

# Yoga and Addiction

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## **International Association of Yoga Therapists**

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NOTE: Abstracts for some of the articles cited are available online via the Medline database, <http://www.ncbi.nlm.nih.gov/entrez/query.fcgi>.

**Achyutananda, Sannyasi, and Sannyasi Indradeva.** Addiction workshop. *Yoga* (Sivananda Math), Jan 2001, 12(1):22-27.

**Addiction recovery with Yoga.** *Spectrum: The Wholistic News Magazine*, 4 Oct 1997, p. 16.

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

**Alexander, Charles N., P. Robinson, and M. Rainforth.** Treating and preventing alcohol, nicotine, and drug abuse through Transcendental Meditation: A review and statistical meta-analysis. *Alcoholism Treatment Quarterly*, 1994, 11(1/2):13-87.

**Alexander, William.** *Cool Water: Alcoholism, Mindfulness, and Ordinary Recovery*. Boston, Mass.: Shambhala Publications, 1997.

From the publisher: "The key to ongoing freedom from alcoholism or any other kind of addiction is right before us, here and now, in the ordinary and perfect present moment. The problem is that addictions are often the result of our efforts to escape living in the present in the first place. Bill Alexander's unique approach uses mindfulness, story, and meditation to help alcoholics and others learn to come back to the moment and to find healing there."

**Anderson, D. J.** Transcendental Meditation as an alternative to heroin abuse in servicemen. *American Journal of Psychiatry*, 1977, 134(11):1308-1309.

**Anonymous.** Just say om (letter to the editor). *Yoga Journal*, Sep/Oct 2002, p. 14.

On the author's gaining control over addiction to alcohol, cocaine, and food through Yoga and meditation.

**Apostolides, Marianne.** Special report: The addiction revolution: Old habits get new choices: How to quit the holistic way. *Psychology Today*, 1 Sep 1996, 29(5):32.

"By treating mind and body with approaches like acupuncture, yoga, and massage, people are achieving the inner balance necessary to let go of their bad habits."

**Aron, A., and E. N. Aron.** The Transcendental Meditation program's effect on addictive behavior. *Addictive Behaviors*, 1980, 5(1):3-12.

**Ash, Mel.** The Zen of recovery. *Yoga Journal*, Jul/Aug 1994, pp. 24-34.

"In both Zen and 12 steps, we let go of self in order to reclaim our real self." The author is a recovered alcoholic and the author of the book *The Zen of Recovery*, Los Angeles: Jeremy P. Tarcher/Perigee, 1993.

**Badiner, Allan Hunt, ed.** *Zig Zag Zen: Buddhism and Psychedelics*. San Francisco: Chronicle Books, 2002.

**Bates, Charles.** The addiction process; Addiction: The yoga parallel. In Charles Bates, *Ransoming the Mind: An Integration of Yoga and Modern Therapy*. St. Paul, Minn.: YES International, Publishers, 1986, pp. 31-47; 49-69.

**Beinhorn, George.** Escape from the crank dungeon: A work in progress. URL: <http://www.oceansofenergy.com/Escape.htm>.

**Bell, Baxter.** Answers the question: “Can yoga alleviate nicotine fits?” *Yoga Journal*. Article available online: [http://www.yogajournal.com/practice/973\\_1.cfm?ctsrc=nlv99](http://www.yogajournal.com/practice/973_1.cfm?ctsrc=nlv99).

**Benson, Herbert.** Decreased alcohol intake associated with the practice of meditation: A retrospective investigation. *Annals of the New York Academy of Science*, 15Apr 1974, 233:174-177.

Abstract: A wakeful, hypometabolic state accompanies the practice of a relaxational, meditation technique called Transcendental Meditation. This state is characterized by decreased oxygen consumption, carbon dioxide elimination, respiratory rate and minute ventilation, with no change in respiratory quotient. Arterial blood pH and base excess decrease slightly while arterial blood lactate markedly decreases. Systolic, diastolic, and mean arterial blood pressures remain unchanged. The electroencephalogram shows an increase in intensity of slow alpha waves and occasional theta wave activity. These physiologic changes differ from those occurring during sleep and are hypothesized to represent activation of an integrated hypothalamic response, which is associated with decreased sympathetic nervous system activity. A previously reported retrospective investigation noted decreased drug abuse and alcoholic intake associated with the practice of meditation. A portion of these same data are again reported.

\_\_\_\_\_. Yoga for drug abuse and Transcendental Meditation [letter to the editor]. *New England Journal of Medicine*, 1969, 281(20):1133.

\_\_\_\_\_, **M. M. Greenwood, and H. A. B. Klemchuk.** The relaxation response: Psychophysiological aspects and clinical applications. *Int J. Psychiatry Med*, 1975, 6(1/2):97-98. (Includes discussion of drug abuse, alcoholism, and smoking.)

\_\_\_\_\_, **and R. Keith Wallace, with the technical assistance of Eric C. Dahl and Donald F. Cooke.** Decreased drug abuse with Transcendental Meditation—a study of 1,862 subjects. In Chris J. D. Zarafonitis, ed., *Drug Abuse: Proceedings of the International Conference*. Philadelphia, Pa.: Lea and Febiger, 1972, pp. 369-376. Also in D. H. Shapiro, and R. N. Walsh, eds., *Meditation: Classic and Contemporary Perspectives*. New York: Aldine Publishing, 1984, pp. 97-104. (marijuana, LSD, heroin, amphetamines, and barbiturates)

**Bhajan, Yogi.** Maha agni pranayama. In *Sadhana Guideline for Kundalini Yoga Daily Practice: Exercise & Meditation Manual*. Pomona/Berkeley, Calif.: Arline Publications for the Kundalini Research Institute, 1978, p. 100.

“This meditation can totally reorganize the brain secretions . . . The head motion puts a pressure on the brain ducts to recirculate the spinal fluid into the blood stream. The circulation in the spinal fluid and meridians is often blocked at the base of the neck. This is particularly true of those who have used drug like marijuana.”

\_\_\_\_\_. Medical meditation for habituation. In *Sadhana Guideline for Kundalini Yoga Daily Practice: Exercise & Meditation Manual*. Pomona/Berkeley, Calif.: Arline Publications for the Kundalini Research Institute, 1978, p. 102.

“The pressure exerted by the thumbs [in this meditation] triggers a rhythmic reflex current into the central brain. This current activates the brain area directly underneath the stem of the pineal gland. It is an imbalance in this area that makes mental and physical addictions seemingly unbreakable . . . The imbalance in this pineal area upsets the radiance of the pineal gland itself. It is this pulsating radiance that regulates the pituitary gland. Since the pituitary regulates the rest of the glandular system, the entire body and mind go out of balance. This meditation corrects the problem. It is excellent for everyone but particularly effective for rehabilitation efforts in drug dependence, mental illness, and phobic conditions.”

\_\_\_\_\_. Tapa yog karam kriya. In *Sadhana Guideline for Kundalini Yoga Daily Practice: Exercise & Meditation Manual*. Pomona/Berkeley, Calif.: Arline Publications for the Kundalini Research Institute, 1978, p. 103.

“This kriya develops willpower and gives the capacity to understand the elements of your personality.”

\_\_\_\_\_. Addiction; Cocaine habit; Drug damage to nerves; Heroin convulsions; Marijuana brain. In Alice Clagett and Elandra Kirsten Meredith, eds., *Yoga for Health and Healing: From the Teachings of Yogi Bhajan*. Santa Monica, Calif.: Alice Clagett, 1994, pp. 46, 59, 63, 74, 82.

**Bhat, Vasanthi.** Drug addiction. In Vasanthi Bhat, *The Power of Conscious Breathing in Hatha Yoga*. San Jose, Calif.: Vasanthi Bhat, 1997, p. 221.

**Bien, Thomas, and Beverly Bien.** *Mindful Recovery: A Spiritual Path to Healing from Addiction*. New York: John Wiley & Sons, 2002.

**A bit of spirituality to water down spirits.** *Indian Express*, 18 Jul 2002

“Can spiritual intervention bring about miracles which government officials can’t? The state government is trying to find out. Having failed in its endeavour to reduce addiction to liquor and tobacco-related products through its various programmes, the Prohibition Department of the Maharashtra government has now turned to spirituality. The minister concerned, Dr Dashrath Bhande, has directed the district collectors to seek the help of kirtankars and provachankars (those who deliver spiritual discourses through sermons or songs) to popularise de-addiction throughout the state. These de-addiction ambassadors will be given numerous benefits including free travel by the state transport buses for the said purpose. In addition, their efforts will be lauded through block, district and state-level annual awards which includes a citation and Rs 10,000 in cash. The minister has already presented the state-level Vesanmukti Seva Puraskar (De-addiction Seva Award) early this week to well known provachankars Gagangiri Maharaj, Baba Maharaj Satarkar, Pundalik Maharaj Bhosale and Satyapal Maharaj Chincolikar. All of them deliver early morning discourses on television’s popular channels.”

