A compassionate approach to post-traumatic stress disorder

Dr Ariel Lang of the VA San Diego Healthcare System in San Diego, California, is a clinical psychologist seeking new ways to treat the debilitating condition, post-traumatic stress disorder (PTSD), in US veterans. Her latest project explores the potential of a contemplative approach, Compassion Meditation, which may help patients to cultivate positive emotional experiences and build social connections – both of which can be a struggle for individuals with PTSD. Her aim is to use this type of meditation to complement existing PTSD treatments.

In the US, at any given time, up to twenty percent of military veterans experience post-traumatic stress directly related to their combat activities. As many as one third of veterans may suffer from PTSD in their lifetime. Post-Traumatic Stress Disorder (PTSD) can have devastating effects upon an individual’s emotional, social, and occupational functioning.

A PERSONAL AND SOCIAL ISSUE

PTSD is recognised as a maladaptive response to a traumatic event, characterised by intrusive memory re-experiencing (flashbacks or nightmares), avoidance (avoidance of places or situations that trigger memories or emotional reactions), emotional numbing, difficulties with concentration or self-criticism, absent or diminished emotional responses, and a lack of engagement in activities that were once enjoyable. PTSD is characterised by re-experiencing (through flashbacks or nightmares), avoidance (of triggers, reminders of trauma, or trauma-related thoughts), hyperarousal (such as constant stress, anger and inability to concentrate, repetitive thoughts or guilt), and a lack of positive thoughts or interest in positive activities. Problems with social functioning, such as reduced empathic connection and impaired ability to contribute to relationships, are also common.

Patients may not be comfortable with existing therapies, do not engage with them, or find that they do not completely resolve their PTSD.
Social support is a key predictor of recovery and protects against stress, depression and even suicide risk.

What problems or limitations are there with existing methods of treatment for PTSD?

- Medications for PTSD are not universally effective, and many veterans, particularly those from the recent conflicts in Iraq and Afghanistan, prefer non-pharmacologic approaches.
- Like medications, the empirically-supported psychotherapies are not effective for everyone. Although many people fully recover with these approaches, a majority are left with residual symptoms and impairment. Others never try these approaches because they do not like the idea of focusing on memories of or thoughts about the trauma.

Why might Compassion Meditation be particularly appropriate for resolving these issues among veterans?

- Dr Lang suggests that Compassion Meditation will fully resolve these issues. It is likely to be a niche intervention, i.e., it will be a good match for certain patients but not something that everyone chooses to do. Her vision is that some day there will be an array of effective ways of recovering from PTSD so that patients and clinicians can work together to find the right path to recovery for everyone who has faced PTSD.

What have you found in your preliminary studies on the feasibility and effectiveness of Compassion Meditation as a treatment for PTSD?

- Compassion Meditation was received well by participants and was associated with clinically and statistically significant reductions in symptoms of depression and PTSD. Dr Lang did not observe changes in positive emotion or social support, but it is possible that methodological issues contributed to the lack of findings and further work is already underway.

How do you intend to take this research forward in the near future?

- A randomised trial is underway, comparing Compassion Meditation to relaxation, to determine whether the contemplative practice is likely contributing to recovery. In addition, we are testing alternative means of delivering the classes (e.g., using technology to bring classes to Veterans’ homes).

Institutes of Health, aims firstly, to develop and refine a manualised protocol appropriate for use and further evaluation in the veteran community; secondly, to determine whether Compassion Meditation is acceptable to veterans; and thirdly, to assess whether it has a positive effect on their mental health.

Initial results are encouraging, suggesting that veterans who sought out this type of treatment consider Compassion Meditation favourably, rendering it a potentially feasible approach. Furthermore, preliminary analyses suggest that it may help reduce PTSD symptoms, i.e., it is clinically effective. Veterans taking part in the study described an increased sense of peace and resilience, and observed differences in the way they think about themselves and others. The next step for Dr Lang and her colleagues will be to move to randomised controlled trials to assess statistically whether Compassion Meditation has significant benefits to sufferers of this incapacitating disorder.