional Yoga: How the Body Can Heal the Mind*. New York: Simon & Schuster, 2002.

From a review by Felicia Tomasko, *LA Yoga*, May/June 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*) . . .”

**Benoit, Hubert.** *Zen and the Psychology of Transformation: The Supreme Doctrine*. Rev. ed. Rochester, Vt.: Inner Traditions International, 1990.

**Benoit, Robert.** *The Supreme Doctrine: Psychological Encounters in Zen Thought*. New York: Inner Traditions, 1984.

**Bitter, Wilhelm.** *Meditation in Religion und Psychotherapie*. Stuttgart: Klett, 1973. [In German.]

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

**Bittlinger, Arnold.** *Archetypal Chakras: Meditations and Exercises for Opening Your Chakras*. New Delhi, India: New Age Books, 2003.

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.”

**Björn, Christian.** *Thus Speaks the Body: Attempts Toward a Personology from the Point of View of Respiration and Postures*. New York: Arno Press, 1972. (Not based on yogic respiration and postures, but of related interest.)

**Blanz, Larry T.** Personality changes as a function of two different meditative techniques. *Dissertation Abstracts International*, May 1974, 34(11-A):7035.

**Bouanchaud, Bernard.** *The Essence of Yoga: Reflections on the Yoga Sutras of Patañjali*. Portland, Ore.: 1997. (A psychological interpretation.)

**Bourne, Edmund.** *Healing Fear: New Approached to Overcoming Anxiety*. New Harbinger, 1998. (Includes meditation.)

**Bowes, Johanna.** *Yoga of Self-Observation: A Series of Essays on Psychological and Meditative Approaches to Self-Knowledge*. London: Ananda, 1989.

**Brach, Tara.** *Radical Acceptance: Embracing Your Life with the Heart of a Buddha*. New York: Bantam, 2003. Reviewed by Phil Catalfo in *Yoga Journal*, Jul/Aug 2003, pp. 141-144.

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

**Brazier, Caroline.** *Buddhism on the Couch: From Analysis to Awakening Using Buddhist Psychology*. Ulysses Press, 2003.

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.”

**Brazier, David.** *The Feeling Buddha: A Buddhist Psychology of Character, Adversity, and Passion*. Fromm International, 2001.

\_\_\_\_\_. *Zen Therapy: Transcending the Sorrows of the Human Mind*. New York: Wiley, 1997.

**Browning, K.** *An Epitome of the Science of The Emotions, A Summary of the Work of Pandit Bhagavan Das Published Under That Title*. London: The Theosophical Publishing House, 1925.

**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.

**Chidananda, Swami.** *The Philosophy, Psychology, and Practice of Yoga*. Shivanandanagar, India: The Divine Life Society, 1984.

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

**Chödrön, Pema.** *When Things Fall Apart: Heart Advice for Difficult Times*. Boston, Mass.: Shambhala Publications, 1997.

**Chögyam, Ngakpa.** *Rainbow of Liberated Energy: Working with Emotions through the Colour and Element Symbolism of Tibetan Tantra*. Longmead: Element Books, 1986.

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

**Christiansen, Bjørn.** *Thus Speaks the Body: Attempts Toward a Personology from the Point of View of Respiration and Postures*. Oslo: Institute for Social Research, 1963/ New York: Arno Press, 1972.

**Claxton, Guy, ed.** *Beyond Therapy: The Impact of Eastern Religions on Psychological Theory and Practice*. Dorset: Prism Press, 1996.

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

**Clifford, Terry.** *Tibetan Buddhist Medicine and Psychiatry: The Diamond Healing*. York Beach, Me.: Samuel Weiser, 1990/Delhi, India: Motilal Banarsidass, 1994.

**Cope, Stephen.** *Yoga and the Quest for the True Self*. New York: Bantam Doubleday Dell, 1999.

**Cornwell, Donald Gene.** Energy-sensing: An application of Shabd Yoga to psychotherapy. Ph.D. dissertation, University of Arkansas, 1978.

**Coster, Geraldine.** *Yoga and Western Psychology: A Comparison*. New York/London: Oxford University Press, 1934, Harper & Row, 1972.

**Coukoulis, Peter.** *Guru, Psychotherapist, and Self: A Comparative Study of the Guru-Disciple Relationship and the Jungian Analytic Process*. Marina del Rey, Calif.: DeVorss & Co., 1976.

Contents: Eastern Views and Jung's Views of Self-Realization; Tantrik Views Regarding the Guru-Disciple Relationship; The Guru-Disciple Relationship in the Bhagavad-Gita; Sri Aurobindo's Views on the Guru; Ramakrishna, the Great Devotional Guru; The Guru-Disciple Relationship in the Legendary Biography of Tibet's Great Yogi Milarepa

**Coward, Harold.** *Yoga and Psychology: Language, Memory, and Mysticism*. Albany, N.Y.: SUNY Press, 2002.

“Foundational for Hindu, Jaina, and Buddhist thought and spiritual practice, Patanjali's *Yoga-Sūtras*, 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 Sūtras* 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

**Cowger, Ernest Leon, Jr.** The effects of meditation (Zazen) upon selected dimensions of personal development. *Dissertation Abstracts International*, Feb 1974, 34(8-A, pt. 1):4734.

**Cox, Richard, ed.** *Religious Systems and Psychotherapy*. Springfield, Ill., 1973.

**Criswell, Eleanor.** *How Yoga Works: An Introduction to Somatic Yoga*. Novato, Calif.: Freeperson Press, 1989. (Contains chapters on the psychophysiology of Yoga.)

**Cyrass, Paul von.** *Praktische Anwendung der Yoga-Lehre (Autopsychotherapie und Autohormonisation) für den Westen verarbeitet*. Büdingen-Gettenbach: Lebensweiser-Verlag, 1954. [In German.]

**Dalai Lama.** *Consciousness at the Crossroads: Conversations with the Dalai Lama on Brain Science and Buddhism*. Snow Lion, 1999.

“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?”

\_\_\_\_\_, **et al.** *Mind-Science: An East-West Dialogue*. London: Wisdom Publications.

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

**Dalal, A. S.** *Psychology, Mental Health, and Yoga: Essays on Sri Aurobindo’s Psychological Thought Implications of Yoga for Mental Health*. Ojai, Calif.: Institute of Integral Psychology, 1991.