**Bodhi, Bhikkhu.** A discipline of sobriety. *Buddhist Publication Society Newsletter*, 1997, no. #36. Article available online: <http://www.accesstoinight.org/lib/bps/news/essay36.html>.

Abstract: A reminder that the five precepts—the most elementary guidelines of moral conduct offered by the Buddha—enjoin us not merely from drinking alcohol to excess, but from drinking

any amount of alcohol. Clarity of mind and moral judgment are fundamental to the practice of Dhamma; alcohol easily undermines both.

**Booth, J., and J. E. Martin.** Spiritual and religious factors in substance use, dependence, and recovery. In H. G. Koenig, ed., *Handbook of religion and Mental Health*. San Diego: Academic Press, 1998.

**Bräutigam, Eva.** Effects of the Transcendental Meditation program on drug abusers: A prospective study. In David W. Orme-Johnson and John T. Farrow, eds., *Scientific Research on the Transcendental Meditation Program: Collected Paper, Volume I*. Switzerland: Maharishi European Research University Press, 1976, pp. 506-514.

The use of hashish decreased significantly, while self-acceptance, psychological stability, and ability to make positive adjustments increased significantly.

**Browne, G. E., D. Fougée, A. Roxburgh, J. Bird, and H. D. Lovell-Smith.** Improved mental and physical health and decreased use of prescribed and non-prescribed drugs through the Transcendental Meditation program. Age of Enlightenment Medical Council, Christchurch, New Zealand; Heylen Research Centre, Auckland, New Zealand; and Dunedin Hospital, Dunedin, New Zealand, 1983. *Collected Papers* v3.247.

Findings: Improvements in physical and mental health correlated with duration and regularity of practice of the Transcendental Meditation technique. Decreased use of alcohol. Decreased use of cigarettes. Decreased drug abuse. Decreased need for anti-hypertensives, drugs for heart disease, sleep medications, tranquilisers, anti-depressants, anti-asthmatics, anti-histamines, analgesics, and drugs for hypertension, asthma, and heart disease.

**Buddhist 12 Steps.** URL: <http://www.buddhist12steps.com/>.

**Burges, Laura.** Meditation and Recovery: A Half-Day Retreat. The San Francisco Zen Center. URL: [www.sfzc.org](http://www.sfzc.org).

“This half-day retreat is designed for men and women who are actively involved in a 12-step program. In the privacy of the yurt at Green Gulch, we will explore the ways in which Buddhist teachings can support us in our daily lives. Meditation instruction and opportunities for sitting and walking meditation will be provided, and we will close with a 12-step meeting.”

**Calajoe, Anne.** Yoga as a therapeutic component in treating chemical dependency. *Alcoholism Treatment Quarterly*, Winter 1986, 3(4):33-46.

Abstract: The purpose of this article is to examine the parallel in yoga, addiction, and the therapeutic process. Chemical dependency is a self-destructive process that weakens and unbalances the individual physically, emotionally, and spiritually. Yoga is a three-fold process that can rebuild these aspects of self, serving to counteract further progression of the disease. Yoga and meditation can be effective in helping the patient regain his/her vital center of energy, satisfaction and stability while making positive changes in their lives. Emphasis is placed on how the application of yoga in conjunction with treatment can accelerate the rehabilitative process.

Includes case histories.

**Carrington, P.** Combating addiction; Why is meditation anti-addictive? In Patricia Carrington, *Freedom in Meditation*. New York: Anchor Press/Doubleday, 1977, pp. 197-200; 200-204.

\_\_\_\_\_, and **H. S. Ephron.** Clinical use of meditation. *Curr Psychiatric Ther*, 1975, 15:101-108. (Includes drug abuse.)

**Carter, [first name unknown].** [Title of article unknown.] *Journal of Psychiatric and Mental Health Nursing*, Oct 1998, 5(5):409-413.

Abstract: Twelve-step programs have stressed the importance of spiritual practices for over four decades. The spiritual principles embodied in the twelve-step programs may be key in their success of recovering addicts/alcoholics with an overall recovery rate of 34%. A literature search revealed little available data on spiritual principles and practices and their effects on long-term recovery from substance abuse. This study compared two groups of recovering addicts, those with one year of recovery and those with less than one year and a history of relapse. Spiritual practices were measured using a five-point Likert scale questionnaire. The results of the study indicated a relationship between spiritual practices and long-term recovery from substance abuse.

**Cernovsky, Zdenek.** Es scale level and correlates of MMPI elevation: Alcohol abuse vs. MMPI scores in treated alcoholics. *Journal of Clinical Psychology*, Nov 1984, 40(6):1502-1509.

Examined the impact of MMPI Ego Strength (Es) level on the size of Pearson correlation coefficients computed between scores for post-treatment alcohol use and MMPI scores on standard and research scales and indices in 54 alcoholics (aged 22-64 yrs). Subjects completed a 4-wk inpatient treatment program that used psychotherapy, education, exercise, yoga, and relaxation training.

**Chauhan, S. K. S.** Role of yogic exercises in the withdrawal symptoms of drug-addicts. *Yoga-Mimamsa*, 1991, 30(4):21-23.

**Chödrön, Pema.** *On Not Scratching the Wound* audiotope. Portage, Mich.: Great Path Tapes and Books.

“Contains helpful guidance on overcoming addictions of all kinds.”

\_\_\_\_\_. How to work with addictions. Transcript. Portage, Mich.: Great Path Tapes and Books. (Complementary to the audiotope *On Not Scratching the Wound*.)

\_\_\_\_\_. *On Becoming More Flexible* audiotope. Portage, Mich.: Great Path Tapes and Books. 110 minutes.

“Inspiring summary of much of Pema’s teaching. In questions and answers, there is guidance on working with addictions.”

\_\_\_\_\_. *Thinking as an Addiction: So, You Feel Funny Labeling Thoughts?* Audiotope. Portage, Mich.: Great Path Tapes and Books.

**Chodron, Venerable Thubten.** Leading ourselves out of addiction. Article available online: [http://www.thubtenchodron.org/Prison\\_Dharma/Leading\\_Ourselves\\_Out\\_of\\_Addiction.html](http://www.thubtenchodron.org/Prison_Dharma/Leading_Ourselves_Out_of_Addiction.html).

“Ven. Chodron was asked to speak to both the counselors and the clients of a drug rehab center. In preparation, she asked one of the incarcerated men with whom she corresponds to describe his experience of getting clean. The personal experience of someone who has gone through it sheds more light on the situation than years of theory. The following is extracted from what he wrote . . .”

**Christensen, Alice.** [20-minute workout for] substance abuse recovery. In Alice Christensen, *20-Minute Yoga Workouts*. New York: Ballentine Books, 1995, pp. 127-128.

\_\_\_\_\_. Addiction. In Alice Christensen, *The American Yoga Association Wellness Book*. New York: Kensington Books, 1996, pp. 32-40.

\_\_\_\_\_. Substance abuse recovery. In Alice Christensen, *The American Yoga Association's Easy Does It® Yoga*. New York: Simon & Schuster, 1999, pp. 35-36.

**Clements, G., L. Krenner, and W. Molk.** The use of the Transcendental Meditation program in the prevention of drug abuse and in the treatment of drug-addicted persons. *Bulletin on Narcotics*, 1988, 40(1):51-56.

**Cohen, Bernard B.** A combined approach using meditation-hypnosis and behavioral techniques in the treatment of smoking behavior: Case studies of five stressed patients. *International Journal of Psychosomatics*, 1984, 31(1):33-39.

#### ***Cool Waters.***

Integrates Buddhism and the 12-steps approach.

**Crews, Nick.** Taking it to the streets: Yoga center brings therapeutic approach to inner-city. *Yoga for Everybody*, Jul 2004, pp. 18-19.

On Nikki Myers's CITYYOGA Center for Yoga and Health in Indianapolis, Indiana, which offers a Yoga for Recovery classes to individuals in 12-step recovery programs (Myers is a recovering former substance abuser herself). For more information, see [www.cityyoga.biz](http://www.cityyoga.biz).

**Cunningham, Annalisa.** *Stretch and Surrender: A Guide to Yoga, Health and Relaxation for People in Recovery*. 2d ed. Portland, Oregon: Rudra Press, 1992. Reviewed by Donna Martin in *The Journal of The International Association of Yoga Therapists*, 1993, no. 4, pp. 50-51. (On Yoga and 12-step programs.)

