

Yoga and Depression

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Last Revised: April 27, 2006

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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.

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.”

A dose of yoga may help combat depression. *The Toronto Star*, 20 Jul 2001. Article available online:
http://www.psychiatrymatters.md/index.asp?sec=mag_article&mag_id=341&article_id=381.

“Dr Ana Bodnar, a clinical psychologist and certified yoga teacher based in Toronto, Canada, believes that yoga may help in mild cases of stress or depression. According to Bodnar, breathing becomes distorted in depressed individuals and this can stimulate the nervous system, causing anxiety, depression, panic, stress or fear. ‘Certain aspects of yoga, such as physical postures and breathing exercises, are available in conjunction with therapy or antidepressants,’ she says. In cases of serious depression, however, ruminating on an overwhelming internal negativity without guidance may make people feel worse. In these cases, medication or cognitive therapy is the best idea, says Bodnar.

“Michael Stone, another Toronto psychotherapist and yoga teacher, recommends yoga to his clients. Stone believes that most physical ailments are connected to one’s state of mind. He says that in today’s hectic environment, many people don’t take time to listen to what’s going on in their minds and make sense of why they are angry, upset or depressed. If they do not deal with negative emotions, the energy builds up and manifests itself as physical symptoms, such as irritable bowel syndrome, chronic fatigue or more serious problems. ‘Yoga increases mindfulness and will slow things down. There’s no separation between the mind and the body. Everything that happens has a physical and psychological counterpart.’”

Adhyatmananda, Swami. Depression. In Swami Adhyatmananda, *Yoga and Health*. The Divine Life Society. Article available online: <http://www.divyajivan.org/yoga&health/depression.htm>.

Ambikananda Saraswati, Swami. Depression. In Swami Ambikananda, *Healing Yoga: A Guide to Integrating the Chakras with Your Yoga Practice*. New York: Marlowe & Co., 2001, pp. 132-133.

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

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

Atre, Jaya A. Meditation for certain ailments through a yantra. In H. R. Nagendra, R. Nagarathna, and S. Telles, *Yoga Research & Applications: Proceedings of the 5th International Conference on Frontiers in Yoga Research and Applications*. Bangalore, Vivekananda Kendra Yoga Research Foundation, 2000, pp. 289-290. (Helps to control “negative emotions like fear, anger, depression, worry, etc.”)

Austin, Miriam. Down in the dumps. In Miriam Austin, *Yoga for Wimps: Poses for the Flexibly Impaired*. New York: Sterling Publishing, 2000, pp. 70-71.

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

Barnes, Martina Glasscock. The meditation doctor: Depression. *Yoga & Health*, Aug 2004, pp. 13-14. Excerpted from Martina Glasscock Barnes, *The Meditation Doctor: A Practical Approach to Healing Common Ailments Through Meditation* (Collins & Brown, 2004).

Berg, William P. van den, and Bert Mulder. Psychological research on the effects of the Transcendental Meditation technique on a number of personality variables. In David W. Orme-Johnson and John T. Farrow, eds., *Scientific Research on the Transcendental Meditation Program: Collected Papers, Volume I*. West Germany: Maharishi European Research University Press Publication Number G917, 1976, 428-433.

Bhajan, Yogi. Brahm mudra meditation. In *Sadhana Guideline for Kundalini Yoga Daily Practice: Exercise & Meditation Manual*. Pomona/Berkeley, Calif.: Arline Publications for the Kundalini Research Institute, 1978, p. 106.

“Brahm mudra is good for . . . tremendous depression . . . It creates happiness on the spot where there is unhappiness.”

_____. Depression. In Alice Clagett and Elandra Kirsten Meredith, eds., *Yoga for Health and Healing: From the Teachings of Yogi Bhajan, Ph.D.*. Santa Monica, Calif.: Alice B. Clagett, 1994, p. 61.

Bhargava, Aruna. Help yourself. *Yoga International*, Nov./Dec. 1991, p. 59. (On low-level depression.)

Bhat, Vasanthi. Depression. In Vasanthi Bhat, *The Power of Conscious Breathing in Hatha Yoga*. San Jose, Calif.: Vasanthi Bhat, 1997, p. 220.

