# **Mantram Repetition for Posttraumatic Stress Disorder**

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# What is mantram repetition?

Mantram repetition involves the silent repetition of a personalized mantram — a word or short phrase with spiritual meaning (self-selected from a list of spiritual traditions) — frequently throughout the day. Mantram repetition is used to teach people to intentionally slow down their thoughts, train attention, initiate relaxation, and increase awareness of the present moment. By practicing mantram repetition initially when relaxed, it can be used later in stressful situations to assist with regulating emotions and managing distressing thoughts (Bormann et al., 2018; Crawford, Talkovsky, Bormann, & Lang, 2019). Mantram repetition sometimes is included as a component of an intervention. Mantram repetition program (MRP), or mantram therapy, is a meditation-based intervention for posttraumatic stress disorder (PTSD) that teaches the skills of mantram repetition, "one-pointed attention" (focusing attention on a single thing at a time) and "slowing down" (thinking or acting deliberately; Bormann et al., 2018; Bormann, Thorp, Wetherell, Golshan, & Lang, 2013). This manualized intervention is delivered in eight weekly 90-minute sessions, most often in a group format, and includes weekly homework exercises (Buttner et al., 2016).

## What is the theoretical model underlying mantram repetition?

Mantram repetition is one mind-body practice that elicits the "relaxation response," described by Benson as the opposite of the fight or flight response (Benson, 1993). There is some research demonstrating physiological effects in long-term practitioners of relaxation response techniques; these effects variously include decreased oxygen consumption (e.g., Benson, Steinert, Greenwood, Klemchuk, & Peterson, 1975), reduced blood pressure and heart rate (e.g., Wallace, Benson, & Wilson, 1971), and alterations in brain regions (e.g., Lazar et al., 2000). The mechanisms underlying these changes are not well understood. Bormann et al. (2014) posit that mantram repetition can reduce PTSD symptoms through reconditioning. By practicing mantram repetition to elicit the relaxation response, this response can then be initiated to counter traumatic triggers and intrusive thoughts. Over time, the intrusive thoughts and memories associated with PTSD may lessen as individuals develop a conditioned relaxation response.

# Is mantram repetition recommended as a treatment for PTSD in the Military Health System (MHS)?

No. The 2017 VA/DoD Clinical Practice Guideline (CPG) for the Management of Posttraumatic Stress Disorder and Acute Stress Disorder states that there is insufficient evidence to recommend any complementary and integrative health practice, including mantram meditation, as a primary treatment for PTSD. The CPG does note that it is not recommending against these treatments, but that the research does not support the use of these practices for the primary treatment of PTSD at this time.

The MHS relies on the VA/DoD CPGs to inform best clinical practices. The CPGs are developed under the purview of clinical experts and are derived through a transparent and systematic approach that includes, but is not limited to, systematic reviews of the literature on a given topic and development of recommendations using a graded system that takes into account the overall quality of the evidence and the magnitude of the net benefit of the recommendation. A further description of this process and CPGs on specific topics can be found on the VA clinical practice guidelines website.

# Do other authoritative reviews recommend mantram repetition as a treatment for PTSD?

**No.** Other reviews have not substantiated the use of mantram repetition for PTSD.

Several other recognized organizations conduct systematic reviews and evidence syntheses on psychological health topics using similar grading systems as the VA/DoD CPGs. These include the Agency for Healthcare Research and Quality (AHRQ) and Cochrane.

- AHRQ: A 2018 systematic review update of psychological and pharmacological treatments for adults with PTSD did not include mantram repetition as a treatment of interest (Forman-Hoffman et al., 2018).
- Cochrane: No systematic reviews on mantram repetition for PTSD were identified.