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

**Dana, Gail.** Warrior spirit: Michael Harris' journey from self destruction to self inquiry. *YOGANorthwest*, Winter 2002, pp. 21-23.

On Bikram Yoga teacher Michael Harris's recovery from alcohol addiction with the help of Yoga.

**Datey, K. K., M. L. Gharote, and Soli Pavri.** Yoga as a remedy for addictions. In K. K. Datey, M. L. Gharote, and Soli Pavri, *Yoga and Your Heart*. Mumbai, India: Jaico Publishing House, 1983, pp. 73-78.

**Dealing with our addictions.** A special section exploring the complex connection between spirituality and addictive behavior. *Yoga Journal*, Nov/Dec 1988, pp. 43-55, 101-103, 112. See also follow-up letters to the editor in the Mar/Apr 1989 issue, pp. 6-8.

**Delmonte, M. M.** Meditation as a clinical intervention strategy: A brief review. *International Journal of Psychosomatics*, 1986, 33(3):9-12. (Includes discussion of meditation and chemical dependency.)

**Delmonte, M. M., and V. Kenny.** Conceptual models and functions of meditation in psychotherapy. *Journal of Contemporary Psychotherapy*, 1987, 17(1):38-59. (Includes discussion of meditation and chemical dependency.)

\_\_\_\_\_. An overview of the therapeutic effects of meditation. *Psychologia*, 1985, 28(4):189-202.

**Desai, Amrit.** *A Yogic Perspective on the 12 Steps* audiotape. 1994.

**Deshpande, Haima.** A bit of spirituality to water down spirits. *The Indian Express*, 10 Jul 2002. Article available online: [http://www.indian-express.com/full\\_story.php?content\\_id=5743](http://www.indian-express.com/full_story.php?content_id=5743).

“Having failed in its endeavour to reduce addiction to liquor and tobacco-related products through its various programmes, the Prohibition Department of the Maharashtra government has now turned to spirituality.

“The minister concerned, Dr Dashrath Bhande, has directed the district collectors to seek the help of *kirtankars* and *provachankars* (those who deliver spiritual discourses through sermons or songs) to popularise de-addiction throughout the state. These de-addiction ambassadors will be given numerous benefits including free travel by the state transport buses for the said purpose.

...

“‘Today, all forms of addiction in the state stand at an estimated 70 per cent. This is extremely alarming. After due thought I feel that state policy, however strict, will not help. Only spirituality will,’ admitted the minister.”

**Doss, W.** Non-pharmacological approaches to the treatment of drug abuse. *Am J Clin Med*, 1975, 3(3):235-44.

**Drug addiction and therapy: A Vipassana perspective.** Maharashtra, India: Vipassana Research Institute. Available for purchase online at: <http://www.vri.dhamma.org/publications/publist.html>.

**European Yoga Fellowship.** Yoga and addiction. Available online: <http://www.eyf-eu.org/enYogAndAddic.htm>.

**Farhi, Donna.** Quitting smoking. In Donna Farhi, *The Breathing Book*. New York: Henry Holt & Co., 1996, pp. 226-227.

**Feuerstein, Georg.** The twelve steps [to] spiritual recovery. *Prabuddha Bharata*, Nov 1993, 98:513-515. Also available online: <http://www.yrec.org/12steps.html>.

**Fortner, Marisha, and Denise Sachs.** Addiction [Integrative Yoga Therapy approach]. *Spirit of Healing Yoga Therapy Journal*. Article available online: <http://www.iytyogatherapy.com>.

**Galanter, M.** The intoxication state of consciousness: A model for alcoholism and drug abuse. *Am J Psychiatry*, 1976, 133(6):634-640. (Includes discussion of meditation and drug abuse, and meditation and alcoholism.)

**Ganguli, H. C.** Meditation subculture and drug use. *Human Relations*, 1985, 38(10):953-962.

**Garde, R. K.** Drug toxicosis. In R. K. Garde, *Principles and Practice of Yoga-Therapy*. Bombay, India: D. B. Taraporevala Sons & Co., 1972, 1984, p. 69.

**Gatehouse.** 145 W. Wickenburg Way, Wickenburg, Arizona 85390, 877-684-7028, email: [generalinfo@getcleanandsober.com](mailto:generalinfo@getcleanandsober.com), URL: <http://www.strugglingyoungadults.com/index.html>.

Margaret Konopacki is responsible for the development of the Yoga program at Gatehouse and is in the process of developing a “12-step” Yoga system to be offered exclusively to Gatehouse residents. Gatehouse is a residential treatment center for young adults.

**Gelderloos, Paul, Kenneth G. Walton, David W. Orme-Johnson, and Charles N. Alexander.** Effectiveness of the Transcendental Meditation program in preventing and treating substance misuse: A review. *International Journal of the Addictions*, 1991, 26(3):293-325. PMID: 1889927.

Abstract: This article reviews 24 studies on the benefits of Transcendental Meditation (TM) in treating and preventing misuses of chemical substances. Studies cover noninstitutionalized users, participants in treatment programs, and prisoners with histories of heavy use. All the studies showed positive effects of the TM program. Some of the survey-type studies were unable to exclude the possibility of self-selection or responder biases. However, longitudinal, random-assignment studies with objective measures also showed positive results. Taken together, these and other studies indicate the program simultaneously addresses several factors underlying chemical dependence, providing not only immediate relief from distress but also long-range improvements in well-being, self-esteem, personal empowerment, and other areas of psychophysiological health.

**Ghista, D. N., D. Nandagopal, B. Ramamurti, A. Das, A. Mukherji, and T. M. Srinivasan.** Physiological characterisation of the meditative state: Intuitional practice and its therapeutic value. *Med. Biol. Eng.*, 1976, pp. 209-213. (Discusses smoking.)

**Gilbert, G. S., J. C. Parker, and C. D. Claiborn.** Differential mood changes in alcoholics as a function of anxiety management strategies. *J Clin Psychol*, 1978, 34(11):229-232.

**Girodo, M.** Yoga meditation and flooding in the treatment of anxiety neurosis. *Journal of Behavior Therapy and Experimental Psychiatry*, 1974, 5(2):157-160.

Yoga meditation was found to be beneficial for patients with a short history of illness, and flooding was effective for those with a long history.

**Gitananda, Swami.** Smoking yogis, beware! Pranayama increases the dangers of cigarettes. *Hinduism Today*, Jul – Sep 2002, p. 66.

**Goenka, S. N.** Freedom from addiction. Article available online:  
<http://www.vri.dhamma.org/newsletters/nl9901.html>.

**Goldberg, L. S., and G. Meltzer.** Arrow-dot scores of drug addicts selecting general or yoga therapy. *Perceptual Motor Skills*, June 1975, 40(3):726.

Recent studies had suggested that drug addicts are receptive to relaxation and meditation techniques as therapeutic modalities. They further suggested that Yoga therapy might alleviate psychosomatic disorders. As a previous investigation had shown that articular treatment modalities may be selected by certain personality types, it was considered valuable to specify further the selection of varying treatments in relations to personality attributes. Addicts therefore selected either a Yoga therapy program (10 subjects) or a general therapy programs (12 subjects). Significant differences were expected between groups on the Arrow-Dot Test and differences in number of requests for detoxification by 22 subjects at a private methadone clinic. The Yoga therapy approach consisted of relaxation techniques, yoga exercises, and mantra chanting. The general therapy approach focused on re-evaluation of personal and interpersonal goals.

Analysis by one-way analysis of variance showed no significant differences between groups. Thus the hypothesis that differing personalities may select particular treatments was not supported. However, although almost perfect attendance for 6 months in both groups suggested a high motivational level for all subjects, requests for detoxification came from 50% of the subjects in the Yoga group but only 16.6% of the subjects in the general therapy group. Requests for detox may therefore indicate selecting Yoga therapy to be associated with greater motivation toward rehabilitation.

**Govea, Boomer.** One man's cure. *Yoga Journal*, Dec 2002, p. 28.

On smoker and Yoga teacher Adele Copeland's "Yoga for Smokers" classes. For more information, call 503-391-0567.

"Copeland believes that her positive attitude toward her habit negates whatever damage smoking does to her body . . . Though none of Copeland's students have given up smoking altogether, they have all cut back, lost weight, and increased their lung capacity through practicing breathing exercises and meditation."

**Goyeche, J.** Yoga as prevention and therapy for drug abuse. *Yoga Journal*, 1976, 3(4).

**Grady, M.** All washed up. *Yoga International*, Mar/Apr 1996, pp. 67-71.

**Green, L., M. Fullilove, and R. Fullilove.** Stories of spiritual awakening: The nature of spirituality in recovery. *Journal of Substance Abuse Treatment*, 1998, 15(4):325-331.