Bhole, M. V. Therapeutic applications of yoga techniques. Section 12: Psychological conditions. *Yoga-Mimamsa*, Oct.-Jan. 1984-85, XXIII(3 & 4):33.

_____. Viscero-emotional training and re-education through asanas. *Yoga Mimamsa* 1977-78, 19:1-3, 44-51.

Brown, Richard P., Patricia L. Gebarg, and Philip R. Muskin. Yogic breathing, Sudarshan Kriya for treatment of: Depression, anxiety, stress, PTSD, aggression, and violence. Excerpted from their Chapter 104: Complementary and Alternative Treatments in Psychiatry. In Allen Tasman, Jeffrey Lieberman, and Jerald Kay, eds. *Psychiatry*. 2d ed. London: Wiley & Sons, 2003, pp. 2171-2172.

Buhrman, Sarasvati. Leaving depression behind: The yogic way out. *Yoga International*, Feb/Mar 1998, pp. 26-33.

_____. What is the mind, how does it create depression, and what can we do about it? *Light on Ayurveda Journal*, Summer 2005, 3(4):13-16.

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

Busch, Colleen Morton. It's cool to be grounded [Teen Yoga Influences section]. *Yoga Journal*, Jul/Aug 2003, p. 99.

“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.’”

Campbell, Debra Elise, and Kathleen A. Moore. Yoga as a preventative and treatment for depression, anxiety, and stress. *International Journal of Yoga Therapy*, 2004, no. 14, pp. 53-58. Author email: decampbe@deakin.edu.au.

Abstract: With the dual aims of better understanding the contribution of Yoga to positive mental health and exploring links between yogic philosophy and psychological theory, researchers at Deakin University in Melbourne, Australia, conducted a study on Yoga as a preventative and treatment for symptoms of mental illness. The Yoga classes were designed as a six-week program incorporating breathing techniques (*prânâyâma*), exercises for strength, vitality, and flexibility (*âsanas*), guided relaxation (*yoga-nidrâ*), and meditation. The aim of this process was to enhance self-awareness, encourage the perspective that emotional states are somewhat transient, and encourage a self-accepting and calm attitude through concentrating on synchronizing gentle movements and breathing. By developing calmness, self-acceptance, a balanced perspective, and enhanced concentration it was hypothesized that participants in the six-week Yoga program would strengthen their resistance to emotional distress. Psychometric testing was carried out to assess symptoms of stress, anxiety, and depression across three groups: regular Yoga practitioners, beginners entering the program, and people who did not practice Yoga, and these

tests were re-administered after six weeks. In addition, a strong sense of intrinsic spiritual experience has been cited as a possible buffer to stress, anxiety, and depression and has been associated with decreased frequency of medical symptoms. All participants were therefore also assessed on their sense of intrinsic spirituality, but not on religious beliefs. At the end of six weeks, the Yoga beginners group showed lower average levels of symptoms of depression, anxiety, and stress than at commencement, but levels were stable for regular Yoga practitioners and people who did not practice Yoga. In addition, beginners showed growth in their self-reported level of intrinsic spiritual experience.

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

Carr, S. Meditation: Meditation and medication in a personal tale of clinical depression. *Perspectives in Biology and Medicine*, Autumn 1999, 43(1):98-102.

Carrington, Patricia. Depression and meditation. In Patricia Carrington, *Freedom in Meditation*. New York: Anchor Press/Doubleday, 1977, pp. 253-255.

Chitalia, Arun S. Yoga and depression. *Yoga and Total Health*, August 1996, pp. 22-23.

Chodon, Yeshe. My bed of nails. 1999. Article available online: <http://www.soultospirit.com/traditions/columnists/chodon/buddhism/buddhism10.asp>.

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Chödrön, Pema. *Discipline and Depression* audiotope. Portage, Mich.: Great Path Tapes and Books.

_____. *The Lion's Roar* audiotope. Portage, Mich.: Great Path Tapes and Books.

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

_____. *When Things Fall Apart* 12/98 audiotope. (Not the book of the same title.) Portage, Mich.: Great Path Tapes and Books.

“Contains guidance on working with depression.”