\_\_\_\_\_, ed. *Living Within: The Yoga Approach to Psychological Health and Growth*. Selections from the works of Sri Aurobindo and The Mother. Ojai, Calif.: Institute of Integral Psychology, 1987.

\_\_\_\_\_. *A Greater Psychology: An Introduction to Sri Aurobindo’s Psychological Thought*. New York: Jeremy P. Putnam/Putnam, 2001. Foreword by Ken Wilber.

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

**Danielou, A.** *Yoga: Méthode de Réintégration*. Paris: L'Arche, 1952. [In French.]

**Davidson, Richard J., and Anne Harrington, eds.** *Visions of Compassion: Western Scientists and Tibetan Buddhists Examine Human Nature*. With a chapter by His Holiness the Dalai Lama. Oxford: Oxford University Press, 2002.

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

**Davis, Ilana E.** The effects of a class in Kundalini Yoga on field articulation, openness to experience and flexibility. Ph.D. dissertation, University of Oregon, 1975.

**deCharms, Christopher.** *Two Views of Brain Science: Abhidharma and Brain Science*. Itahca, N.Y.: Snow Lion Publications, 1997.

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

**De Felice, Maluh Guarino.** Mindfulness Meditation: A new tool for understanding and regulating musical performance anxiety. An affective neuroscientific perspective. DMA dissertation. University of Hawaii, 2004.

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.

**Desai, S. M.** *Haribhadra's Yoga Works and Psychosynthesis*. L. D. Series 94. Ahmedabad, India: L. D. Institute of Indology, 1983.

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

**Dhargye, G. N.** *Tibetan Tradition of Mental Development*. Dharamsala: Library of Tibetan Works and Archives, 1978.

**Dockett, Kathleen H.** *Resources for Stress Resistance: Parallels in Psychology and Buddhism*. SGI - USA Culture Department Booklet Series no. 3. Santa Monica, Calif.: Soka Gakkai International - USA, 1993.

**Donden, Yeshe.** Trans. and ed. by B. Alan Wallace. *Healing from the Source: The Science and Lore of Tibetan Medicine*. Ithaca, N.Y.: Snow Lion Publications, 2000.

\_\_\_\_\_. Trans. and ed. by Jeffrey Hopkins. *Health through Balance: An Introduction to Tibetan Medicine*. Delhi: Motilal Banarsidass.

**Dosajh, N. L.** *Psychotherapy, Including Yoga Therapy: The Science of Mental Healing*. 2d ed. Chandigarh, India: Sanjiv Publications, 1983.

**Dreher, N., and E. Ronald.** The effects of Hatha Yoga and Judo on personality and self-concept profiles on college men and women. Ph.D. dissertation, University of Utah, 1973.

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

**Epstein, Mark, M.D.** *Thoughts without a Thinker: Psychotherapy from a Buddhist Perspective*. New York: Basic Books, 1995. Reviewed by Hirsch Lazaar Silverman, "Tenets of Buddhist Psychotherapy," *Contemporary Psychology*, 41(10).

\_\_\_\_\_. *Going to Pieces without Falling Apart: A Buddhist Perspective on Wholeness: Lessons from Meditation and Psychotherapy*. New York: Broadway Books, 1998. (See also the article by Victoria Moran, "Freud Meets Buddha: Harvard-Trained Psychiatrist Dr. Mark Epstein Integrates Buddhism, Yoga, and Psychotherapy to Bring about Personal Transformation," *Yoga Journal*, Mar/Apr 2000, pp. 76-80.)

\_\_\_\_\_. *Going on Being: Buddhism and the Way of Change*. New York: Broadway Books, 2001.

"*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."

Contents: Introduction: How People Change, Going on Being, The Freedom of Restraint, The Easing of Identity, Injured Innocence, The Platform of Joy, Psychological Emptiness, The Klesha of "I Am Not," The Problem of the Emotions, Bringing Balance to Relationships, Fear of Death: The Last Obstacle to Going on Being, Conclusions: The Quest for Identity

\_\_\_\_\_. *Open to Desire: Embracing a Lust for Life. Insights from Buddhism & Psychotherapy*. 2005.

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.

**Fenner, Peter.** *Reasoning into Reality: A System-Cybernetics Model and Therapeutic Interpretation of Middle Path Analysis*. Somerville: Wisdom Publications, 1995.

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

**Fleischman, Paul R.** *Karma and Chaos: New and Collected Essays on Vipassana Meditation*. New Delhi, India: New Age Books, 2003.

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

**Fodor, N.** *Freud, Jung and Occultism*. New York: University Books, 1971.

**Forman, Robert K. C., ed.** *The Problem of Pure Consciousness: Mysticism and Philosophy*. Oxford: Oxford University Press, 1990.

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

**Fort, Andrew O.** *The Self and Its States*. Delhi, India: Motilal Banarsidass, 1990.

**Fried, Robert.** *Breath Well, Be Well: A Program to Relieve Stress, Anxiety, Hypertension, Migraine, and Other Disorders for Better Health*. John Wiley & Sons, 1999.

**Frýba, 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. Frýba 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.”

**Glaser, Aura.** *Call to Compassion*. Red Wheel/Weiser.

**Goel, B. S.** *Psycho-Analysis and Meditation: The Theory and Practice of Psycho-Analytical Meditation*. Haryana, India: Third Eye Foundation of India, 1997.

\_\_\_\_\_. *Psycho-Analysis and Meditation: Certain Related Essays*. Haryana, India: Third Eye Foundation.

**Goleman, Daniel, ed.** *Healing Emotions: Conversations with the Dalai Lama on Mindfulness, Emotions, and Health*. Boston, Mass.: Shambhala Publications, 1997.

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?”

\_\_\_\_\_, **ed.** *Destructive Emotions: How Can We Overcome Them? A Scientific Dialogue with the Dalai Lama*. New York: Bantam Doubleday Dell, 2003. See also the interview with Daniel Goleman about this book by Rich Barlow, “Spiritual Life,” *Boston Globe*, 25 Jan 2003, Metro/Religion, p. B2.

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.”

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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.

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"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."

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**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.”

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“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 . . .”

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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

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

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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 hourses, Homelessness, The healing life of nature, The value of uselessness, Effort, Work, Parental mind, Compassion and action, Living in vow

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**Noe, Allisun.** Self psychology, Buddhism, and mindfulness meditation: An integrated conceptualization and treatment approach for women experiencing post-abortion distress. Psy.D. dissertation (clinical psychology). Chicago School of Professional Psychology, 2004.