**Green, Surya.** The monks and the addicts. *Yoga Today*, Mar 1982, 6(11):10-15.

"Can a therapy concocted of herbal medicine and spiritual practice cure hard-line drug addiction? A monk in Thailand has been doing just that for 20 years with an extraordinary 70 per cent success rate."

**Griffin, Kevin.** *One Breath at a Time: Buddhism and the Twelve Steps*. Rodale Press, 2004. See prepublication excerpts at: <http://www.kevingriffin.net/>.

The author “investigates sobriety and mindfulness as complementary practices. The method of sobriety is the 12 Steps of Alcoholics Anonymous; the methods of mindfulness are the techniques of the Vipassana tradition in which Griffin trained.”

**Hammersle, R., and [first initial unknown] Cregan.** Drug addiction and Vipassana meditation. *A Reader: International Seminar, Vipassana Research Institute*, 1986, 211-214.

**Hammond, Holly.** Recovery in Russia. *Yoga Journal*, May/Jun 1991, p. 18.

Brief article about a Soviet physician planning to open a drug and alcohol treatment center in Russia using Yoga and the 12-Steps Alcoholics Anonymous program.

**Harmony Place.** Malibu, California. URL: <http://www.harmonyplace.net>.

Harmony Place is housed on an 8-acre country estate atop a green hilltop in Malibu just steps from the Pacific Ocean. “The secluded and idyllic grounds connect clients to the spirituality of nature and help heal the soul. The facility operates 24 hours a day, 7 days a week with an expert team of dedicated professionals fully licensed and certified by the State of California, Department of Alcohol and Drug Program. Programs at Harmony Place include: Intervention, Clinical Program, 12-step program, Dual Diagnosis, Detoxification, Group Therapy, Family Therapy, Individual Therapy, Equine Assisted Psychotherapy, Yoga, Art Therapy, Relapse Prevention, Spirituality and After Care/Alumni.”

**Hartog, Mike.** Backyard rituals. *Yoga* (Sivananda Math), Nov 2000, 11(6):39-46. Article available online: <http://www.yogamag.net/archives/2000/6nov00/backyard.shtml>.

“The title has two meanings: living in a big city I had to create a backyard of my own in my little apartment. The second meaning is more psychological and spiritual: I had to clean my karma. After twelve years of drug abuse I had to change my life and start all over again . . .”

**Harvey, John.** Help Yourself column: Answers the question “I am struggling to overcome an addiction problem. Can things like relaxation and meditation really help me?” *Dawn*, 9(1):28-29.

**Hathaway, Harmon.** Drug addiction. Available online at the American Yoga Foundation website: <http://alignment.org/drugs.htm>.

**Hatha yoga for illicit drug use.** This study received a grant from the National Institutes of Health (NIH) in 1994. Please contact NIH for further information.

**Heroin addicts get yoga lessons [in the U.K.].** *This Is London*, 30 May 2002. Article available online: [http://www.thisislondon.co.uk/dynamic/news/story.html?in\\_review\\_id=599586&in](http://www.thisislondon.co.uk/dynamic/news/story.html?in_review_id=599586&in). Summarized by Hindu Press International, 14 Jun 2002: “Jailed heroin addicts are being taught yoga and acupuncture as part of a unique rehabilitation program. Many who commit crimes to support drug habits are being given the holistic sessions to relieve stress and wean them off their addictions. Prisoners being rehabilitated back into the community and convicted criminals on probation are taking part in this trial program currently offered in Leicestershire and Rutland. Assistant chief officer of Leicestershire and Rutland Probation Service, Paul Hindson, said the program has proven a great success so far. He said: ‘I have not come across any other schemes in

the country that have the range of interventions that we have. A drug user comes with a multitude of problems and we have a multitude of ways to deal with those problems. Some things we do are standard process across the country, like group sessions and developing life skills. But we also have a number of alternative methods like yoga and acupuncture.”

**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.”

**Ishananda Saraswati, Swami.** Yogic intervention in rehabilitation communities for drug addicts. *Yoga* (Sivananda Math), Jan 2001, 12(1):10-21.

**Iyengar, B. K. S.** Alcoholism; Drug addiction. In B. K. S. Iyengar, *Yoga: The Path to Holistic Health*. London/New York: Dorling Kindersley, 2001, pp. 347-348; 353-355.

**Jackson, C. W.** The use of progressive relaxation in the treatment of the problem drinker. *Dissertation Abstracts International*, 1975, 36:6-11.

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

“Another researcher at this institute, Dr A Vedamurthachar, found this exercise proving effective at the de-addiction unit as well. The 30 alcoholics, who agreed to participate in the study, were found to have reduced levels of depression and anxiety, he said.”

**Jewell, H. A.** The effects of meditation and progressive relaxation upon heroin addicts during methadone-aided detoxification. *Dissertation Abstracts International*, 1984, 454(1-B):354.

**Johnsen, Linda.** On yoga, off drugs. *Yoga International*, Mar 2002, no. 64, pp. 74-79.

**Kapur, P.** *Proceedings of the National Workshop on the Role of Indian Systems of Medicine in the Treatment of Drug Addicts*. Government of India, Ministry of Welfare, 1989.

\_\_\_\_\_. Yoga, family therapy and Indian systems of medicine as effective strategies in the prevention and treatment of alcohol and drug abuse. In *Report from the 36<sup>th</sup> International Congress on Alcohol and Drug Dependence*. Vol 1. Glasgow, pp. 180-188.

**Katz, David.** Decreased drug use and prevention of drug use through the Transcendental Meditation program. In David W. Orme-Johnson and John T. Farrow, eds., *Scientific Research on the Transcendental Meditation Program: Collected Paper, Volume I*. Switzerland: Maharishi European Research University Press, 1976, pp. 536-543.

This prospective study of high school and college students found that the use of marijuana, hashish, wine and beer, and “hard liquor” decreased significantly in subjects practicing the Transcendental Meditation technique and decreased more in those regularly practicing.

**Kaul, H. Kumar.** *Yoga and Drug Addiction*. Delhi: B. R. Publishing Corp. (a division of D. K. Publishers Distributors), 1993.

**Kaye, Gloria.** Yoga and drug addiction. *Bulletin of the Yoga Research Centre*, Winter 1980, no. 4, pp. 49-54.

“Several individuals in the study stand out in my mind. Once couple who had been patients at a methadone clinic requested to be de-toxified from the drug during the time that they were taking Yoga classes. They felt that their taking the classes was directly related to their desire to stop using methadone. This couple attended all classes that were offered and both of them became gainfully employed following their detoxification from methadone.

“Another subject was so amazed by his sudden release from chronic headaches that he expressed himself in such a way as to imply that he had indeed experienced a miracle . . . this subject remained free of headaches by continued practice of relaxation techniques and exercises for reducing neck tension.

“Another patient managed to stop smoking and he attributed this to the Yoga classes. He found that the breathing exercises were very helpful to him when he was undergoing his withdrawal from nicotine. He also felt that his ability to stop smoking was directly related to his experience with Yoga. Several women who had gained weight as a result of methadone found that they began to lose weight with the practice of Yoga . . .”

\_\_\_\_\_. Yoga can help the ex-heroin addict ease off of methadone. *Yoga Journal*, 1982, 3(4).

**Kennedy, C., and A. K. Broome.** Yoga and anxiety. *Nursing Times*, 25 Oct 1979, 75(43):1836-1837.

**Kimbrough, John C.** Self-medicating vs. self-empowering. Available in the IAYT library.

**Klajner, Felix, Lorne M. Harman, and Mark B. Sobell.** Treatment of substance abuse by relaxation training: A review of its rationale, efficacy and mechanisms. *Addictive Behaviors*, 1984, 9:41-55.

Abstract: The efficacy of relaxation training as a treatment for alcohol and drug abuse is reviewed, and directions for future research derived. Such use of relaxation procedures, notably progressive muscular relaxation and meditation, has been widespread and is premised on the assumptions that substance abuse is causally linked to anxiety and that anxiety can be reduced by relaxation training. However, the evidence suggests that such precipitating anxiety is limited to interpersonal-stress situations involving diminished perceived personal control over the stressor, and that alcohol and other drugs are often consumed for their euphoric rather than tranquilizing effects. Consequently, the empirical support for the effectiveness of relaxation training as a treatment for substance abuse in general is equivocal. As well, the existing outcome studies suffer from numerous methodological and conceptual inadequacies. In cases of demonstrated effectiveness, increased perceived control is a more plausible explanation than is decreased anxiety.

**Kludt, Bhavani, and Vani Kalechman.** Overcoming Addictions with Yoga workshop. Vani (Leslie) Kalechman email: leslie@embracing-wellness.com.