Christensen, Alice. Depression. In Alice Christensen, *The American Yoga Association's Easy Does It® Yoga: A Complete Fitness Program for Those Challenged by Age, Illness, Injury, or Inactivity*. New York: Simon & Schuster, 1999, pp. 17, 21-22, 33, 51, 53, 57-60, 70, 76, 83-84, 104-105, 147, 159, 161, 166.

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_____. Breathing and mood changes. In Alice Christensen, *The American Yoga Association Beginner's Manual*. New York: Simon & Schuster, 1987, pp. 139-140.

Clyne, Maureen. *Walking through Fire: Transformation through Yoga and Depression*. Forthcoming.

Coulter, David. Self-preservation: The role of flexion reflexes. *Yoga International*, Nov./Dec. 1994, pp. 67-71.

Cunningham, M. Mala. Yoga and Psychotherapy workshop. Buckingham, Va.: Yogaville, 2000.

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

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

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

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

DeBerry, S. The effects of meditation-relaxation on anxiety and depression in geriatric population. *Psychotherapy Theory, Research and Practice*, 1982, 19(4): 512-521.

_____, **S. Davis, and K. E. Reinhard.** A comparison of meditation-relaxation and cognitive/behavioral techniques for reducing anxiety and depression in a geriatric population. *Journal of Geriatric Psychiatry*, 1989, 22(2): 231-247.

Devi, S. K. *Biochemical Studies of Kundalini Yoga in Health and Disease*. Doctoral dissertation, Banares Hindu University, Varanasi, India, 1986. (Includes depression.)

Devi, Swaha. Angry? Sad? Yoga can change your mood. *Yoga Journal*, Sep/Oct 1999, pp. 49-57.

deVicente, Monjo Pedro. Role of yoga therapy in anxiety, neurosis and depression. *Yoga-Mimamsa*, 1987-1988, 26(3&4):1-14.

Dhyansky, Yan. Yoga for the elderly. *The Journal of The International Association of Yoga Therapists*, 1993, no. 4, pp. 18-20.

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

Easwaran, Eknath. Excitement and depression. *Yoga International*, Jul/Aug 1994, pp. 20-25.

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

Elkins, G., M. H. Rajab, and J. Marcus. Complementary and alternative medicine use by psychiatric inpatients. *Psychological Reports*, Feb 2005; 96(1):163-166. Author email: gelkins@swmail.sw.org.

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

Epstein, Mark, M.D. Sitting with depression: Depressed people think they know themselves, but maybe they only know depression. *Yoga Journal*, Sep/Oct 2000, pp. 133-135. Article available online: http://www.yogajournal.com/meditation/137_1.cfm.

Ergenbright, Erin. How to solve the depression puzzle. *YOGANorthwest*, Winter 2002, pp. 14-15, 26-27.

Fabbro, F., A. Muzur, R. Bellen, R. Calacione, and A. Bava. Effects of praying and a working memory task in participants trained in meditation and controls on the occurrence of spontaneous thoughts. *Perceptual and Motor Skills*, Jun 1999, 88(3 Pt 1):765-770. MEDLINE® PMID: 0010407883.

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

Farhi, Donna. Depression. In Donna Farhi, *The Breathing Book*. New York: Henry Holt & Co., 1996, pp. 213-214.

Fehr, Theo. Study of personality changes resulting from the Transcendental Meditation program: Freiburger Personality Inventory. In David W. Orme-Johnson and John T. Farrow, eds., *Scientific Research on the Transcendental Meditation Program: Collected Papers, Volume I*. West Germany: Maharishi European Research University Press Publication Number G917, 1976, pp. 420-424.

_____. A longitudinal study of the effect of the Transcendental Meditation program on changes in personality. In David W. Orme-Johnson and John T. Farrow, eds., *Scientific Research on the Transcendental Meditation Program: Collected Papers, Volume I*. West Germany: Maharishi European Research University Press Publication Number G917, 1976, pp. 476-483.

Ferguson, P., and J. C. Gowan. Psychological findings on Transcendental Meditation. In David W. Orme-Johnson and John T. Farrow, eds., *Scientific Research on the Transcendental Meditation Program: Collected Papers, Volume I*. West Germany: Maharishi European Research University Press Publication Number G917, 1976, pp. 484-488.

_____. The influence of TM on anxiety, depression, aggression, neuroticism, and self-actualization. Paper presented at California State Psychological Association Conference, Fresno, California, 1974.

