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Buddhist-style ‘acceptance’ helps PTSD symptoms, research finds

Post-traumatic stress disorder (PTSD) can be eased by Buddhism-inspired therapy based on accepting that suffering exists, but that we must be able to detach from it so that we can also focus on the good things in our lives, according to new research.

Symptoms such as flashbacks, nightmares, irritability and avoidance of everyday situations that trigger bad reactions eased in traumatised military and police officers who were offered the therapy, says Dr Nick Ford, a clinical psychiatrist specialising in PTSD who is also a senior clinical lecturer at the University of Adelaide.

Dr Ford will speak about his PTSD research on Saturday September 17 at a meeting in Adelaide of the Faculty of Pain Medicine, which is part of the Australian and New Zealand College of Anaesthetists.

Dr Ford says PTSD develops as a result of being exposed to traumatic events; one of the patients he worked with had witnessed the Rwandan genocide, and another had served in the second Gulf War.

“With PTSD the fear parts of our brain, which trigger the fight-or-flight response, are no longer controlled by the ‘thinking’, analytical part of our brain,” he says. “So the fight-or-flight response intrudes either all the time, or in response to a minimal trigger. It distorts the way you see the world; you see danger all around.”

Dr Ford worked with two groups of patients, one with six men and the second with nine men. It was thought group therapy would be best as the men all had police or military backgrounds, so had been trained to work in groups and value the support of colleagues.

But they were encouraged not to share their individual traumatic experiences: “We didn’t want them to relive the intensity of the horror. We just told them, ‘You are a brave man in a group of other brave men, and you will be taught a skill set that we think will be helpful.’”

“Acceptance and commitment” therapy involves two processes. First, the men learnt accept a dictum derived from Buddhist belief – “that there IS suffering, with the IS underlined”, Dr Ford says. “Then they need to be able to accept that they have made a genuine contribution to relieving some of that suffering, even if it seems to them like a small contribution, and that they can’t eliminate all suffering, because no one can do that.”

The men were encouraged not to focus on the people who died, or the terrible scenes they had witnessed. “I tell them, ‘I want you to think about the people who *didn't* die. The kids you helped who weren't killed by roadside bomb. That young drunk driver who abused hell out of you when you pulled him over, but who is now a married father of three kids because you stopped him at a crucial moment.”

The men were taught mindfulness meditation to retrain their brains to focus on more positive thoughts. “I told them they already know how to do meditation; every time they fire a rifle, they control their breath and focus on a line of sight. We get them to focus on a particular thing while they are relaxed; and then, as they become aware of disgust or horror, to detach from that and see it as just another unpleasant sensation, like continuing to kick a footy with an injured ankle.”

And finally, as their generalised jumpiness decreased, he encouraged the men to reconnect with the community. “These guys often feel very isolated, but as humans we are a social species and to recover from anything we need good social support. Avoidance is always the hardest symptom to treat, but by the end of treatment, guys will say, ‘I'm having lunch with my old police mates now; I will get a bit twitchy, but I can put that aside.’”

New kinds of brain scans and other tests have confirmed that the prolonged stress of PTSD changes the brain's molecular structure and affects other body systems, such as hormones and enzymes, he says: “It's at the stage where one can present a circuit diagram to patients to explain which of their brain networks is out of balance.”

So the team's next goal is to test whether the men's psychological improvement is mirrored in their bodies: “We are aware that part of the genome changes in response to chronic stress. Enzymes that are normally turned off are activated. And the brain's molecular structure changes over time. PTSD affects epigenetics, the way particular genes work. Can this therapy reverse those changes?”

Dr Ford worked with fellow researchers Ms Stacey Bell of Ramsay Health Care and Dr Sarah Cohen Wood. The research is supported by the Department of Veterans' Affairs, the Australian Defence force, South Australia Police, the Returned Services League and Ramsay Health Care.

About FPM

The Faculty of Pain Medicine is a world-leading professional organisation for pain specialists that sets standards in pain medicine and is responsible for education and training in the discipline in Australia and New Zealand. Pain medicine is multidisciplinary, recognising that the management of severe pain requires the skills of more than one area of medicine.

Chronic pain affects about one in five people in Australia and New Zealand. Specialists also manage acute pain (post-operative, post-trauma, acute episodes of pain in medical conditions) and cancer pain. For more information, please see [here](#).

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