**Kocher, H. C.** Introverted extraverted practitioners of yoga and their scores on neuroticism, anxiety, and general hostility. *Yoga-Mimamsa*, 1972, 15(4): 69-74.

\_\_\_\_\_. Yoga practices as a variable in neuroticism, anxiety and hostility. *Yoga-Mimamsa*, 1972, 15(4):37-46.

**Kominars, K. D.** A study of visualization and addiction treatment. *Journal of Substance Abuse Treatment*, May-Jun 1997, 14(3):213-223.

As reviewed by Belleruth Naparsek in the 17 September issue of *Health Journeys Newsletter*: “When psycho-educational groups were compared to groups that taught progressive relaxation and visualization in an outpatient chemical dependency treatment program, both interventions showed similar improvement on the 76 subjects in the study. Both groups met for 6 one-hour sessions over the space of 3 weeks.

“Pre- and posttest instruments used to compare levels of emotional arousal, self-efficacy, and coping resources were State-Trait Anxiety Inventory (STAI), the Situational Confidence Questionnaire (SCQ), and the Coping Resources Inventory (CRI)

“T-tests revealed that there were significant pretest/posttest improvements ( $p < .05$ ) for both groups on almost all the dependent measures. However, there were impressive differences among those subjects who achieved greater degrees of relaxation and increased involvement in the imagery session.

“The researcher concludes that although there has been little empirical research to evaluate the effectiveness of psycho-education treatment provided by chemical dependency treatment programs, the findings support that psycho-education treatment and relaxation/imagery training produce positive treatment effects; and that it appears that combining the two interventions may yield even stronger results, with perhaps imagery being the intervention of choice in some cases.”

**Kremer, David, Marjorie J. Malkin, and John J. Benschoff.** Physical activity programs offered in substance abuse treatment facilities. *Journal of Substance Abuse Treatment*, Sep-Oct 1995, 12(5):327-333.

Investigated the types of physical activity programs (PAPs) offered in substance abuse treatment facilities . . . PAPs, such as bowling, adventure, and relaxation/yoga, were also offered by a few facilities.

**Lavasa, S.** Role of yoga therapy in chemical dependency states. *36<sup>th</sup> International Congress on Alcohol and Drug Dependence*, Vol. I. Glasgow, Scotland, 16-21, 8.1992, pp. 189-196.

**Lazar, Zoe, Lawrence Farwell, and John T. Farrow.** The effects of the Transcendental Meditation program on anxiety, drug abuse, cigarette smoking, and alcohol consumption. In David W. Orme-Johnson and John T. Farrow, eds., *Scientific Research on the Transcendental Meditation Program: Collected Paper, Volume I*. Switzerland: Maharishi European Research University Press, 1976, pp. 524-535.

A marked reduction in anxiety and drug use was measured in subjects after they began the practice of the Transcendental Meditation technique, and the effect was cumulative over time.

**Lefton, Judith K.** Yoga therapy for addictions. *Yoga Journal*, Mar/Apr 1989, pp. 25-30.

About 3HO's program.

**Lester, Sherri Ziff.** Frank White. *SpaFinder Magazine*. Available online: [http://208.226.13.105/htdocs/magazine\\_f\\_frank.html](http://208.226.13.105/htdocs/magazine_f_frank.html). (On 80-year-old dynamic Yoga teacher Frank White, who is a former alcoholic.)

**Lohman, Richard.** Yoga techniques applicable within drug and alcohol rehabilitation programmes. *Therapeutic Communities*, 1999, 20(1):61-72.

Abstract: Research literature on the use of yoga within substance misuse treatment is reviewed with the data containing empirical evidence of outcome, descriptions of practice and valued reason. A general overview of yoga is given followed by a closer look at four different treatment settings. Specific yoga techniques used within the detoxification and rehabilitation process are presented together with an examination of breath control, relaxation and meditation, postures, diet and chanting. Results strongly suggest that yoga produces positive motivational change towards rehabilitation by people currently misusing substances and is a quick, effective and cost efficient method of detoxification. Reports that yoga used in conjunction with counseling and group work acts as a catalyst in the healing process are supported.

**Maliszewski, M.** Need for stimulation: Its relationship to interest in and the practice of Transcendental Meditation technique. *Dissertation Abstracts International*, 1978, 38(8-B):3932-3933.

**Manheimer, E., B. J. Anderson, and M. D. Stein.** Use and assessment of complementary and alternative therapies by intravenous drug users. *American Journal of Drug and Alcohol Abuse*, May 2003, 29(2):401-413. PMID: 12765213. Author email: emanheimer@compmed.umm.edu.

Abstract: Intravenous drug users often have many health conditions in addition to their drug addiction, yet may be isolated from conventional sources of care. They have never before been examined for their use of complementary and alternative medicine (CAM) therapies. Our purpose was to study the prevalence and predictors of CAM use among persons with a history of intravenous drug use through a cross-sectional survey of intravenous drug users examining their utilization of health services, including CAM therapies. A total of 548 persons with a history of intravenous drug use, recruited from a needle-exchange program and a methadone maintenance clinic, both in Providence, Rhode Island, participated. Overall prevalence of any CAM use in the past 6 months, frequency of use of individual named CAM therapies and domains, and demographic and clinical characteristics associated with CAM users, reasons for CAM use and self-perceived effectiveness of CAM were also measured. Of the 548 participants, 45% reported use of at least one CAM therapy. The top three therapies—religious healing, relaxation techniques, and meditation—were all from the mind-body domain. Having a higher education and lower self-rated health were the two strongest predictors of CAM use, followed by having a regular doctor or clinic, being white and younger. There was a high level of self-perceived effectiveness of CAM therapies (4.1 on a scale of 1-5), and CAM users were likely to use CAM for reasons related to their addiction.

**Marcus, J. B.** Transcendental Meditation: A new method of reducing drug abuse. *Drug Forum*, 1974, 3(2):113-136.

Argues that the release of stress and tension in the nervous system and the physical and mental well-being produced thereby are apparently responsible for the very encouraging reduction in drug abuse among meditators.

**Marlatt, C. Alan, Robert R. Pagano, Richard M. Rose, and Janice K. Marques.** Effects of meditation and relaxation training upon alcohol use in male social drinkers. In D. Shapiro and R. N. Walsh, eds., *Meditation: Classic and Contemporary Perspectives*. New York: Aldine, 1984, pp. 105-120.

**Marx, Ina.** Yoga and smoking. In Ina Marx, *Yoga and Common Sense*. Indianapolis and New York: The Bobbs-Merrill Co., 1970, pp. 116-122.

“To the compulsive smoker Yoga offers a way to stop . . . Yoga can succeed where other methods have failed, because it is an effective substitute for smoking . . . Giving up smoking permanently can only work when the person is ready to accept freedom from nicotine joyfully instead of dejectedly. That is why the substitute for smoking must prove satisfying and represent purpose. Yoga is that kind of substitute . . . Yoga will train your body and mind to want to stop smoking. When you begin Yoga breathing exercises, you will be bringing more air into your lungs than they have known for years . . . with the increased supply of oxygen in the system, the desire to smoke is killed . . . The other exercises, too, will begin to have their effect on your body, providing you with a new sense of physical well-being that you won’t want to decrease by smoking. Gradually our body will begin to reject cigarettes . . .”

**Mascershans, Lawrence.** From darkness to light. *Yoga Rahasya*, 1995, 2(3):26-27. (On his experience with drug addiction recovery and Yoga.)

**Matheson, C. M.** Exercise and meditation as a lifestyle intervention for addictive behaviors. *Dissertation Abstracts International*, 1982, 42(12-B):4935.

**McLanahan, Amrita Sandra, and Jyothi Jody Forman.** Overcoming addictions, Integral Health Series workshop, Yogaville, Buckingham, Virginia.

**Meltzer, Gloria.** Yoga as treatment for drug addiction. *Yoga Journal*, Mar/Apr 1977, 3(4).

**Migdow, Jeff, M.D.** Yoga and detoxification. *Kripalu Yoga Teachers Association Yoga Bulletin*, Fall 1999, p. 9.

**Miller, D. Patrick.** The case of the missing body. *Yoga Journal*, Jan/Feb 1995, pp. 72-77. (On Yoga and the 12-step program.)

**Miller, J. J., K. Fletcher, and J. Kabat-Zinn.** Three-year follow-up and clinical implications of a mindfulness meditation-based stress reduction intervention in the treatment of anxiety disorders. *Gen Hosp Psychiatry*, May 1995, 17(3):192-200.

Repeated measures analysis showed maintenance of the gains obtained in the original study.

**Miller, Martin.** The road from hell to nirvana. *Los Angeles Times*, 8 Sep 1997, Health section, p. 9.

About Frank White, who attributes his recovery from alcoholism to Yoga and Alcoholics Anonymous, and who now teaches Yoga.