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

Fowler, Paul. Turning their world upside down: Yoga with teens suffering from depression. *YOGAChicago*, Nov-Dec 2002, pp. 17-18, 35.

Fox, Kenneth R. The influence of physical activity on mental well-being. *Public Health Nutrition*, 1999, 2(3a):411-418.

French, A. P., et al. Transcendental Meditation, altered reality testing, and behavioral change. *Journal New and Ment. Disease*, 1975, 161(1):55-58.

Summary: A report on a 38-year-old woman who experienced increased mental and creative energy the first weeks after she began to meditate. Then she began, outside of the meditations, to experience strong fantasies combined with euphoria. Was interviewed by the author, who from the interview and some psychological tests, concluded that her euphoria and exaggerated happy, cheerful optimism also covered a freeing of unconscious material in the form of depression, which then manifested itself openly . . . After some months the depression wore off. The author points out that it is necessary to understand the character of possible psychosis-like regressions evoked through meditation. Instead of just categorizing such releases in the mind as sickness, they suggest a more differentiated consideration and treatment.

Gach, Michael Reed, with Carolyn Marco. Depression. In Michael Reed Gach with Carolyn Marco, *Acu-Yoga: The Acupressure Stress Management Book*. Tokyo: Japan Publications, 1981, pp. 117-118, 151-156.

Gangadhar, B. N., N. Janakiramaiah, B. Sudarshan, and K. T. Shety. Stress-related biochemical effects of Sudarshan Kriya Yoga in depressed patients. National Institute of Mental Health and Neurosciences of India (NIMHANS), 2000. Paper presented at the Conference on Biological Psychiatry, May 2000. Abstract available online at <http://www.artofliving.org/r-depression.html>.

Garza, Janiss. Can yoga banish the blues? Article available online: <http://yoga.about.com/library/weekly/aa031501a.htm>.

Gormley, J. J. Private lessons in depression practices. Sun & Moon Yoga Studios, Arlington, Virginia.

Gudmestad, Julie. Break out of your slump: Yoga can help prevent slouching—and the depression, shallow breathing, tension, and headaches that often go with it. *Yoga Journal*, 2001. Article available online: http://www.yogajournal.com/practice/615_1.cfm.

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

Huber, Cherie. *The Depression Book: Depression as an Opportunity for Spiritual Growth.* Rev. ed. Keep It Simple Books, 1999. URL: <http://www.thezencenter.org/depression.html>

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

Hurt, Peter. Yoga can help depression. Charles Darwin University press release, 17 Jun 2005.

"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."

Integrated Movement Therapy, Intensive Certification Training. The Samarya Center, Seattle, Washington. URL: 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.”

Iyengar, B. K. S. Depression. In B. K. S. Iyengar, *Yoga: The Path to Holistic Health*. London/New York: Dorling Kindersley, 2001, pp. 345-347.

Iyengar, Geeta. Asanas for depression. *Yoga: A Gem for Women*. New Delhi, India: Allied Publishers, 1983, pp. 120-127, 161-175, 215-224.

Jain, Kalpana. Sudarshan Kriya can help treat depression. *The Times of India*, Health/Science, 21 Mar 2002.

“Presenting the results at a recently concluded international symposium, organised by the All-India Institute of Medical Sciences in association with the Times Foundation, additional professor of psychiatry BN Gangadhar said the results of this exercise compare favourably with imipramine, an established anti-depressant drug. Sudarshan Kriya is part of the stress management package offered by the Art of Living Foundation . . .

“Dr Gangadhar, who carried out these studies systematically, with different groups of patients, using different techniques, reached the same conclusion in all: The exercises lead to certain neurophysiological changes which helps cure depression.”

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):

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.

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 . . .”

Kabat-Zinn, J., A. Massion, J. Kristeller, et al. Effectiveness of a meditation-based stress reduction program in the treatment of anxiety disorders. *American Journal of Psychiatry*, 1992, 149(7): 936-943.

Kalonick, Jill. Yogi bringing the inner wisdom of her book to Montgomery. *The Princeton Packet*, 1 Jun 2004. Article available online:
<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. ‘got a brochure in the mail for Kripalu Center in Massachusetts,’ she says. ‘here was no literature at the time about it. I decided to go, and I loved the yoga. There was an immediate feel-good effect, I felt really connected.’

