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Repressive coping style and suppression of pain-related thoughts: Effects on responses to acute pain induction

Erin Elfant, John W. Burns  & Amos Zeichner

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Abstract

Repressors have shown short-term tolerance of acute pain but long-term sensitivity to chronic pain. To reconcile this discrepancy, we hypothesised that repressors routinely suppress pain-related thoughts during acute pain, and thus paradoxically incur rebound effects (increased accessibility of the to-be-suppressed material) afterwards. Healthy individuals ($n=222$) were assigned to suppress or not suppress pain-related thoughts during a cold pressor. Recovery and exposure to a massage device followed. Repressors revealed evidence of habitual suppression: nonsuppression/repressors showed a pattern of slow recovery from the cold pressor and unfavourable responses to the massage device similar to that exhibited by suppression/high anxious participants; suppression/repressors showed the slowest recovery and found the massage more

unpleasant than any group. Repressors may suffer long-term sensitivity to pain through rebound and contamination effects following attempts to suppress pain-related thoughts.

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Related Research Data

Thought Suppression

Source: Annual Review of Psychology

[The immunological effects of thought suppression.](#)

Source: Journal of Personality and Social Psychology

["Psychogenic" pain and the pain-prone patient](#)

Source: The American Journal of Medicine

[Self-deception predicts self-report and endurance of pain.](#)

Source: Psychosomatic Medicine

[Styles of Inhibiting Emotional Expression: Distinguishing Repressive Coping from Impression Management](#)

Source: Journal of Personality

[Low-anxious, high-anxious, and repressive coping styles: Psychometric patterns and behavioral and physiological responses to stress.](#)

Source: Journal of Abnormal Psychology

[A new scale of social desirability independent of psychopathology.](#)

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