**Mishra, J. P. N.** Drug addiction. In J. P. N. Mishra, *Preksha Yoga Management for Common Ailments*. New Delhi, India: B. Jain Publishers, 1999, pp. 219-220.

**Monahan, R. J.** Secondary prevention of drug dependence through the Transcendental Meditation program in metropolitan Philadelphia. *Int J Addictions*, 1977, 12(6):729-754.

**Monro, Robin, R. Nagarathna, and H. R. Nagendra.** Addiction. In Robin Monro, R. Nagarathna, and H. R. Nagendra, *Yoga for Common Ailments*. New York/London: Simon & Schuster, 1990, p. 87.

**More, Blake.** Kundalini: A prescription for mental healing. *Yoga Journal*, Sep/Oct 1996, p. 28.

About Sadhu Singh Khalsa's Alcohol Drug and Education Program (ADEP) for patients with dual diagnosis.

**Morton, Colleen.** Talking shop with Ana Forrest. *Yoga Journal*, Mar/Apr 2001. Article available online: [http://www.yogajournal.com/views/329\\_1.cfm?ctsrc=nlv99](http://www.yogajournal.com/views/329_1.cfm?ctsrc=nlv99).

“Once plagued with painful personal challenges including bulimia, drugs, alcohol, and tobacco, Forrest now teaches yoga as an integrated practice and sacred personal path.”

**Murphy, Michael, and Steven Donovan.** Sections on anxiety; psychotherapy and addiction; and addiction and chemical dependency. *The Physical and Psychological Effects of Meditation: A Review of Contemporary Research with a Comprehensive Bibliography 1931-1996*. Sausalito, Calif.: Institute of Noetic Sciences, 1997, pp. 102-130. (Reviews [abstracts] dozens of studies on the above topics and provides citations for dozens more.)

**Murphy, T. J., R. R. Pagano, and G. A. Marlatt.** Lifestyle modification with heavy alcohol drinkers: Effects of aerobic exercise and meditation. *Addictive Behavior*, 1986, 11(2):175-186.

**Nebelkopf, Ethan.** Holistic methods in drug abuse treatment. In Stanley Einstein, ed., *Drug and Alcohol Use: Issues and Factors*. New York/London: Plenum Press, 1989, pp. 189-202.

The purpose of this paper is to survey and evaluate some of the newer holistic methods in regard to the treatment of the drug addict/user and alcoholic: herbs; acupuncture; nutritional therapy; megavitamins; bodywork; yoga; biofeedback.

**Nespor, Karel.** The combination of psychiatric treatment and yoga. *International Journal of Psychosomatics*, 1985, 32(2):24-27.

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

\_\_\_\_\_. Treatment needs of alcohol-dependent women. *International Journal of Psychosomatics*, 1990, 37(1-4):50-52. (The in-patient program . . . includes relaxation training, yoga . . .)

\_\_\_\_\_. Yoga and relaxation in the prevention and treatment of alcohol- and drug-related problems. Presented at the International Institute on Prevention and Treatment of Alcoholism and Drug Dependency, June 5-10, 1994, Prague, Czech Republic.

\_\_\_\_\_. Yoga in addictive disorders—practical experience. Yoga and Addictions Conference, Paiana, Greece, 24-24 Mar, 2000. *Yoga (Sivananda Math)*, Nov 2000, 11(6):30-38. Article available online: <http://www.yogamag.net/archives/2000/6nov00/yogadds.shtml>.

\_\_\_\_\_. Yoga and coping with harmful addictions (part 1). *Yoga (Sivananda Math)*, Sep-Oct 2001, 12(5):39-47.

Contents: What is substance dependence?, Craving (Practice for: overcoming negative thoughts, seetkari and sheetali pranayama), Impaired self-control (Practice for: self-awareness, physical self-control, counteracting negative emotions, antar mouna, increased self-confidence and self-esteem, acceptance of things which cannot be changed, surrender), Withdrawal (Practice for: yogic relaxation), Increased tolerance (Practice for: naikan, thankfulness meditation), Progressive neglect of alternative pleasures or interests (Practice for: Your favorite yogic exercise)

\_\_\_\_\_. Yoga and coping with harmful addiction (part 2). *Yoga (Sivananda Math)*, Nov-Dec 2001, 12(6):38-47.

Contents: Persisting with substance abuse despite clear evidence of harmful consequences (Practice for: predicting consequences, yama and niyama, techniques of self-care, metta [loving kindness meditation]), Yoga for the relatives of addicted people and therapists, Conclusion, Appendix (substance dependence, diagnostic guidelines, metta, upekkha, examples of yoga lessons for addicted people)

\_\_\_\_\_, and **L. Csemy**. Alcohol and drugs in Central Europe—problems and possible solutions. *Cas Lek Cesk*, 22 Aug 1994, 133(16):483-486.

“ . . . In addition to strategies of stress prevention at the societal level also strategy at the individual level is important (e.g. relaxation training, yoga, psychotherapy) . . . ”

\_\_\_\_\_, and **L. Csemy**. *Craving*. FIT IN a Sportpropag, 1999, p. 76. [In Czech.]

\_\_\_\_\_, and **L. Csemy**. Strategies to cope with cravings. *Alcoholologia: European Journal of Alcohol Studies*, 1999, 11(1):13-17.

\_\_\_\_\_, and **M. Frouzova**. Changes of psychological state after yogic relaxation in patients treated for alcohol dependence: Comparison of persons with lower and higher neuroticism. *Ceskoslovenska Psychiatrie*, 1985, 81(5):313-319. [In Czech.]

**Neurnberger, E. P.** The use of meditation in the treatment of alcoholism. *Dissertation Abstracts International*, 1977, 38(3-B):413.

**Niranjanananda Saraswati, Swami.** Yoga and addiction. *Yoga* (Sivananda Math), Nov 2000, 11(6):2-7. Article available online:  
<http://www.yogamag.net/archives/2000/6nov00/yogandad.shtml>.

\_\_\_\_\_. Managing addiction. *Yoga* (Sivananda Math), Jan 2001, 12(1):4-10.

\_\_\_\_\_, **Sannyasi Swaroopmurti (Dr. Karel Nespor), Swami Ishananda, Sannyasi Kriyamurti, Sannyasi Mahimananda, Swami Savitananda, Mike Hartog, and Sannyasi Indradev.** Round table discussion on addiction. *Yoga* (Sivananda Math), Jan 2001, 12(1):34-44.

**O'Connell, David F.** The use of Transcendental Meditation in relapse prevention counseling. *Alcoholism Treatment Quarterly*, 1991, 8(1):53-68.

\_\_\_\_\_, and **Charles N. Alexander, eds.** *Self-Recovery: Treating Addictions Using Transcendental Meditation and Maharishi Ayur-Veda*. Binghamton, N.Y.: The Haworth Press, 1994.

Contents: Introduction: Recovery from addiction using Transcendental Meditation and Maharishi Ayur-Veda; Treating and preventing alcohol, nicotine, and drug abuse through Transcendental Meditation: A review and statistical meta-analysis; A neuroendocrine mechanism for the reduction of drug use and addictions by Transcendental Meditation; Transcendental Meditation as an epidemiological approach to drug and alcohol abuse: Theory, research, and financial impact evaluation; Spirituality, recovery, and Transcendental Meditation; Effectiveness of broad spectrum approaches to relapse prevention in severe alcoholism: A long-term, randomized, controlled trial of Transcendental Meditation, EMG biofeedback and electronic neurotherapy; The role of the Transcendental Meditation technique in promoting smoking cessation: A longitudinal study; Case histories: Using the Transcendental Meditation program with alcoholics and addicts; Removing the motivator: A holistic solution to substance abuse [utilizing Transcendental Meditation]; Importance of reducing stress and strengthening the host in drug detoxification: The potential offered by Transcendental Meditation; Introducing Maharishi Ayur-Veda into clinical practice; Clinical applications of Maharishi Ayur-Veda in chemical dependency disorders; The application of Maharishi Ayur-Veda to mental health and substance abuse treatment; The family practitioner and the treatment of alcoholism through Maharishi Ayur-Veda: A case report; Implementation of the Transcendental Meditation program and Maharishi Ayur-Veda to prevent alcohol and drug abuse among juveniles at risk; Possessing the self: Maharishi Ayur-Veda and the process of recovery from addictive diseases; Resources on the Transcendental Meditation program and Maharishi Ayur-Veda

**Oliver, Joan Duncan.** Drink and a man: When does craving become addiction? *Tricycle*, Summer 2004, pp. 67-71.

**Oprah television program.** April 6, 2001 episode on the healing power of Yoga.

See the segment in which Maria tells how Yoga helped her kick her smoking habit and completely changed her life.