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.

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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<sup>®</sup> and TM-Sidhi<sup>®</sup> 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.

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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.”

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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.”

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\_\_\_\_\_, **and Swami Ajaya.** *Creative Use of Emotion*. Honesdale, Pa.: Himalayan Institute Press, 1987.

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.”

\_\_\_\_\_, **Rudolph Ballentine, and Swami Ajaya.** *Yoga and Psychotherapy: The Evolution of Consciousness*. Glenview, Ill.: The Himalayan International Institute, 1976.

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**Rubin, Jeffrey B.** *Psychotherapy and Buddhism: Toward an Integration*. New York: Plenum Press, 1996. Reviewed by Harvey B. Aronson in *Journal of Buddhist Ethics*, 1998, vol. 5, review available online: <http://jbe.la.psu.edu/5/aron198.html>.

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 . . .”

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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.”

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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.

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**Seeman, Gary W.** Individuation and subtle body: A commentary on Jung's Kundalini Seminar. Ph.D. dissertation. Pacifica Graduate Institute, 2001. Author email: garyseeman@home.com.

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.

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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

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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.

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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."

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“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.”

**Tucci, Giuseppe.** *The Theory and Practice of the Mandala: With Special Reference to the Modern Psychology of the Unconscious*. Trans. from Italian by Alan Houghton Brodrick. Mineola, N.Y.: Dover Publications, 1961.

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 of its various parts; The liturgy of the mandala; The mandala in the human body; Appendix of illustrations with explanations

**Trungpa, Chögyam.** *Transcending Madness: The Experience of the Six Bardos*. Boston: Shambhala Publications, 1992.

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 realm (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.”

\_\_\_\_\_. *The Sanity We Are Born With: A Buddhist Approach to Psychology*. Boston: Shambhala Publications, 2005.

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.”

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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.

**Vrinte, Joseph.** *The Concept of Personality in Sri Aurobindo’s Integral Yoga Psychology and A. Maslow’s Humanistic/Transpersonal Psychology*. New Delhi, India: Munshiram Manharlal Publishers, 1995.

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\_\_\_\_\_, **S. Batchelor, and G. Claxton, eds.** *The Psychology of Awakening.* York Beach, Me.: Samuel Weiser, 2000.

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**Watts, Alan W.** *Psychotherapy East and West.* New York: Pantheon Books, 1961.

**Weintraub, Amy.** *Yoga for Depression: A Compassionate Guide to Relieve Suffering through Yoga.* New York: Broadway Books, 2004. Author's email: azamyoga@aol.com. Reviewed by Phil Catalfo in *Yoga Journal*, Jan/Feb 2004, pp. 115-116.

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 bellings—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

**Welwood, John.** *Toward a Psychology of Awakening: Buddhism, Psychotherapy, and the Path of Personal and Spiritual Transformation.* Boston, Mass.: Shambhala Publications, 2000.

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

\_\_\_\_\_, **ed.** *Awakening the Heart: East/West Approaches to Psychotherapy and the Healing Relationship.* Boston: Shambhala Publications, 1983.

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.

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**Wilber, Ken.** *Integral Psychology*. Boston: Shambhala Publications, 2000. Also in Ken Wilber, *The Collected Works, Volume Four*. Boston: Shambhala Publications, 2000.

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.”

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

**Young-Eisendrath, Polly, and Shoji Muramoto, eds.** *Awakening and Insight: Zen Buddhism and Psychotherapy*. Brunner-Routledge, 2002.

“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.

\_\_\_\_\_, and **Melvin Miller**. *The Psychology of Mature Spirituality: Integrity, Wisdom, Transcendence*. London: Routledge, 2000.

**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

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### **Articles**

**Abegg, Emil**. Jung und Indien. *Asiatische Studien*, 1955, 9:6-8. [In German.]

**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.”

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

**Addison, Dominic.** Can meditation help psychotherapists to practice more effectively? A literature review. *International Journal of Yoga Therapy*, 2002, no. 12, pp. 89-104.

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**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.

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**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.

**Akers, T. K., D. M. Tucker, R. S. Roth, et al.** Personality correlates of EEG change during meditation. *Psychological Reports*, 1977, 40(2):439-442.

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

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**Alexander, Charles N., and E. J. Marks.** Ego development, personality and behavioural change in inmates practicing the Transcendental Meditation technique or participating in other programs: A summary of cross-sectional and longitudinal results. Ph.D. dissertation summary (first author), Department of Psychology and Social Relations, Harvard University, Cambridge, Massachusetts, USA. *Dissertation Abstracts International*, 1982, 43:539B. Also in R. A. Chalmers, G. Clements, H. Schenkluhn, and M. Weinless, eds., *Scientific Research on the Transcendental Meditation Program: Collected Papers, Vol. 4*. Vlodrop, The Netherlands: MIU Press, 1984.

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."

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\_\_\_\_\_, **J. L. Davies, R. I. Newman, and H. M. Chandler.** The effects of Transcendental Meditation on cognitive and behavioural flexibility, health, and longevity in the elderly: An experimental comparison of the Transcendental Meditation program, mindfulness training, and relaxation. In R. A. Chalmers, G. Clements, H. Schenkluhn, and M. Weinless, eds., *Scientific Research on the Transcendental Meditation Program: Collected Papers, Vol. 4*. Vlodrop, The Netherlands: MIU Press, 1984.

\_\_\_\_\_, **D. Heaton, and H. N. Chandler.** Advanced human development in the Vedic psychology of Maharishi Mahesh Yogi: Theory and research. In M. Miller and S. Cook-Greuter, eds., *Transcendence and Mature Thought in Adulthood*. Lanham, Md.: Roman and Littlefield, 1994.

\_\_\_\_\_, **M. Rainforth, and P. Gelderloos.** Transcendental Meditation, self-actualization, and psychological health: A conceptual overview and statistical meta-analysis. Special issue: Handbook of self-actualization. *Journal of Social Behavior and Personality*, 1991, 6(5):189-248.

**Allen, K. S., and R. P. Steinkohl.** Yoga in a geriatric mental clinic. *Activities, Adaptation, & Aging*, 1987, 9:61-69.

**Allione, Tsultrim.** *Cutting through Fear: A Tibetan Buddhist Practice for Cultivating Compassion and Courage* audiotapes. Sounds True, 2001. Reviewed by Anne Seidlitz in *Tricycle*, Spring 2002, pp. 82-83.