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

Khumar, S. S., P. Kaur, and S. Kaur. Effectiveness of Shavasana on depression among university students. *Indian Journal of Clinical Psychology*, 1993, 20(2):82-87.

Abstract: Examined the effectiveness of Shavasana (a type of yoga exercise) as a therapeutic technique to alleviate depression. 50 female university students were diagnosed with severe depression; 25 were subjected to 30 sessions of Shavasana, and 25 served as controls. Results reveal that (1) Shavasana was an effective technique for alleviating depression and (2) continuation of the treatment for a longer period resulted in a significantly increased positive change in the Ss.

Kiran, Usha. Integrated approach of yoga therapy for diabetes, obesity, constipation, insomnia, paralysis, and depression. Vivekananda Kendra Yoga Research Foundation, 1991.

Kraftsow, Gary. Depression; Working with chronic depression; A practice for chronic depression. In Gary Kraftsow, *Yoga for Wellness: Healing with the Timeless Teachings of Viniyoga*. New York: Penquin/Arkana, 1999, pp. 316; 316-317; 318-323.

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

Lazarus, A. A. Psychiatric problems precipitated by Transcendental Meditation. *Psychol. Rep.*, 1976, 39(2):601-602.

Summary: The author's introduction states as a fact that in the majority of situations meditation will be without doubt a great help to counteract stress, tensions, and anxiety. But he raises the alarm against the evangelistic and absolute tone that Transcendental Meditation asserts in their propaganda. Some people in some situations will more or less have no help. The author also points out clinical experiences with problems following the use of TM. People with hysterical tendencies and deep depression can receive great pleasure from meditation but must be under psychiatric guidance.

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

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

There were three groups of 15 subjects: 1) the Cognitive group was treated according to Beck 1979; 2) the Attentional Training group was taught a breathing and counting technique with the instruction to take a passive attitude to intruding thoughts and to return to the next number or word in the meditation sequence. This was practiced 2x/day for 15-20 minutes and for 6 mini [1 minute] sessions daily; 3) the Waiting list group. The 2 treatment groups had 6 weekly 45 minute sessions and a 2 month follow up where gains were maintained or improved in both treatment groups. The measures used were 1) Beck Depression Inventory, a minimum score of 16 was needed for inclusion with 19-27 being moderate to severe depression; 2) Spielberger State and Trait Anxiety Inventory; 3) Beck Anxiety Inventory; 4) Attentional capacity [Clarke, J.C.

unpublished]. In this test the subject is given a pen and paper in a quiet room and asked to imagine an apple and focus their attention on it. Whenever any intrusion interrupts the focused attention the subject draws a tick and returns their concentration to the apple. The more ticks the more intrusions and the less attentional capacity. Nothing is said about restructuring or challenging the intrusive thoughts. Subjects are told to let them drift past and return attention to the apple.

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

Lowen, Alexander, M.D. *Depression and the Body: The Biological Basis of Faith and Reality*. Baltimore, Md.: Penguin Books, 1972.

Maestre, Theodore, and Paul Copeland. Depression: Why yoga may help. *Yoga Journal*, May/June 1976, pp. 17, 36.

Martin, Philip. *The Zen Path through Depression*. New York: HarperCollins, 1999.

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

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

Markendorf, Karla Erin. Yoga for depression, bi-polar disorder, and addiction. A research report prepared for the Yoga East Teacher Training Program. 2001.

Mason, O., and I. Hargreaves. A qualitative study of mindfulness-based cognitive therapy for depression. *British Journal Med Psychol*, Jun 2001, 74(Pt 2):197-212. PMID: 11802836.

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

McCall, Timothy. Padmasana on Prozac? Taking an antidepressant doesn't mean you are any less of a yogi. *Yoga Journal*, Dec 2003, p. 26.

Media Mill News Release. Vietnam vets research to test yoga's effect on depression. Severnlea, Queensland, Australia: Media Mill, 2002.

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

Meditation and visualization techniques for people suffering from depression. *The Journal for Tibetan Buddhist Psychology and Medicine*, Summer 1989, p. 12.