**Orme-Johnson, David W., Gary K. Arthur, Lavelle Franklin, and James O'Connell.** The Transcendental Meditation technique and drug abuse counselors. In David W. Orme-Johnson and John T. Farrow, eds., *Scientific Research on the Transcendental Meditation Program: Collected*

*Paper, Volume I.* Switzerland: Maharishi European Research University Press, 1976, pp. 597-599.

All meditating counselors reported that they benefited personally from the Transcendental Meditation program by gaining more energy and relaxation, and all recommended that it be used as a drug abuse treatment modality.

**Ottens, A. J.** The effect of Transcendental Meditation upon modifying the cigarette smoking habit. *The Journal of School Health*, 1975, 454(10):577-583.

**Parker, J. C.** The effects of progressive relaxation training and meditation on autonomic arousal in alcoholics. *Dissertation Abstracts International*, 1977, 37(9-B):4697-4698.

**Parker, J. C., and G. S. Gilbert.** Anxiety management in alcoholics: A study of generalized effects of relaxation techniques. *Addictive Behavior*, 1978, 3(2):123-127.

**Parker, J. C., G. S. Gilbert, and R. Thoreson.** Reduction of autonomic arousal in alcoholics: A comparison of relaxation and meditation techniques. *Journal of Consulting and Clinical Psychology*, 1978, 46(5):879-886.

**Penland, Caren M.** Substance abuse treated with yoga and acupuncture. *Star-Telegram* (Fort Worth, Texas), 18 Aug 2004.

“Yoga is a new solution to an old problem: how to keep former drug addicts off drugs and the streets. Traditionally, drug addicts are treated with medication and counseling, Niedermayer said. They can participate in inpatient and outpatient rehab services, but many former users relapse within a year of being released.

“Westley Clark, director of the federal Center for Substance Abuse Treatment, said research has shown that acu-detox and meditation techniques, including yoga, help addicts of cocaine, marijuana, alcohol and heroin, focus better and fight cravings . . .

“About a dozen people show up for the counseling sessions every day, people like McLaughlin who hope to change their lives.

“She started using marijuana and cocaine at age 12. Now, at 41, she practices acupuncture and yoga.

““Yoga gives you tools such as breathing properly to help calm the mind and handle situations that may be stressful or even uncomfortable,” said Paige Funston, an instructor for the council.

“She said those skills help recovering addicts cope with withdrawal . . .”

**Prabhu, G. G., and Uma Hirisave.** Research overview—1989: Clinical psychology. *NIMHANS Journal*, Jul 1990, 8(2):101-109.

“The areas of stress, . . . , substance abuse . . . accounted for the greatest amount of research. Research involvement in the area of psychodiagnostics and with traditional clinical groups like psychoses and neuroses seemed to be on the wane. There was clear evidence of emerging research interest in the areas of behavior modification, yoga, and neuropsychology.”

**Price, Mahima, and Gillian Hand.** Addiction—a systems approach (issues for yoga teachers). *Yoga* (Sivananda Math), Nov 2000, 11(6):8-29. Article available online: <http://www.yogamag.net/archives/2000/6nov00/yogasys.shtml>.

**Puri, Gopal.** Yoga helps stop smoking. In Gopal Puri, *A Wester-Trained Biologist Takes a New Look at an Age Old Eastern Science: Yoga, Relaxation, Meditation*. 3d ed. Gopal Puri, 1974.

**Puryear, H. B., et al.** Anxiety reduction associated with meditation: Home study. *Perceptual Motor Skills*, 1976, 43:527-531.

**Rasmussen, L. B.** Transcendental Meditation and substance addiction (letter). *Tidsskrift for den Norske laegeforening*, 10 Mar 2001, 121(7):860. [In Norwegian.]

**Rawls, Eugene, and Eve Diskin.** A yoga program to overcome the cigarette habit. In Eugene Rawls and Eve Diskin, *Yoga for Beauty and Health*. West Nyack, N.Y.: Parker Publishing, 1967, p. 231.

**Reuters Health.** Strong religious beliefs may stem substance abuse. Reuters Health, 23 Aug 2000. Available online at HealthCentral.com.

**Rohsenow, D. J., P. M. Monti, R. A. Martin, E. Michalec, and D. B. Abrams.** Brief coping skills treatment for cocaine abuse: 12-month substance use outcomes. *Journal of Consulting and Clinical Psychology*, Jun 2000, 68(3):515-520. PMID: 10883569.

Patients (N = 108) in a study of cocaine-specific coping skills training (CST), which was found to reduce cocaine use during a 3-month follow-up, were followed for an additional 9 months. CST involved coping skills training in the context of high-risk situations. Control treatment used meditation-relaxation. Both were added to comprehensive private substance abuse treatment. Patients in CST who relapsed had significantly fewer cocaine use days than did the control group during the first 6 months, then both conditions did equally well. Patients in CST also drank alcohol more frequently in the last 6 months than did contrast patients but did not differ in heavy drinking days. For cocaine use outcomes, no interaction of treatment was found with gender, education, route of administration, drug use severity, sociopathy, or depression. Implications include the need to investigate different lengths and combinations of treatment.

**Sahaj Yoga (Shakti Das).** General detoxification, drug detoxification, rehabilitation, “rehabitation,” and yoga—a functional wholistic approach. Article available online: <http://www.rainbowbody.net/Purity/habitation.htm>.

\_\_\_\_\_. Tapas and addiction: Freeing up energy for spiritual evolution and activation. Article available online: <http://www.rainbowbody.net/HeartMind/Tapas.htm>.

Author’s synopsis: the presentation of addiction as attachment in the yogic sense and answering the question, Is religion simply another addiction, while yoga is liberation? Tapas as the remedy for neurotic sublimation

**Satyananda Saraswati, Swami.** [Yoga nidra for] drug addiction and alcoholism. In Swami Satyananda Saraswati, *Yoga Nidra*. 6<sup>th</sup> ed. Munger, Bihar, India: Bihar School of Yoga, 1998, pp. 197-198.

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**Sherer, Nancy**. A Yoga teacher and Yoga studio owner who is writing a book about her personal recovery from alcoholism using Alcoholics Anonymous and Yoga. Email: NFSherer@aol.com.

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“I always wanted to take a yoga class, but I knew I’d be judged harshly—maybe ostracized—because I was a smoker,” says Jo Walston, a former health-food-store employee who lives in Austin, Tex. Hence Walston’s unique new concept: a yoga class for smokers. Held in the smoking lounge of an Austin coffeehouse, the class provides smokers with a peaceful yoga space in a judgmental world full of what Walston delicately calls ‘Nw Age Nazis.’ In practice, disappointingly, this doesn’t mean students are using new powers of body control to, say, raise cigarettes to their lips using their feet. It does mean that students are allowed to light up in class (no one has yet), but within limits. ‘Only between Yoga positions,’ says Walston.”

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“Addiction can harm our physical and spiritual health and deeply affect those who love us. But people who struggle with dependencies are finding new hope through the calming and centering effects of yoga.”

“Yoga is a therapeutic alternative for addicts who, after years of quitting and relapsing, have developed stubborn intellectual responses and resistance to talk therapy.”

“Jen Levin started smoking cigarettes when she was 15. ‘I always used to say that my favorite cigarette was the cigarette after yoga,’ says the 32 year-old playwright from Los Angeles. She practiced hatha yoga sporadically and continued her pack-a-day habit until she made a commitment to try Kundalini Yoga at the Golden Bridge yoga studio in Los Angeles. There, Gurmukh Kaur Khalsa pushes her students to their physical and mental limits with vigorous breaths-of-fire and her propensity to teach one asana for up to 11 minutes. ‘As I saw my body and mind get stronger, smoking began to make me sick, and it no longer made sense,’ Levin says. ‘I realized that if I could endure the pain in my body, then I could deal with the pain of not having a cigarette.’”

“Levin used yoga as a tool to help rid herself of her addiction. Similarly, addiction specialists in private practice, rehabilitation programs, and 12-step recovery programs are starting to recognize that the mind-body-spirit approach of yoga is a great adjunct therapy to conventional treatments for drug, alcohol, and food abuse as well as addictive behaviors like gambling and shopping. ‘Yoga treats the biology and the psychology of an addict,’ explains New York City addiction psychotherapist Mary Margaret Frederick, Ph.D. ‘Addicts are profoundly out of control internally. They have knee-jerk panic reactions and tempers. The will and determination yoga requires helps people regain control over their body and their mind.’”

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“Chronic alcoholics were . . . subjected to different methods of treatment [including] Yoga and meditation . . .”