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, 2004, 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.”

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**Anger and Yoga.** *Yoga Life*, Oct 1994, 25(10):5.

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**Arbe, A.** That new tranquilliser called yoga. *Med Times*, Sep 1972, 100:107ff.

**Arpita (Joan Harrigan).** Physiological and psychological effects of Hatha Yoga: A review of the literature. *Research Bulletin Himalayan International Institute*, 1983, 5:25-43. Reprinted in the *Journal of The International Association of Yoga Therapists*, 1990, 1(I & II).

**The Art of Living Foundation.** The Art of Living Course for Depression. See description online at [http://www.artofliving.org/c-special\\_depression.html](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.

**Arundhati Saraswati, Swami.** Yoga: A holistic approach to mental health. *Journal of Dharma*, Jul-Sep 1995, 20(3):287-296.

**Asrani, U. A.** The psychology of mysticism. In U. A. Asrani, *Yoga Unveiled*, Part Two. Delhi, India: Motilal Banarsidass, 1993, pp. 113-201.

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

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“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 . . .”

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Abstract: Dans ce travail, l’auteur, après avoir rappelé l’urgence d’une approche nondualiste de l’organisme humain, même dans le domaine psychothérapeutique, 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.

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"Chakras, known as energy centers of the body in the tantric Yoga System, were 'previews' of psychoanalytic 'driving zones.'"

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\_\_\_\_\_, and **Paule Vern**. Le yoga et les chakras. Paper presented at 2nd Congrès Mondial de Sophrologie, Barcelona, Oct 1975. [In French.]

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"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."

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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.

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\_\_\_\_\_. Anxiety reduction following exercise and meditation. *Cognitive Therapy and Research*, 1978, 2(4):323-333.

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

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\_\_\_\_\_, and **H. Mishra.** Patanjala yoga and behavior therapy. *The Behavior Therapist*, 1983, 6:196-197.

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**Bass, C., and W. Gardner.** Emotional influences on breathing and breathlessness. *J Psychosom Res*, 1985, 29(6):599-609.

**Batcheller, Lori.** Yoga and emotions. *Kripalu Online*, Aug 2005.

**Bathgate, David.** Psychiatry, religion and cognitive science. *Australian and New Zealand Journal of Psychiatry*, Jun 2003, 37(3):277-285. Author email: Bathgate@nex.net.au.

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.

**Beal, Yogi Harinam Baba Prem Tom.** *Mantra: Inner Transformation*. URL: <http://www.floridavedicinstitute.com/booksandcds.htm>.

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.”

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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

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**Bending it like yoga.** *The Times of India* (City Supplements: *Lucknow Times*), 28 Jan 2005. Article available online: <http://timesofindia.indiatimes.com/articleshow/1004473.cms>.

“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 . . .’”

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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.

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"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.'"

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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 borderlines 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).

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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.

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"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 . . ."

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“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*.”

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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.

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"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 . . ."

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*“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.”

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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.

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"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."

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“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.’”

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“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.”

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**Harinath, Kasiganesan, Anand Sawarup Malhotra, Karan Pal, Rajendra Prasad, Rajesh Kumar, Trilok Chand Kain, Lajpat Rai, and Ramesh Chand Sawhney.** Effects of Hatha Yoga and Omkar meditation on cardiorespiratory performance, psychologic profile, and melatonin secretion. *Journal of Alternative and Complementary Medicine*, Apr 2004, 10(2):261-268.

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.

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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.

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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.

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“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.”

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**The Influence of Mind on Healing and Dying Conference.** University of California at Santa Barbara, 119-20 May 2000. URL: [http://www.infinityfoundation.com/mandala/inner\\_sci\\_projects\\_frameset.htm](http://www.infinityfoundation.com/mandala/inner_sci_projects_frameset.htm).

**Integrated Movement Therapy, Intensive Certification Training.** The Samarya Center, Seattle, Washington. URL: [http://www.samaryacenter.com/imt/prof\\_train.html](http://www.samaryacenter.com/imt/prof_train.html).

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>.

**Isaacs, Michael S.** Psychotherapy and spirituality. *Yoga & Health*, December 1997, pp. 5-7.

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**Iyengar, Prashant.** The mind according to yoga psychology. *Yoga Rahasya*, 1997, 4(2):4-12. Part 1 of a 2-part series.

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**Jain, A., R. Nagarathna, and S. Telles.** Anxiety neurosis and pranayama (3 types): A comparative study. Swami Vivekananda Yoga Research Foundation.

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**Janakiramaiah, N., B. N. Gangadhar, et al.** Therapeutic efficacy of Sudarshan Kriya Yoga in dysthymic disorder. *NIMHANS (National Institute of Mental Health and Neurosciences of India) Journal*, Jan 1998, pp. 21-28. Abstract available online at <http://www.artofliving.org/r-depression.html>.

\_\_\_\_\_, **B. N. Gangadhar, P. J. N. Venkatesha Murthy, M. G. Harish, D. K. Subakrishna, and A. Vedamurthachar.** Antidepressant efficacy of Sudharshan Kriya Yoga (SKY) in melancholia: A randomized comparison with electroconvulsive therapy (ECT) and imipramine. *Journal of Affective Disorders*, Jan-Mar 2000, 57(1-3):255-259. Abstract available online at <http://www.artofliving.org/r-depression.html>.

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](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 melancholia against the efficacy of two of the current standard treatments, electroconvulsive therapy (ECT) and imipramine (IMN), an antidepressant also known as tofranil. Consenting, untreated melancholic depressives (n = 45) were hospitalized and 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.

**Jayanti, S. M., R. Nagarathna, and H. R. Nagendra.** Autonomic and psychological changes in mentally retarded children undergoing IAYT: A 3 years follow-up. Swami Vivekananda Yoga Research Foundation.

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\_\_\_\_\_. *Eye of the Lotus*. Twin Lakes, Wis.: Lotus Press, 2004.

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.”

**Jerry, Martin.** Body, breath, mind, and spirit: The pursuit of inner health. *International Journal of Yoga Therapy*, 2000, no. 10, pp. 73-86.

**Jnanarupananda Saraswati, Swami.** Music and the mind: Infinite possibilities for transformation. *Yoga* (Sivananda Math), January 1999, 10(1): 39-47. (See especially mantras section, p. 45, on psychoanalysis vs. mantric energy.)

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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.