### Is there any recent research on mantram repetition as a treatment for PTSD?

A search conducted in October 2019 identified one randomized controlled trial (RCT) on the efficacy of mantram repetition for the treatment of PTSD published in the time period since the search conducted for the 2017 VA/DoD Clinical Practice Guideline for the Management of Posttraumatic Stress Disorder and Acute Stress Disorder. A 2018 RCT randomized 173 veterans diagnosed with military-related PTSD to receive either individual MRP or present-centered therapy (PCT) in eight weekly one-hour sessions (Bormann et al., 2018). The MRP group had significantly greater improvements in PTSD symptom severity, as measured by the Clinician-Administered PTSD Scale (CAPS), and in insomnia (via the Insomnia Severity Index,) compared to the PCT group, at both posttreatment and two-month follow-up.

### What conclusions can be drawn about the use of mantram repetition for PTSD in the MHS?

The 2017 VA/DoD Clinical Practice Guideline for the Management of Posttraumatic Stress Disorder and Acute Stress Disorder states that there is insufficient evidence for the use of mantram meditation at a primary treatment for PTSD at this time. Since the publication of the CPG, one trial has been published finding that MRP was more effective than PCT for reducing PTSD symptoms and insomnia. Clinicians should consider several factors when choosing an evidence-based treatment for any given patient. Treatment decisions should incorporate clinical judgment and expertise, patient characteristics and treatment history, and patient preferences that might influence treatment engagement and retention.

#### References

Benson, H. (1993). The relaxation response. In D. Goleman & J. Gurin (Eds.), *Mind/body medicine: How to use your mind for better health* (pp. 233–257). Yonkers, NY: Consumer Reports Books.

Benson, H., Steinert, R. F., Greenwood, M. M., Klemchuk, H. M., & Peterson, N. H. (1975) Continuous measurement of O2 consumption and CO2 elimination during a wakeful hypometabolic state. *Journal of Human Stress*, 1(1), 37–44.

Bormann, J. E., Thorp, S., R., Smith, E., (2018). Individual treatment of posttraumatic stress disorder using mantram repetition: A randomized clinical trial. *American Journal of Psychiatry*, 175(10), 979–988.

Bormann, J. E., Thorp, S. R., Wetherell, J. L., Golshan, S., & Lang, A. J. (2013). Meditation-based mantram intervention for veterans with posttraumatic stress disorder: A randomized controlled trial. *Psychological Trauma: Theory, Research, Practice, and Policy*, *5*(3), 259–267.

Bormann, J. E., Weinrich, S., Allard, C. B., Beck, D., Johnson, B. D., Holt, L. C. (2014). Chapter 5 mantram repetition: An evidence-based complementary practice for military personnel and veterans in the 21st century. *Annual Review of Nursing Research*, 32, 79–108.

Buttner, M. M., Bormann, J. E., Weingart, K., Andrews, T., Ferguson, M., & Afari, N. (2016). Multi-site evaluation of a complementary, spiritually-based intervention for Veterans: The Mantram Repetition Program. *Complementary Therapies in Clinical Practice*, 22, 74–79.

Crawford, J. N., Talkovsky, A. M., Bormann, J. E., & Lang, A. J. (2019). Targeting hyperarousal: Mantram Repetition Program for PTSD in US veterans. *European Journal of Psychotraumatology*, 10, 1665768.

Department of Veterans Affairs/Department of Defense. (2017). VA/DoD clinical practice guideline for the management of posttraumatic stress disorder and acute stress disorder. Version 3.0. Washington, DC: Department of Veterans Affairs/Department of Defense.

Forman-Hoffman, V., Cook Middleton, J., Feltner, C., Gaynes, B. N., Palmieri Weber, R., Bann, C., ... Green, J. (2018). *Psychological and pharmacological treatments for adults with posttraumatic stress disorder: A systematic review update* (AHRQ Publication No. 18-EHC011-EF). Rockville, MD: Agency for Healthcare Research and Quality.

Lazar, S. W., Bush, G., Gollub, R. L., Fricchione, G. L., Khalsa, G., & Benson, H. (2000) Functional brain mapping of the relaxation response and meditation. *Neuroreport*, 11(7), 1581–1585.

Wallace, R. K., Benson, H., Wilson, A. F. (1971). A wakeful hypometabolic physiologic state. American Journal of Physiology, 221(3), 795–799.