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**Winkelman, Michael.** Alternative and traditional medicine approaches for substance abuse programs: A shamanic perspective. *International Journal of Drug Policy*, 2001, 12:337-351. Author email: [ichael.winkelman@asu.edu](mailto:ichael.winkelman@asu.edu).

Abstract: Analysis of the relationship of altered states of consciousness (ASC) to culture and human psychobiology provides guidance for new approaches for addressing substance abuse and dependence. While Western cultures have a long history of repressing ASC, cross-cultural

research illustrates the ubiquitous human drive to alter consciousness and the near universality of institutionalized healing practices based on ASC. These may reflect adaptive mechanisms that do not operate in contemporary societies as they did in the human past. Effectiveness of ASC procedures in treating substance dependence is found in ethnomedical treatments of addiction, the addiction literature, Alcoholics Anonymous, and the physiological effects of shamanistic practices. A review of shamanic therapeutic mechanisms illustrates their applicability to addressing the psychodynamics of drug addiction. The utility of natural ASC practices to reduce substance dependence problems is illustrated by clinical research on the treatment of drug dependence through the use of meditative practice and models of their psychobiological dynamics. Shamanistic practices induce the relaxation response, enhance theta-wave production, and stimulate endogenous opioid and serotonergic mechanisms and their mood elevating effects. Directions of a shamanic based ASC therapy for drug dependence are suggested.

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### **Of Related Interest**

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From the publisher: "A habitual movement as common as nail-biting or toe-tapping can be the key to pulling out addictive behavior by roots. These unconscious movement 'tags' indicate the places where our bodies have become split off from our psyches. When brought to consciousness and confronted they will often tell us very plainly where our psychological suffering originated, showing us where to begin reconnecting body and soul. Christine Caldwell, a pioneer in the field of somatic psychology, has created an original model for working with body wisdom called the Moving Cycle. She describes how this form of therapy has worked effectively in her own practice, and she provides practical techniques to show how we can learn to listen to what our bodies are telling us, confront addictive habits, and learn to celebrate our inherent wisdom and elegance."

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"Why does nicotine replacement therapy (nicotine patch and gum) only have a 7% success rate for quitting smoking? Why do people on nicotine replacement therapy still crave cigarettes? Clearly, there are reasons for smoking that go far beyond simple chemical addiction. This article, based on The Body' Map of Consciousness, explores the uses of smoking. It gives you some pointers for how you can go about quitting successfully.

"People use smoking to avoid feeling unpleasant emotions such as sadness, grief and anxiety. This is accomplished partly through the chemical effects of nicotine on the brain. (Many other articles discuss this, so I won't go into it here.) More important for this article is the interaction of

smoking with the Body's Map of Consciousness . . .”

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**Gosin, M. N., P. A. Dustman, A. E. Drapeau, and M. L. Harthun.** Participatory action research: Creating an effective prevention curriculum for adolescents in the Southwestern US. *Health Education Research*, June 2003, 18(3): 363-379. Author email: mgosin@ucsd.edu.

Abstract: Existing research confirms a need to seek strategies that combine the strengths of researchers and community to create effective prevention curricula for youth. This article describes how components of Participatory Action Research (PAR) methodology were used to create the keepin' it REAL Drug Resistance Strategies (DRS) curriculum designed for a diverse Southwestern US youth population. School community participants were involved in multiple stages of creation and implementation. The research team developed a systematic process for creating lessons built upon strong theoretical foundations, while teachers and students contributed lesson modifications and evaluations, suggestions for supplemental activities, and the actual production of instructional videos. While the experimental design and some methodological constraints served to limit school community involvement in some phases of the DRS project, this article describes how PAR methodology ensured that researchers collaborated with school community members to create this promising drug prevention curriculum. Results of the REAL experiment, discussion of the use of this methodology, implications and recommendations for future research also are included.

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A new study conducted by Jill B. Becker, University of Michigan, shows estrogen may make the brain more vulnerable to addictive habits . . . Becker says, “Our results show that estrogen not only affects the acute response to cocaine, but also intensifies the long-term changes that occur in the brain.” She goes on to say this study may help scientists understand better the basic neural process that lead to drug addiction and explain why some are more prone to addiction than others. Results of the study were presented at the Meeting of the Society for Neuroscience in San Diego, November 14, 2001.

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**Mermelstein, Robin.** Teen smoking cessation. *Tobacco Control*, 2003, 12(Suppl I):i25-i34. Author email: robinm@uic.edu.

Abstract: Interest in adolescent smoking cessation has increased dramatically over the past several years, as researchers and practitioners have acknowledged the high rates of adolescents who smoke regularly and the low probability that adolescents who are regular smokers will stop on their own. The evidence base behind smoking cessation interventions for adolescents is also now starting to grow, but unfortunately the studies to date have frequently been plagued by major methodological problems. This paper summarises research conducted on adolescent smoking cessation, notes some of the methodological limitations of prior work, highlights approaches that show promise, discusses some of the challenges involved in addressing adolescent smoking cessation, and makes recommendations for future work.

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Atlanta, Georgia, April 11, 2002: Lighting up a cigarette, according to a study recently completed by the US Centers for Disease Control and Prevention, is costing the country US\$3,391 a year per smoker, or \$157.7 billion annually for the whole nation. Breaking the cost down, the CDC study estimates that the habit costs \$3.45 per pack for medical costs incurred by the smoker and another \$3.73 per pack for lost job productivity as a result of early deaths. Considering that in 1999, a pack of cigarettes cost \$2.92, society is nowhere near recovering the cost from taxes on the product. Dr. David Fleming, the CDC's acting director says, "The fact that nearly half a million Americans lose their lives each year because of smoking-related illnesses is a significant public health tragedy." The article goes on to list other statistics such as, "Smoking causes an average man to lose more than 13 years of life and an average woman to lose 14.5 years" and that "Smoking during pregnancy causes 1,000 infant deaths each year."

**Vanderbilt, Shirley.** The Lenair Technique: Fighting addictions bioelectrically. *Massage & Bodywork*, Dec/Jan 2003, pp. 26-34.

**Warren, Charles W.** Tobacco use among youth: A cross country comparison. *Tobacco Control*, 2003, 11:252-270. Author email: [Wwarren@cdc.gov](mailto:Wwarren@cdc.gov).

**Abstract:** Objective: The Global Youth Tobacco Survey (GYTS) is a worldwide collaborative surveillance initiative that includes governments and non-governmental organisations under the leadership of the World Health Organization/Tobacco Free Initiative (WHO/TFI) and the US Centers for Disease Control and Prevention/Office on Smoking and Health (CDC/OSH). The GYTS was developed to enhance the capacity of countries to design, implement, and evaluate tobacco control and prevention programmes. **Methods:** The GYTS employs a standard methodology where self-administered questionnaires, consisting of a set of core questions, are completed by a representative school based sample of students primarily between the ages of 13–15 years. **Results:** Data are presented from 75 sites in 43 countries and the Gaza Strip/West Bank region. Current use of any tobacco product ranges from 62.8% to 3.3%, with high rates of oral tobacco use in certain regions. Current cigarette smoking ranges from 39.6% to less than 1%, with nearly 25% of students who smoke, having smoked their first cigarette before the age of 10 years. The majority of current smokers want to stop smoking and have already tried to quit, although very few students who currently smoke have ever attended a cessation programme. Exposure to advertising is high (75% of students had seen pro-tobacco ads), and exposure to environmental tobacco smoke (ETS) is very high in all countries. Only about half of the students reported that they had been taught in school about the dangers of smoking during the year preceding the survey. **Conclusions:** Global youth tobacco use is already widespread throughout the world, but there is great variation among nations. Valid and reliable data on the extent of youth tobacco use, and correlates of use, are essential to plan and evaluate tobacco use prevention programmes. The GYTS has proven the feasibility of an inexpensive, standardised, worldwide surveillance system for youth tobacco use. The GYTS will be expanded to the majority of countries in the next few years, and can serve as a baseline for monitoring and evaluating global and national tobacco control efforts.

**Woodman, Marion.** *Addiction to Perfection*. Toronto, Ontario, Canada: Inner City Books, 1982.

### ***Ongoing Research***

#### **Mark Griffiths**

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Is doing his masters of social work on Yoga and addiction, and is bringing Yoga teachers together in Victoria, Australia, to explore developing a program in prisons and drug treatment centers.

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Writing her Ph.D. dissertation on doing Yoga with patients undergoing drug detoxification.

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#### **Karla Markendorf**

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Studying the therapeutic benefits of Yoga practice for people who suffer from depression, bipolar disorder, and/or addiction. The primary researcher currently conducts Yoga and movement sessions at a psychiatric hospital for adults.

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Studying effects of meditation on alcohol use and recidivism. Funded by NIH (NIAAA).