Yoga Nidra and Hypnosis: A bridge between Eastern Mysticism and Western Psychotherapy

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Abstract

Yoga Nidrahas been in India since time immemorial as a form of spiritual practice as well as a healing modality. In the modern form, it exists as a psychotherapeutic treatment modality and is termed as Yoga Psychotherapy. This document describes the various references to Yoga Nidra from Indian scriptures and describes the theory and practice of it in some institutions which aim to preserve and promote Indian culture and heritage. A comparison and contrast between the key areas of Yoga Nidrawith modern hypnotherapy is also drawn in the next section. The final section discusses the future of Yoga Nidra and Hypnosis, both of which are not able to get the merit and importance it truly deserves. It is unfortunate that in a country so rich with spiritual pursuits, it has failed to promote Yoga Nidrawith all its manifestations. It is also a shame that Indian psychology is not taught in Indian academic institutions and a colonial hangover still exists amongst academicians, researchers, therapists and healers who draw resources from western psychology where the element of subjective internal connect, often a spiritual one, is ignored or bypassed. Hypnosis and hypnotherapy have also been vogue for quite some time is also recognized as a treatment modality by the Indian government. However, not much progress has been made also in this direction in terms of making it a part of an academic curriculum for doctors and psychologists.

Introduction

'The ocean becomes the bed of the lotus-naveled Vishnu when, at the termination of every Yuga that deity of immeasurable power enjoys Yoga Nidra, the deep sleep under the spell of spiritual mediation'.

– Lord Krishna in Mahabharata, Book 1, section XXI

Yoga Nidra or yogic sleep, as mentioned as early as during the time of the classic Indian epic, Mahabharata represents a state of mind where an individual represents symptoms of a state of extreme relaxation (frequency of ≤ 4 hz – Delta waves), while simultaneously remaining fully conscious.

Yoga Nidra, developed from ancient Indian yogic texts, is currently reintroduced as psychotherapeutic modern practice, prevalent both in India and abroad. Indigenous healing practices in India have always utilized altered states of consciousness as a means to facilitate healing (Campion and Bughra, 1998) and Yoga and meditation are the main healing modalities amongst others. With time, this has led to the development of a discipline called Yoga psychotherapy. Unlike the majority of traditional Western psychotherapies, Yoga psychotherapy provides the means, not only for a change at the level of personality, but for

a change at a much more profound spiritual level.

As in modern psychotherapy, Acceptance and Commitment Therapy (ACT) and Dialectical Behaviour Therapy (DBT), Yoga psychotherapy demonstrates that making peace with the current reality is in no way antithetical to change or growth. It is the foundation upon which change takes place. Some of the various attitudes and techniques are: Vairagya, Meditation, Self-acceptance (not to be confused with theself-esteem construct of western psychology), Mindfulness (meditation in action), Pranayama (breath regulation) and *Viveka* (discrimination).

References to Yoga Nidra

Yoga Nidra has been a meditative practice since time immemorial. It can be traced back to scriptures like Mahayana and Vajrayana Buddhism, Kashmiri Shaivism, Patanjali's Yoga Sutras, and Shankaracharya's Yoga Taravali. The contemporary description of Yoga Nidra is equated "with a kind of lucid dream state, in which dream imagery takes place for the practitioner, but they do not identify or become attached to them, but become objective observers" (Miller, 2005).

Lucid dreaming is a type of state where a dreamer is conscious of the fact that he is dreaming and has some form of control over character, the narrative the and the environment. The concept of lucid dreaming has been popularised by an American psychophysiologist, Stephen La Berge, who stayed in India for a long period of time studying Yoga Nidra and other vogic practices. In India, in recent times, Yoga Nidra has been reoriented by Yogic masters like Sivananda Saraswati and Satayananda Saraswati of Bihar School of Yoga.

Vasistha-Saitha (Section III57-75) and Yoga Yajnavalika (Section VII, 1-37) contain explicit descriptions of Yoga Nidra. (Bharati, 2001).