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**Joshi, K. C.** Personality in yoga psychology. Ph.D. dissertation, Saugor University.

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**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 dependant on circumstances and conditions . . .”

**Judith, Anodea.** *The Chakra System: A Complete Course in Self-Diagnosis and Healing* audiotape set. Sounds True, 2000. Twelve sessions, six tapes.

“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.”

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**Jyotirmayananda, Swami.** *Overcoming Fear* audiotape. South Miami, Fla.: Yoga Research Foundation. To order, call 305-666-2006. 60 minutes.

**Kabat-Zinn, J., A. O. Massion, J. Kristeller, L. G. Peterson, K. E. Fletcher, L. Pbert, et al.** Effectiveness of a meditation-based stress reduction program in the treatment of anxiety disorders. *American Journal of Psychiatry*, Jul 1992, 149(7):936-942.

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<http://www.yogafordepression.com/princetonpacket.htm>.

“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. ‘I got a brochure in the mail for Kripalu Center in Massachusetts,’ she says. ‘There 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 . . .”

**Kambe, T. , K. Sato, and K. Naggua.** Medical and psychological studies on Zen. In *Proceedings 25<sup>th</sup> Convention J. P. A.*, 1961.

**Kanjilal, P.** Concept of mind in Patanjali Yoga Sutra. Ph.D. dissertation, Lucknow University, 1960.

**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.”

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**Katz, Nathan.** Anima and mKha'-'gro-ma: A critical comparative study of Jung and Tibetan Buddhism. *Tibet Journal*, Autumn 1977, 2(3):13-43.

**Katzenstein, Larry.** Center for Meditation and Healing integrates psychiatric health. *Psychiatric Times*, Jul 1998, 15(7). Article available online:  
<http://www.psychiatrictimes.com/p980701b.html>

“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.’”

**Kaushik, Y. P., Y. Paul, and M. Gupta.** Yoga for memory development of school-going children. In H. R. Nagendra, R. Ragarathna, and S. Telles, *Yoga Research & Applications: Proceedings of the 5<sup>th</sup> International Conference on Frontiers in Yoga Research and Applications*. Bangalore, Vivekananda Kendra Yoga Research Foundation, 2000, pp. 285-288.

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**Keller, Doug.** Reconcilable differences: Push-pull, tighten-relax, effort-surrender . . . yoga is about embracing opposing forces. *Yoga Journal*, Nov/Dec 1999, pp. 104-106.

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[http://www.serve.com/cmtan/buddhism/Misc/p\\_sybudd1.html](http://www.serve.com/cmtan/buddhism/Misc/p_sybudd1.html).

**Kempton, Sally.** Feel your way: Our intense emotions—even negative ones, like fear, anger, sadness, and grief—can be a path to spiritual growth. *Yoga Journal*, Jan/Feb 2004, pp. 61-67. Article available online: [http://www.yogajournal.com/meditation/1158\\_1.cfm](http://www.yogajournal.com/meditation/1158_1.cfm).

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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 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.

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**Khona, Chitu.** Art of listening. *Journal of the Yoga Institute*, Dec 1981, 27(5):15. (On teaching students with emotional difficulties.)

**Kimbrough, John.** Yoga and Buddhism as psychotherapies. *Joy: The Journal of Yoga*, Jun 2003, 2(6). Article available online: <http://www.journalofyoga.org/yogapsychotherapy.htm>.

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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.

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**Kondo, Akihisa.** Zen in psychotherapy: The virtue of sitting. *Chicago Review*, 1958, 12:57-64.

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**Kotansky, Heidi.** Mending mindfully: A recent study suggests that practicing meditation can boost the immune system. *Yoga Journal*, Nov 2004. Article available online: [http://www.yogajournal.com/meditation/1050\\_1.cfm](http://www.yogajournal.com/meditation/1050_1.cfm).

“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.”

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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  $\pm 21$ ) 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.

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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

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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

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.

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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

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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.

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“... 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.'”

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

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“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.”

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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.

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"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 . . ."

\_\_\_\_\_. Living in the mandala. In Rob Preece, *The Noble Imperfection: The Challenge of Individuation in Buddhist Life*. Mudra Publications, 2005. Article available online: [http://www.mudra.co.uk/mudra\\_mandala.html](http://www.mudra.co.uk/mudra_mandala.html)

“ . . . 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 . . . ”

\_\_\_\_\_. Spiritual pathology. In Rob Preece, *The Noble Imperfection: The Challenge of Individuation in Buddhist Life*. Mudra Publications, 2005. Article available online: [http://www.mudra.co.uk/mudra\\_pathology.html](http://www.mudra.co.uk/mudra_pathology.html)

“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 . . . ”

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**Ray, U. S., S. Mukhopadhyaya, S. S. Purkayastha, V. Asnani, O. S. Tomer, R. Prashad, L. Thakur, and W. Selvamurthy.** Effect of yogic exercises on physical and mental health of young fellowship course trainees. *Indian Journal of Physiology and Pharmacology*, Jan 2001, 45(1):37-53.

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.

**Readers speak out: How has your yoga practice helped you cope with fear?** *Yoga Journal*, Jul/Aug 2003, p. 24.

**Reder, Alan.** Unmasking anger. *Yoga Journal*, Mar/Apr 2002, pp. 104-107, 184-188. Article available online: [http://www.yogajournal.com/wisdom/805\\_8.cfm](http://www.yogajournal.com/wisdom/805_8.cfm).

“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.”

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“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 . . .”

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**Rickman, Lisa.** Battling depression through yoga: Writers say practice helps them find center. *The Daily Camera*, 29 Mar 2004. Article available online: [http://www.dailycamera.com/bdc/health\\_and\\_fitness/article/0,1713,BDC\\_2431\\_2760802,00.html](http://www.dailycamera.com/bdc/health_and_fitness/article/0,1713,BDC_2431_2760802,00.html)

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

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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."

\_\_\_\_\_. Some reflections on Integral Psychotherapy. 1998. Article available online:  
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<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.”

Samskaras, bhog, émotions, tendances et attitudes: Peut-on prévenir précocement nos éventuels débordements psychologiques? In *Transactions de Séminaires de la Shri Ram Chandra Mission*. Série: La Psychologie et sa Pertinence No. 1. Sahaj Marg Research Institute, SRCM Augerans, 1996. [In French.]

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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.”