Mehta, Silva, Mira Mehta, and Shyam Mehta. Depression. In Mira Silva and Shyam Mehta, *Yoga: The Iyengar Way*. New York: Alfred A. Knopf, 1992, p. 185.

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

Miller, John J., Ken Fletcher, and Jon Kabat-Zinn. Three-year follow-up and clinical implications of a mindfulness meditation-based stress reduction intervention in the treatment of anxiety disorders. *General Hospital Psychiatry*, 1995, 17:192-200. Reprinted in *International Journal of Yoga Therapy* 1998, 8:45-53.

Summary: In a previous study, twenty subjects demonstrated significant reductions in Hamilton and Beck Anxiety and Depression scores post-intervention and at 3-month follow-up. In this three-year follow-up, repeated measures analysis showed maintenance of the gains obtained in the original study on the Hamilton and Beck anxiety scales as well as on their respective depression scales. Ongoing compliance with the meditation practice was also demonstrated in the majority of subjects at 3 years. Authors conclude that an intensive but time-limited group stress reduction intervention based on mindfulness meditation can have long-term beneficial effects in the treatment of people diagnosed with anxiety disorders.

Moon, Susan. I want to tell you about coming apart. *Shambhala Sun*, Nov 2001, pp. 40-45.

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

Muktananda Saraswati, Swami. Depression. In Swami Muktananda Saraswati under the guidance of Swami Satyananda Saraswati, *Nawa Yogini Tantra*. Munger, Bihar, India: The Bihar School of Yoga, 1977, 1998, pp. 115-131.

Murthy, P. J., B. N. Gangadhar, N. Janakiramaiah, and D. K. Subhkrishna. Normalization of P300 amplitude following treatment in dysthymia [using Sudarshan Kriya and related practices]. *Biological Psychiatry*, 1997, 42:740-743. Abstract available online at <http://www.artofliving.org/r-depression.html>.

_____, **N. Janakiramaiah, et al.** P300 amplitude and antidepressant response to Sudarshan Kriya Yoga. *Journal of Affective Disorders*, 1998, 50:45-48. Abstract available online at <http://www.artofliving.org/r-depression.html>.

Monro, Robin, R. Nagarathna, and H. R. Nagendra. Depression. In Robin Monro, R. Nagarathna, and H. R. Nagendra, *Yoga for Common Ailments*. New York/London: Simon & Schuster, 1990, p. 86.

Naga Venkatesha Murthy, P. J., N. Janakiramaiah, B. N. Gangadhar, and D. K. Subbakrishna. P300 amplitude and antidepressant response to Sudarshan Kriya Yoga (SKY). *Journal of Affective Disorders*, July 1998, 50(1): 45-48.

Nalini. Integrated approach of yoga therapy for back pain, myopia, depression, and hypertension. Vivekananda Kendra Yoga Research Foundation, 1991.

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

Oak, J. P., and M. V. Bhole. Therapy based on yogic principles and techniques: Neurotic depression and inguinal hernia. *Yoga-Mimamsa*, 1988, 27(1&2):75-85.

Orth, Deborah K. Clinical treatments of depression. *Dissertation Abstracts International*, 1980, 40:6154A.

Abstract: In general there was more improvement seen in subjects assigned to the meditation, jogging, or self-chosen activity treatment than self-monitoring treatment.

Payne, Larry, and Richard Usatine. Mental health: Anxiety and depression. In Larry Payne and Richard Usatine, *Yoga Rx: A Step-by-Step Program to Promote Health, Wellness, and Healing for Common Ailments*. New York: Broadway Books, 2002, pp. 232-248.

Phelan, Nancy, and Michael Volin. Depression. *Yoga for Women*. New York: Harper & Row, 1963, pp. 73-74.

Pitta, P., et al. Cognitive stimulus control programme for obesity with emphasis on anxiety and depression reduction. *Int J Obes*, 1980, 4:227ff.

Powers, Lisa. *Yoga for Emotional Healing* videotape. 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 . . . ”

Rama, Swami, Rudolph Ballentine, M.D., and Swami Ajaya. Chapter 5: Psychosis to mysticism: Journey to the Self. In Swami Rama, Rudolph Ballentine, M.D., and Swami Ajaya, *Yoga and Psychotherapy: The Evolution of Consciousness*. Glenview, Ill.: Himalayan Institute, 1976, pp. 174-178.