Parker et al., (2013) contends that the paucity of literature on Yoga Nidra was possibly due to the fact that it was traditionally supposed to be a personalized healing modality primarily in response toone's individual needs, often communicated by word of mouth. There were hardly any written details. Some available written descriptions were often partial, incomplete and were tailor made to suit individual needs. The earliest reference to Yoga Nidra confined to the object of devotion rather than a form of practice. The feature of Lord Vishnu's cosmic Yoga Nidra is available both in the Vedas and the Epics. We also come across the term, 'Yoga-Nidra' in reference to "a deity who was involved in the birth of Krishna" (Campbell, 1974) and that the Goddess Yoga Nidra, "descended on the princess Devaki, the chaste wife of the pious prince Vasudeva".

While in both the traditions of Buddhism (Mahayana and Vajrayana), there are references to the practice of a very light sleep that is related to *Yoga Nidra*, there is no mention of it in the Theravada Buddhist tradition. This account of a light sleep also finds mention in Tsongkhapa's work (Book of three inspirations. Interestingly, the concept of dream yoga is prevalent amongst the Buddhists in Tibet.

Dream Yoga as a discipline finds mention in the Tibetan Buddhist tradition. This was, however, not related to deep sleep. Rather, according to Rinpoche (1998), this resembles a state of light sleep, often involving suspension of thoughts, immersed in a feeling of nothingness and pure awareness.

There are, however, no descriptions on the practice of *Yoga Nidra* in the Jain texts. Neither any detailed practice of it is mentioned in *Charaka-samhita*, although there is a theoretical mention of sleep in Sutra-sthana, which is supposed to be a precursor of "an elevated, superconscious state".

Unlike as in the *Charaka Samhita*, Patanjali's *Yoga Sutra*, elaborate discussions on the nature of the three states (waking, sleeping and dreaming) as a means to enter the fourth state- *Turiya*, where one experiences *Samadhi*.

Yoga Sutra, I.10, mentions abhava - pratyaya alambana vrttirnidra. It means sleep is the vritti (mental process) of absence of mental contents for its support.

According to Bharati (1986), the sleep state refers to the "concentration on neiscence (abhava) and its causes."

Sutra 1.6 mentions *pramana* – *viparyaya*- *vikalpa-Nidra-smrtayah*, which literally refers to – 'the fivefold vrittis (modifications) of the mind, which are valid pervasive cognition, imaginary cognition, fancy, sleep and memory'.

Again, in Sutra 1.38 we come across - Swapnanidrajnanalambanam va- which when translated means – 'the mind can be steady when it has the knowledge attained from dreams and sleep as its support'. According to Bharati (1986), at this stage, with the help of dreams and sleeping states, one may enter the state of Samadhi.

That a Yogi experiences *Turiya* within the other 3 states finds mention also in the *Shiva Sutra* (1.7).

The Sutra readsjagratsvapnasusuptabhede

turiyabhogasambhavah. In English it means - In the distinction of deep sleep, dreaming and waking is the source of the fourth state (or Turiya).

Shiva Sutra, 1.10 specifically mentions - "aviveko ma maya sausuptum", which means – non-distinction is deep sleep, which is Maya.

Vigyan Bhairav Tantra (Verse 75) indicates the state of mind just before deep sleep when the consciousness of the outer world diminishes. It reads:

Anagataya Nidrayan pranasthevajyagocharey

Sawastha manasa gamya para devi prakashtey.

Thus, one is encouraged to concentrate on the state between sleep and waking.

Although the majority of the texts just casually mention the state of *Yoga Nidra*, there are three texts that elaborate in detail the process of achieving it.

First, is the *Hathayogapradipika* where there is mention of:

abhyasetkhecharīm tāvadyāvatsyādyoghanidritah.

samprāpta-yogha-Nidrasya kālo nāsti kadāchana (49).

It literally means that *Khechar*î should be practised till one assumes the state of *Yoga Nidrâ* (*Samadhi*), because anyone who is induced Yoga Nidrâ, transcends death. It is to be noted that this *khechari* mudra is not to be

confused with that practised by Kriya Yoga practitioners.