\_\_\_\_\_. Increasing memory function [via yoga nidra]. In Swami Satyananda Saraswati, *Yoga Nidra*. 6<sup>th</sup> ed. Munger, Bihar, India: Bihar School of Yoga, 1998, pp. 180-181.

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“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 Paramahansa 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.”

**Satyaprakash Saraswati, Swami (Ann Fletcher).** Yoga for the management of depression. *Spectrum: The Journal of the British Wheel of Yoga*, Spring 2000, pp. 12-14.

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**Sauermann, G.** Verhältnis von Yoga und Psychotherapie [Relation between yoga and psychotherapy]. *Zeit für Psychosom Med und Psychoanalyse*, Oct-Dec 1980, 26(4):364-378. [In German.]

**Save-Mundra, Jaya.** The contextual, theoretical, and procedural basis of mantra meditation and guidelines for its integration in standard psychotherapy practice. Ph.D. dissertation. University of Hartford, Connecticut, 2002. *Dissertation Abstracts International*, Feb 2003, B 63/08, p. 3936. First 24 pages available online: <http://wwwlib.umi.com/dissertations/preview/3061472>. UMI # 3061472.

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).]

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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.

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**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.

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**Schwartz, Joseph, and Margaret Arden.** The Nature of Consciousness and Its Relationship to Psychoanalysis workshop, London, April 2003. Sponsored by the Scientific & Medical Network, Gloucestershire.

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.

**Scully, D., J. Kremer, M. M. Meade, R. Graham, and K. Dudgeon.** Physical exercise and psychological well-being: A critical review. *British Journal of Sports Medicine*, Jun 1998, 32(2):111-120.

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

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**Shannahoff-Khalsa, David S.** Yogic meditation techniques are effective in the treatment of OCD. In Eric Hollander and Dan J. Stein, eds., *Obsessive-Compulsive Disorders: Diagnosis, Etiology, Treatment*. New York: Marcel Dekker Inc., 1997, pp. 283-329.

\_\_\_\_\_. *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.

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\_\_\_\_\_. Kundalini Yoga Meditation Techniques for Psychiatric Disorders course. American Psychological Association Annual Meeting, May 2005.

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.

\_\_\_\_\_, **and L. R. Beckett.** Clinical case report: Efficacy of yogic techniques in the treatment of obsessive compulsive disorder. *International Journal of Neuroscience*, Mar 1996, 85(1-2):1-17.

\_\_\_\_\_, **M. R. Boyle, and M. E. Buebel.** The effects of unilateral forced nostril breathing on cognition. *International Journal of Neuroscience*, 1991, 57:239-249.

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.

\_\_\_\_\_, **Leslie E. Ray, Saul Levine, Christopher C. Gallen, Barry J. Schwartz, and Jhn J. Sidorowich.** Randomized controlled trial of yogic meditation techniques for patients with obsessive-compulsive disorder. *CNS Spectrums: The International Journal of Neuropsychiatric Medicine*, Dec 1999, 4(12):34-47.

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 (DSM-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 2 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.

**Shapiro, David, and Karen Cline.** Mood changes associated with Iyengar Yoga practices: A pilot study. *International Journal of Yoga Therapy*, 2004, no. 14, pp. 35-44. Author email: dshapiro@ucla.edu.

**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.

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\_\_\_\_\_, and **D. Giber.** Meditation and psychotherapeutic effects: Self-regulation strategy and altered states of consciousness. *Archives of General Psychiatry*, 1984, 35:294-302. Also in D. H. Shapiro, and R. N. Walsh, eds., *Meditation: Classic and Contemporary Perspectives*. New York: Aldine Publishing, 1984, pp. 62-69.

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**Shaw, John.** Yoga and psychosomatic disorders. *Journal of the Yoga Institute*, 1977, 22(10):154-156.

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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

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**Shivananda Saraswati, Srimat Swami.** Insanity (unmad-rog); Mania (ardhonmada). In Srimat Swami Shivananda Saraswati, *Yogic Therapy or Yogic Way to Cure Diseases*. 7th ed. Umachal Series No. 10. Guwahati, Assam/Calcutta, India: Umachal Prakashani, 1994, pp. 229-236; 262-263.

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

**Silva, P. de.** Buddhism and behaviour modification. *Behaviour Research and Therapy*, 1984, 22:661-678.

\_\_\_\_\_. Buddhism and behaviour change: Implications for therapy. In G. Claxton, ed., *Beyond Therapy*. London: Wisdom Publications, 1986.

**Silverman, Hirsch Lazaar.** Tenets of Buddhist psychotherapy. *Contemporary Psychology*, 41(10). (A review of Mark Epstein's *Thoughts without a Thinker: Psychotherapy from a Buddhist Perspective*.)

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**Singh, B. S.** Ventilatory response to CO<sub>2</sub>. II. Studies in neurotic psychiatric patients and practitioners of Transcendental Meditation. *Psychosomatic Medicine*, 1984, 46:347-362.

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**Singh, R., and I. Oberhummer.** Behavior therapy within a setting of Karma Yoga. *Journal of Behavior Therapy and Experimental Psychiatry*, 1980, 11:135-141.

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**Sivananda, Swami.** The power of thought. *Yoga Today*, May 1981, 6(1):37-41, 44-45.

“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.”

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**Slède, Lisa, and Rachel Pomerantz.** Yoga and psychotherapy: A review of the literature. *International Journal of Yoga Therapy*, 2001, no. 11.

**Smith, Amber.** Dietitian discovers benefits of yoga [for the mentally retarded]. *The Post-Standard* (Syracuse). 20 Dec 2004. Article available online: <http://www.syracuse.com/living/poststandard/index.ssf?/base/living-1/1103372330315630.xml>.

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.”

**Smith, Jonathan C.** Personality correlates of continuation and outcome in meditation and erect sitting control treatments. *Journal of Consulting and Clinical Psychology*, Apr 1978, 46(2):272-279. Also in D. H. Shapiro, and R. N. Walsh, eds., *Meditation: Classic and Contemporary Perspectives*. New York: Aldine Publishing, 1984, pp. 557-564. PMID: 348733.

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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.

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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 bellings—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

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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.

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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 been assessed 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.

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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.

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**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.”

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

\_\_\_\_\_. Making your mind an ocean. Buddha Dharma Education Association. Article available online: [http://www.buddhanet.net/pdf\\_file/mindocan.pdf](http://www.buddhanet.net/pdf_file/mindocan.pdf).