Ranade, Prof. Dr. Subhash, and Dr. Mrs. Sunanda Ranade. Depression. In Prof. Dr. Subhash Ranade and Dr. Mrs. Sunanda Ranade, *Ayurveda and Yoga Therapy*. Pune, India: Anmol Prakashan, 1995, pp. 42-43.

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

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Roberts, Avril. Pranayama for the mentally ill. *Yoga & Health*, Aug 2004, pp. 8-10.

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

Rosen, Richard. Sequences for your teaching. *My Yoga Mentor*, Jul 2004, no. 7. Article available online: http://www.yogajournal.com/teacher/1288_1.cfm.

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

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

Ryckman, Lisa. Help from within: Yoga journey to the center of yourself relieves ‘stuck grief.’ *Rocky Mountain News*, 16 Mar 2004. Article available online: http://www.yogafordpression.com/help_from_within.htm.

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

Satyananda Saraswati, Swami. [Recommends *vajrasana* and *shashankasana* for nervous depression]. *Yoga*, Jan 1977, pp. 16-17.

_____. Psychodynamics; Therapeutic principles. In Swami Satyananda Saraswati, *Surya Namaskara: A Technique of Solar Vitalization*. 3d ed. Bihar, India: Bihar School of Yoga, 1996, pp. 49-52; 57-63.

“ . . . surya namaskara’s role in mental health is far greater than most people suspect and in certain conditions . . . it is one of the most useful and powerful tools the yoga therapist has at his[her] 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.” (Swami Satyananda recommends surya namaskara for depression.)

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Segal, Zindel V., J Mark G. Williams, and John D. Teasdale. *Mindfulness-Based Cognitive Therapy for Depression: A New Approach to Preventing Relapse*. New York: Guilford Press, 2002.

Sequeira, H. Depression and Yoga. *Yoga and Total Health*, Jun 2002, 40(11):10-11.

Shah, J. T. Mental depression. In J. T. Shah, *Therapeutic Yoga*. Mumbai, India: Vakils, Feffer and Simons Ltd., 1999, pp. 10-11, 60-63.

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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.

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

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Stark, John. Change your posture, change your mood. *Yoga Journal*, Jul/Aug 2002, pp. 78-85, 162.

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

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Sudarsan, B., N. Janakiramiah, K. T. T. Shetty, B. N. Gangadhar, Vedamuthachar, and D. K. Subbakrishna. Effect of Sudarshan Kriya Yoga (SKY) on plasma cortisol. *Indian Journal of Psychiatry*, Apr 2001, 43.

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

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Teasdale, J. D., Segal, Z., and J. M. Williams. How does cognitive therapy prevent depressive relapse and why should attentional control (mindfulness) training help? *Behaviour Research and Therapy*, 1995, 33:25-39. PMID: 7872934.

Abstract: There is encouraging evidence that structured psychological treatments for depression, in particular cognitive therapy, can reduce subsequent relapse after the period of initial treatment has been completed. However, there is a continuing need for prophylactic psychological approaches that can be administered to recovered patients in euthymic mood. An information-processing analysis of depressive maintenance and relapse is used to define the requirements for effective prevention, and to propose mechanisms through which cognitive therapy achieves its prophylactic effects. This analysis suggests that similar effects can be achieved using techniques of stress-reduction based on the skills of attentional control taught in mindfulness meditation. An information-processing analysis is presented of mindfulness and mindlessness, and of their relevance to preventing depressive relapse. This analysis provides the basis for the development of Attentional Control Training, a new approach to preventing relapse that integrates features of cognitive therapy and mindfulness training and is applicable to recovered depressed patients.

Valerie, A., and M. V. Bhole. Yoga therapy of depressive syndromes: Some reflections. *Yoga-Mimamsa*, 1990, 29(3): 43-49.

Van Houten, Peter. *Overcoming Anxiety and Depression: A Wholistic Approach* video. Nevada City, Calif.: Crystal Clarity Publishers, 2002. 60 minutes.

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Voelker, Lakshmi. [Mudras for depression]. Available online: http://www.vicus.com/news_views/print_story/1,1213,10003,00.html.