We also find details in the *Shandilya Upanishad* in the first chapter, where the details are similar to those of *Hathayogapradipika*. Some details of the process are also retrieved from Shankaracharya's *Yogataravali* (Deshikachar & Deshikachar, 2003). Section 17 – 26 of his important work contains elaborate details:

Vichchhinna-sankalpa-vikalpa-mule nihshesha-nirmulita-karmajale.

Nirantara-abhyasa-nitanta-bhadra sa jrimbhate yogini YogaNidra. (25)

This state implies that for a Yogi, through constant practice (*abhyasena*), it is possible to remain in the state of *Turiya* or nirvikalpa samadhi. This is a state when one transcends all attachments, aversions, choices and desires. Shankaracharya refers to the state of *Yoga Nidra* as when all turbulations at the level of the mind or *chitta* cease totally.

The contemporary yoga literature includes a number of descriptions of methods of *Yoga Nidra* as noted in studies by Miller (2005).

According to Swami Satynananda (1990) of Bihar School of Yoga, the practice of *Yoga Nidra* is centred aroundthe following: *Samkalpa* (making mental resolutions), Initiating awareness throughout the body, practising breathing awareness, relaxation of the mind, imagined visualization and reaffirmation of resolutions.

It would be worthwhile to note that even though there are descriptions of the *Yoga Nidra* practice, as is elaborated above, the process does not highlight ways to enter the state of *Turiya*. They are not commensurate with Shankaracharya's approach either.

Swami Niranjanananda Saraswati (1993), disciple of Satyananda Swami, in his book, *Yoga Darshana*, briefly discusses three divisions of *Yoga Nidra* - the Pratyahara group, the Dharana group or the Dhyana group - aiming at the removal of thepratyahara from the conscious or external plain, the subconscious or subtle plain and the unconscious or the causal plain.

A very unique contribution to the subject of Yoga Nidra is provided in the works of Panda (2003) where the subject is studied with reference to Patanjali's Ashtanga yoga. In addition to asanas and pranayama there are also mention of mudras and bandhas. His seminal treatment covers Vedantic theory on the evolution of the mind as well as the study of the different Koshas or sheaths and the cakra system. Panda studies the theory of the mind in Yoga Nidra compares it with Freud's psychoanalysis. He was the first to differentiate between Yoga *Nidra* and hypnosis and contended that while was focussed on "auto Yoga Nidra suggestion", hypnosis relied externally on trance induction.

Swami Rama's (1988) work elaborates two methods of *Yoga Nidra* although he mentions about five methods. Preliminary relaxation exercises are mentioned in the first method (Rama,1988) where it begins with a mental statement (*Samkalpa*), followed by progressive muscle relaxation (PMR) in different areas of the body along with other relaxation points (61 *marma* points). He personally demonstrated a conscious entry into a N-REM delta wave sleep through *Yoga Nidra*. These are essentially user relaxation exercises and visualization exercises only.

Yoga Nidra practice

A close examination of the available texts on Yoga Nidra clearly indicates that the aim of such practice was in the complete cessation of thoughts (chittavrittinirodha). Here, the practitioner experiences the deepest of sleep without any dreams, thoughts or any form of consciousness of his surroundings where there is no thought or interaction about anything. This originates from the 4 stage or the state of Turiya, mentioned eloquently in the Mandukya Upanishad. While Patanjali's Yoga Sutra mentions about seven states of consciousness (TasyaSaptadha prantabhumihi pragya in Section, 2.27), Yoga Vashistha actually elaborates on each of the seven stages.

With the practise of *Yoga Nidra* one attains the state of equanimity and equipoise *(chittavrittinirodaha)*. This is a state when one is in a state of dreamless dream. One is aware of being aware.