“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: The ultimate mind-body workout.** *Harv Health Lett*, Dec 1998, 24(2):4-5.

**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](http://www.cardiacyoga.com/yogapt.html).

**Yoga for psychiatric patients.** Research conducted by Krishnamacharya Yoga Mandiram, [www.kym.org](http://www.kym.org), together with an organization called SRISTHA, 1994.

**Yoga for schizophrenics.** Research conducted by Krishnamacharya Yoga Mandiram, [www.kym.org](http://www.kym.org), together with an organization called SCARF, 1994.

**Yoga for the mentally ill.** In *Teaching Asanas: An Ananda Marga Manual for Teachers*. Los Altos Hills, Calif.: Amrit Publications, 1973, pp. 260-263.

**Yoga Nidra and adverse side effects from medicine [for schizophrenia].** *Bindu*, no. 11, p. 24. Available online: [http://www.scand-yoga.org/english/bindu/27e\\_use.html](http://www.scand-yoga.org/english/bindu/27e_use.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 . . .”

**Yoga stretches energy and enthusiasm.** *Spectrum*, Jun 1995, no. 42, p. 20.

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.

**Yoga therapy for psycho-complexities.** *Akhand Jyoti: The Light Divine*, Nov/Dec 2004. Article available online: <http://www.akhand-jyoti.org/novdec04/article4.html>.

**Yogendra, Jayadeva, ed.** Psychogenic diseases. In Jayadeva Yogendra, ed., *Cyclopaedia Yoga Volume III: Stress and Mental Health, with Information on the Application of [the] Yogic Approach in the Management of Stress, Psychosomatic and Psychogenic Diseases*. Santacruz, Bombay, India: The Yoga Institute, 1993, pp. 73-90. (Contains sections on neurosis/anxiety, affective disorders/depression, and psychotic disorders/schizophrenia.)

**YOU & ME (Yoga Opening Unfolding & Meaningful Experience) Yoga System.** URL: <http://www.youandmeyoga.com/intro.htm>. See also in the “Videotapes” section below: Gunstone, Maria. *YOU & ME “Whole-Body-Movement” Teaching Video*.

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.”

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**Zopa Rinpoche, Lama Thubten.** Dealing with depression. *Mandala*, Mar-May 2002, pp. 62-66.

**Zuroff, D. C., and J. C. Schwarz.** Effects of Transcendental Meditation and muscle relaxation on trait anxiety, maladjustment, locus of control, and drug use. *J Consult Clin Psychol*, 1978, 46:264-271.

**Zysk, Kenneth G.** Insanity. In Kenneth G. Zysk, *Medicine in the Veda: Religious Healing in the Veda with Translations and Annotations of Medical Hymns from Rgveda and the Atharvaveda and Renderings from the Corresponding Ritual Texts*. 2d ed. Delhi, India: Motilal Banarsidass, 1998, pp. 62-63. Available online from Books of India, editor@oscarindia.com.

### **Videos**

**Gunstone, Maria.** *YOU & ME "Whole-Body-Movement" Teaching Video*. Lancashire, U.K.: YOU & ME. 140 minutes. URL: <http://www.youandmeyoga.com/teachingaids.htm>.

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.”

**Powers, Lisa.** *Yoga for Emotional Healing*. Crystal Clarity Publishers, 2000. 65 minutes.

“. . . this video will show you how to use yoga postures and related practices to overcome anger, anxiety, depression, hurt feelings, negativity, 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 . . .”

**Satchidananda, Swami.** *Transcending Anger, Fear and Depression*. Buckingham, Va.: Shakticom.

### **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.

**Vidyananda, Swami.** *Healing the Emotional Self* audiotape. Buckingham, Va.: Shakticom.

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***

**Adams, L.** How exercise can help people with mental health problems. *Nursing Times*, 1995, 91:37-39.

**Babyak, M., J. A. Blumenthal, S. Herman, et al.** Exercise treatment for major depression: Maintenance of therapeutic benefit at 10 months. *Psychosomatic Medicine*, 2000, 62:633-638.

**Bass, C., and W. N. Gardner.** Emotional influences on breathing and breathlessness. *Journal of Psychosomatic Res.*, 1985, 29:599-609.

**Bloch, S., M. Lemeignan, and N. Aguilera.** Specific respiratory patterns distinguish among basic emotions. *International Journal of Psychophysiology*, 1991, 11:141-154.

**Brown, S., J. Birtwistle, L. Roe, and C. Thompson.** The unhealthy lifestyle of people with schizophrenia. *Psychological Medicine*, 1999, 29:697-701.

**Cappo, B. M., and D. S. Holmes.** The utility of prolonged respiratory exhalation for reducing physiological and psychological arousal in non-threatening and threatening situations. *Journal of Psychosomatic Res.*, 1984, 28:265-273.

**Christie, R. V.** Some types of respiration in the neuroses. *Quarterly Journal of Medicine*, 1935, 16:427-432.

**Clark, D. M.** Anxiety states. In K. Hawton, P. M. Salkovski, J. Kirk, and D. M. Clark, eds. *Cognitive Behaviour Therapy for Psychiatric Problems*. Oxford: Oxford University Press, 198, pp. 52-96.

**Clark, Walter Houston.** Fear & terror in religious experience: A theoretical commentary. *Journal of Religion and Psychical Research*, Apr 1980, 3:134ff.

**Collingwood, T. R., and L. Willet.** The effects of physical training upon self-concept and body attitude. *Journal of Clinical Psychology*, 1971, 27:411-412.

**Cuthbert, Bruce N., Peter J. Lang, Cyd Strauss, David Drobos, Christopher Patrick J., and Margaret M. Bradley.** The psychophysiology of anxiety disorder: Fear memory imagery. *Psychophysiology*, May 2003, 40(3):407-422. Peter Lang email: langlab@nersp.nerdc.ufl.edu.

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 (eyeblick) 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.

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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.

**Ehrmann, Wilfried.** Reich's use of Breathwork as an element in his treatment of a schizophrenic split. *The Healing Breath: A Journal of Breathwork Practice, Psychology and Spirituality*, 2(3). Available online: [www.i-breathe.com](http://www.i-breathe.com).

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**Emmons, Robert A.** *The Psychology of Ultimate Concerns: Motivation and Spirituality in Personality*. New York: The Guilford Press, 1999.