Walden, Patricia. Asanas to relieve depression. *Yoga Journal*, Nov/Dec 1999, pp.45-49. Article available online: http://www.yogadancer.com/Pages/A_Depress.html.

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Wangchen, Geshe Namgyal. *Awakening the Mind: Basic Buddhist Meditations*. Somerville, Mass.: Wisdom Publications, 2001.

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

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

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

_____. *Yoga for Depression: A Compassionate Guide to Relieve Suffering through Yoga*. New York: Broadway Books, 2004. Author's email: amy@amyweintraub.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 bell—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: 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 received 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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Of Related Interest

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.

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"... Patricia Murphy, Ph.D., an assistant professor at Rush-Presbyterian St. Luke's Medical Center in Chicago studied more than 200 patients diagnosed with clinical depression.

"Murphy says, 'The people who were more strongly religious were less depressed than the other folks.'

"Patients filled out questionnaires about their religious beliefs and were given a series of tests to determine their level of depression. Dr. Murphy found religious beliefs account for 16 percent of all factors that help offset hopelessness.

"To our surprise, how frequently they prayed didn't seem to make a difference. It was more their level of belief,' says Murphy . . ."

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"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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From a report on this study by Ivanhoe Newswire (“Depression affects immunity,” www.ivanhoe.com, 18 Feb 2002): “In a new study, researchers compared 78 participants. Some suffered from chronic depression and others did not. Researchers looked at their ability to generate enough white blood cells to fight off an infectious agent. Those with depression had lower lymphocyte-T cell responses to two mitogens and the older the person was, the poorer the immune response was to the mitogens. The mitogens were models showing how the body would respond to viruses and bacteria.

“Lead study author Lynanne McGuire, Ph.D., of John Hopkins School of Medicine, says the results suggest ‘depressive symptoms can exacerbate and accelerate the immunological declines that typically accompany aging.’”

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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The Quantum Healing, Yoga and Meditation Center; Delray Beach, Florida, 561-272-3733.

From a press release: "The center has had many successful cases of helping clients overcome their anxiety and depression while drastically reducing or completely eliminating all anti-depressant drugs."

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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Salmon, P. Effects of physical exercise on anxiety, depression, and sensitivity to stress: A unifying theory. *Clinical Psychological Review*, Feb 2001, 21(1):33-61. PMID: 11148895. Author email: psalmon@liv.ac.uk.

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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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.

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

Ongoing Research

Michael Anderson

Australia

asport@bigpond.com

Michael Anderson is a psychologist working predominantly in pain management and depression. He began research for his master's thesis in 1998 looking at Buddhist approaches to mental illness, with the focus being depression, bipolar disorder, and schizophrenia.

Janice Carter, M.D.

Brisbane, Australia

janiscarter@onaustralia.com.au

Dr. Carter is a psychiatrist doing research on the effectiveness of Yoga as an adjunctive treatment for depression in Vietnam veterans with PTSD. She also is studying Yoga's effects on insomnia in the same population. Contacted IAYT 8/24/02.

Cara Jolson

cazjols@hotmail.com

Conducting research on the benefits of Yoga for depression and anxiety for her master's degree in psychology. Her study will include three groups to which subjects will be randomly assigned. The first group will complete a six-week course in Yoga (to be completed at the Gold Coast Yoga Center). The second group will undergo Cognitive Behavior Therapy. The third group will undergo pharmacotherapy under the guidance of a psychiatrist. Contacted IAYT 10/1/02.

Molly Kenny and Carey DeMartini

The Samarya Center for Integrated Movement Therapy and Ashtanga Yoga

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Studying the effects of chanting on depression and respiratory capacity.

Ramesh Manocha, M.D., director

Meditation Research Program

Royal Hospital for Women, Sydney, Australia

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.

David Shapiro, Ph.D.

Professor Emeritus

UCLA Department of Psychiatry and Biobehavioral Sciences,
at the David Geffen School of Medicine, UCLA

Director, Psychophysiology Laboratory

dshapiro@ucla.edu

Conducting research on Yoga's effects on depression beginning in April 2004. Has completed a pilot study on the effects of standing postures, forward bends, and back bends on mood, and their relative efficacy depending on participants' initial level of hostility, anxiety, etc. Contacted IAYT 03/02.