The process of the modern form of Yoga Nidra consists of eight stages: (1) Preparation in savasana), (lying Relaxation, (using pranayama with or without mantras), (3) Resolve, (elicits sankalpa or intention), Rapid Shifting (4) of Consciousness, involving both external and internal rotation of consciousness called Nyasa (5) Purification of the mental processes (includes the practice of use of reverse count along with breathing awareness), Practising imaginal visualization (primarily relating to religious and nature images, (7) Repetition of resolve and (8) Finish.

Various experiments proved the efficacy in areas like disorders in sleep disorders, management of anger, obsessive-compulsive behaviour, various digestive

disorders pertaining to the alimentary canal, issues relating to malfunctioning of the heart, weakness in the bone density (arthritis and osteoporosis, neurological disorders (like dementia), malfunctioning of the immune system primarily arising out of stress and anxiety, etc. It has also been proven to be effective in the treatment of soldiers suffering from Post-Traumatic Stress Disorders. Further research and robust studies are required in this direction to conclude on the clinical efficacy and therapeutic efficiency.

A study in contrast: *Yoga Nidra*, Meditation and Hypnosis

Yoga Nidra and hypnosis have tremendous psychotherapeutic uses using trance as a medium of inner focus of awareness and both use either a teacher/practitioner/therapist guide or are self-guided.

Unlike in modern psychotherapy, both *Yoga Nidra* and hypnosis occupy an intense liminal space for healing and in both there is a very close relationship between the client and the therapist. There are however, the following differences between Yoga Nida and hypnosis:

- **Domain:** Unlike Hypnosis, *Yoga Nidra* is more oriented towards indigenous spirituality. Goldberg (2010) has rightly observed that the West, while imbibing various aspects of Eastern philosophy, has often taken a reductionst approach, often weeding out the spiritual elements.
- State of consciousness: the goal of the Yoga Nidra and meditation are the same. In *Yoga Nidra*, one is completely relaxed during verbal suggestions by the instructor, much like induced suggestions

by a hypnotherapist. However, it differs from meditation, where usually a concentration on a single focus is required.

There are some phenomena utilised in hypnosis, like time distortion, imaginal visualisation, catalepsy, amnesia or anaesthesia. While in hypnosis, these are utilised as convincer for a state of trance, in *Yoga Nidra*, however, such experiences are not accounted for as ratification (Bowers 1978; Yapko 2003). In the Mandukya Upanishad, this conscious awareness is called *prajna*.

- Use of Resolution or suggestions: The practice of Sankalpa (resolution) utilised In Yoga Nidra, and the usage of suggestions, especially Post-hypnotic Suggestions (PHS) is similar. While in Yoga Nidra such Sankalpa is pre-decided by the client, in hypnotherapy, suggestions are generally delivered by the therapist. Hypnotic suggestions attempt to access the unconscious by bypassing the conscious and rational faculties of the mind. (Yapko 2003).
- Attachment: Panda (2003) notes that phenomena in Yoga Nidra is different from Hypnosis.While hypnotic phenomena, like amnesia, mav prevalent, the practitioner in Yoga Nidra helps one cultivate non-attachment to anything. Some modern practitioners of hypnotherapy, like Stephen Brooks have successfully integrated Non-attachment theory from Buddhist Psychotherapy with Ericksonian hypnotherapy to induce a sense of dissociation and non-attachment as a therapeutic outcome.
- Awareness: According to Panda (2003) and Henry (2005), the cultivation of awareness in *Yoga Nidra* is aimed at

producing a state of witness or *sakshibhav*, which is between the 3 states of consciousness jagrata (waking state), swapna (sleep state and *sushupti* (deep sleep state).

While it is essentially different from hypnosis, some theorists find a distant similarity in the concept of a hiddenobserver mentioned in Ernest Hilgard's Neodissociation theory of hypnosis.

Mode of application: Suggestions for rotation of consciousness and imagery used in Yoga Nidra are given quickly for the purpose of making the subject more alert. Hypnosis utilises features fractionation (taking in and out of getting a trance state) to deepen one's trance experience. This is also used in the therapeutic use of pauses in between suggestions, which is aimed at taking one's trance experience deeper influence "unconscious cognitive sets and influence behaviour" (Erickson, Rossi, and Rossi 1976; Erickson and Rossi 1989).