\_\_\_\_\_, and **Raymond F. Paloutzian.** The psychology of religion. *Annual Review of Psychology*, 2003, 54:377-402. Author email: [raemmons@ucdavis.edu](mailto:raemmons@ucdavis.edu) or [paloutz@westmont.edu](mailto:paloutz@westmont.edu).

**Faulkner, G., and A. Sparkes.** Exercise as therapy for schizophrenia: An ethnographic study. *Journal of Sport and Exercise Psychology*, 1999, 21:52-69.

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**Gagne, D., and R. C. Toye.** The effects of therapeutic touch and relaxation therapy in reducing anxiety. *Arch. Psychiatry Nurs.*, 1994, 8(3):184-189.

**Glancy, Graham, and Michael A. Saini.** An evidenced-based review of psychological treatments of anger and aggression. *Brief Treatment and Crisis Intervention*, 2005, 5(2):229-248. Author email: [graham.glancy@utoronto.ca](mailto:graham.glancy@utoronto.ca).

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.

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“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.”

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**Ivanhoe Newswire.** Alternative therapies becoming treatment of choice [for anxiety and depression]. 26 Feb 2001. URL: [www.ivanhoe.com](http://www.ivanhoe.com).

\_\_\_\_\_. Are you depressed? Alexandria, Va.: Ivanhoe Newswire, Dec 2001. URL: [www.ivanhoe.com](http://www.ivanhoe.com). For more information contact: Darlene Nipper, National Mental Health Association, 1021 Prince St., Alexandria, VA 22314-2971, 703-838-7547, [depression-screening.org](http://depression-screening.org).

“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>.”

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**Johnson, Don Hanlon.** *The Body in Psychotherapy: Inquiries in Somatic Psychology*. North Atlantic Books, 1998.

**Kerr, Tom.** Identifying depression: Can you tell when a patient is depressed? Neither can most primary care physicians! *ADVANCE for Occupational Therapy Practitioners*, 1 Oct 2001. Article available online: [http://www.advanceforot.com/pastarticles/oct1\\_01feature3.html](http://www.advanceforot.com/pastarticles/oct1_01feature3.html).

**La Forge, Ralph.** Exercise-associated mood alterations: Interactive neurobiologic mechanisms. *Medicine, Exercise, Nutrition and Health*, 1995, 4:17-32.

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.

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**McKaul, K. D., S. Solomon, and D. S. Holmes.** Effects of paced respiration and expectation on the physiological and psychological responses to threat. *Journal Pers. Soc. Psychology*, 1979, 37:564-571.

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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.

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**Paluska, S. A., and T. L. Schwenk.** Physical activity and mental health: Current concepts. *Sports Medicine*, Mar 2000, 29(3):167-180. Author email: scott.paluska@rexhealth.com. PMID: 10739267.

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.

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**Phillips, Adam.** *Equals*. New York: Basic Books, 2002.

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.”

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**Plante, Thomas G.** Could the perception of fitness account for many of the mental and physical health benefits of exercise? *Advances in Mind-Body Medicine*, Oct 1999, 15(4):291-295.

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**Reuters Health.** Alternative medicine first choice for depression [and anxiety]. 18 Mar 2001. Available online: <http://www.healthcentral.com/news/newsfulltext.cfm?ID=49953&src=n1>. (The two most popular treatments: relaxation techniques and spiritual healing.)

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

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**Rossiter-Thornton, J. F.** Prayer in psychotherapy. *Alternative Therapies Health Medicine*, Jan 2000, 6(1):128, 125-127.

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Abstract: Until recently, claims for the psychological benefits of physical exercise have tended to precede supportive evidence. Acutely, 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.

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**Steinberg, David.** Third eye meditation and the inner path. *Thoughtful Yogi Journal*, Apr 2004, 3.

“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 . . .”

**Stoodley, Janet L.** Make a move on your mind and body: More energy, less worry and better memory top list of workout benefits. *Chicago Tribune*, 21 Oct, 2001. Article available online: <http://www.ctnow.com/news/health/hc-hmagexercisebrain.artoct21.story>.

“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.”

**Tarko, Michel Andre.** A grounded theory study of the experience of spirituality among persons living with schizophrenia. Ph.D. dissertation. The University of British Columbia (Canada). *Dissertation Abstracts International*, Apr 2002, B 63/10, p. 4600. First 24 pages available online: <http://wwwlib.umi.com/dissertations/preview/NQ73252>. UMI # NQ73252.

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 anti-psychotic 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 powerlessness, isolation, rejection and alienation.

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**Tkachuk, G. A., and G. L. Martin.** Exercise therapy for patients with psychiatric disorders: Research and clinical implications. *Professional Psychology: Research and Practice*, 1999, 30:275-282.

**Tweeddale, P. M., I. Rowbottom, and G. J. McHardy.** Breathing retraining: Effect on anxiety and depression scores in behavioral breathlessness. *Journal of Psychosomatic Res.*, 1993, 38:11-21.

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**Walsh, Roger.** The consciousness disciplines and the behavioral sciences: Questions of comparison and assessment. *American Journal of Psychiatry*, 1980, 137:663-673.

**Welch, Claudia.** The secret potential of brahmamuhurta. *Namarupa*, Spring 2003, pp. 76-83.

“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 . . .”

**Westgate, C. E.** Spiritual wellness and depression. *Journal of Counseling and Development*, 1996, 75(1):26-36.

**Wilhelm, Frank H., Werner Trabert, and Walton T. Roth.** Physiological instability in panic disorder and generalized anxiety disorder. *Biological Psychiatry*, forthcoming. Abstract available online: <http://www-east.elsevier.com/bps/abstracts/5016abs.htm>.

**Wulff, D. M.** *Psychology of Religion: Classic and Contemporary Views*. New York: Wiley, 1991.

**Wulliemier, F.** *Psychology and Its Role in Spirituality*. Molena, Ga.: Shri Ram Chandra Mission, 1996.

**Young, J. C., C. S. Cashwell, and V. J. Woolington.** The relationship of spirituality to cognitive and moral development and purpose in life: An exploratory investigation. *Counseling and Values*, 1998, 43(1):63-70.

**Xu, S. H.** Psychophysiological reactions associated with qigong therapy. *Chinese Medical Journal* (English), Mar 1994, 107(3):230-233. PMID: 8088187.

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*, *âsanas*, 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  
rjdavids@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 way 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.

**Transformations of Mind, Brain and Emotion conference.** University of Wisconsin-Madison, May 21-22, 2001.

“. . . 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).*