Research in Yoga Nidra

Research in *Yoga Nidra* has effectively highlighted the impact of its various relaxation protocols, but there has been practically no attempt to systematically evaluate the physiological and neurological processes of *Yoga Nidra*.

Interestingly, studies on *Yoga Nidra* in contemporary research are focussed in relation to relaxation response and imaginal visualisation, which is a precursor to *Yoga Nidra*, but not *Yoga Nidra*. Thus, contemporary research work is inconsistent with that of earlier studies.

Yoga Nidra, as described by Shankaracharya, is yet to be studied. Parker *et al.*, (2013) suggests some hypothesis to test Shankaracharya's traditional model of *Yoga Nidra* and its physical corelates, which has not been studied so far.

Researchers have largely diluted and confused the definition of Yoga Nidra. This has resulted in difficulty in areas like hypothesis testing, cross study comparison and replication. Also, there is no unanimityon definition of Yoga *Nidra*amongst researchers and whatever research has been conducted has not resulted in empirical consistency. Thus, one finds difficulty in arriving at any form of definitive conclusions. Also, as in Hypnosis, the subjective experience of Yoga Nidra makes the study as a research methodology very difficult.

However, Swami Veda Bharati proposed a definition of four levels of *Yoga Nidra* practice that would attempt to provide measurable physiological hypotheses for research purposes:

The first level involves a state of deep relaxation. Similar to that used in clinical hypnosis at this phase, deep relaxation not only helps in lowering blood pressure and dealing with ailments, like migraine; it also assists in self-healing (Hammond, 1990). At the initial stages, such practice generates alpha waves, which on continued deeper practice may move to theta waves.

The second level involves a state of deep creativity, enhanced decision-making skills, problem solving capability, engagement in academic and research work, involvement in fine arts and poetry, etc. These are also experienced during clinical hypnosis and there

is evidence of theta waves, during early stage and delta with deeper involvement.

In the third level, one reaches the state of *abhava-pratyalabana vrittir Nidra* (*Yoga Sutras*, I.10; Bharati, 1986; Zambito, 1992). This literally means a state of deep sleep where the mind is devoid of any content – thoughts, feelings, emotions or actions. At this stage, the brain produces theta waves initially, which are followed by delta waves. This often requires close monitoring, supervision and the assistance of a realised teacher. In this stage one experiences a state of non-REM sleep despite being aware of the surrounding environment.

The fourth level is unique in the sense that here the mind can simultaneously remain in two stages, i.e. sleep and conscious awareness. This stage is similar to effortless meditation (*a-japa japa*) and here one has a very faint subjective experience of a subtle power of consciousness. In this stage, the brain experiences both theta and delta waves alternatively, thereby demonstrating no electrical activity in the brain. Thus, in *Yoga Nidra* (Yogic sleep), an individual may demonstrate simultaneous symptoms of deep, non-REM sleep, including delta brain waves, while remaining aware.

Once levels 3 and 4 are mastered, one transitions to the 4th level or *Turiya*, which is the highest form of meditation in *Samadhi* (*asampragnyata* in Yoga and *nirvikalpa* in Vedanta). Researchers have hypothesised that at this stage there are no electrical activities in EEG.

During this state, alpha and theta brain waves, as opposed to the delta wave activity are recorded during EEG. The state of *Yoga Nidra* is devoid of imagery, thought, and

mantra repetition and consists only on pure awareness. This awareness includes the awareness of the breath during which one is a pure witness of both the body and mind.

Hypnosis awareness in India and need for integration

According to Hammond (2013), hypnosis has been used therapeutically for at least 400 years in Europe. However, this is disputed by Indian scholars who trace theorigin of hypnosis (and *Yoga Nidra*) to ancient Vedic texts. While most Indian scholars presume Yoga Nidra to be the foundation of modern hypnosis, nevertheless, it is safe to assume that modern hypnosis has its roots in ancient Yoga Nidra.

The earliest reference to psychotherapy and hypnosis is probably the *Atharva Veda* as *Mantra vidya* was the main technique for *manas chikitsa* used in the Atharva Veda, which relied on the meaning and vibration of sounds.

Mantras were used in 5-types of therapies, but the following are relevant to the study of hypnosis.

- *Sankalpa*: This is similar to auto suggestion or self-hypnosis. Sankalpa means *atma-bal* or will power. By this method of sankalpa, the ego can be made very strong and energetic and able to deal with its problems.
- **Sandesha**: This literally means suggestion by a therapist or practitioner. It was the refined application of symbolism, personification, metaphors and aversion, the use of which we can see in modern Ericksonian hypnotherapy. In earlier times, it required the practitioner of Sandesha to be a *Brahma Gnyani*.

It is a special intense type of suggestion used by the therapist. This was used to enhance the qualities of personality and was used to treat diseases like epilepsy, hysteria and consumption. Although there are many types of *samavashikaran*, the *Atharva Veda* is heightened on verbal suggestions.

We also find reference to hypnosis in Patanjali's reference to siddhis in *Vibhuti Pada* of *Yoga Sutra*. They include the concept of *Vashita*, meaning the ability to control the will of others.

Apart from a PG Diploma course done at some Universities in India, training, on hypnosis and hypnotherapy is in the hands of lay training institutes in some with affiliate training institutes in USA. Although, Indian hypnotists are quite competent, in the absence of regulations and registration, there is a lack of a scientific and professional approach to the subject.

Hogan and Vaccaro (2007) mentioned that psychotherapy is still much unregulated in India and that there is an urgent need to have access to counselling and psychotherapy to meet the growing demands of the Indian population. They stressed the need for professionalism in the field of psychology and psychotherapy and emphasized the role of monitoring and governing bodies and the need for licensing and certifications. Laungani (2004) stresses the need for access of psychotherapy counselling and services beyond the metros and major cities.

Similarities between *Yoga Nidra* and hypnosis need to be studied further in both the clinical and research arenas. *Yoga Nidra* practised currently by Bihar School of Yoga

other institutes could develop and commonality in teaching curriculum facilitate standardization and acceptability. Likewise, other schools of Yoga Nidra practised in India need to be explored and are to be considered for integration into practice. Likewise, training programmes by academics and clinicians in both Yoga Nidra Clinical hypnosis should aim for more evidence-based research and training. One such area was suggested by George et al., (1999)regarding the application Transcranial Magnetic Stimulation (TMS) for depression.

Conclusion

Despite the academic and clinical presence, psychology taught in India is largely a western import. Due to the impact of colonisation, the Indian culture has been dominated by a feeling of inferiority and western forms of science and psychology were upheld superior to indigenous ways. In fact, as per Swami Abhedananda, "True psychology" recognises the existence of body, mind and soul. But modern western psychology lays more stress on the physiological and external behavioural aspects of human behaviour. There is no concept of soul in it. Indian Psychology, he contends, psychology" as it "recognizes the existence of the mind, body and soul and tells us that what we call the physical body is the dwelling of the soul which is the source of the intelligence and self-consciousness."

According to Rao (2004), "the goal of Indian psychology is self-realization of the inherent altruistic nature in one's life purposes. While Indian psychology has the necessary theoretical framework from which the ethics of

altruism can be justified, western psychology, in contrast, leans heavily on egoistic hedonism and utilitarian purpose as delineated in positive psychology." Even though there is a divide between rural and urban India, most therapists in India prefer the western model which are often against the Indian psyche and native models of therapies and healing. According to Bhawuk (2011), there is an urgent need to indigenous psychology psychotherapy. There is an obvious need for more research on the efficacy of Yoga Nidra and other indigenous practices of our culture. It is high time scholars and academicians realisethe true benefits of both Yoga Nidra and Hypnosis and includes them in the curriculum at universities both psychologists and medical professionals.

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