

The Role of Thought Suppression in Posttraumatic Stress Disorder

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Thirty motor vehicle accident (MVA) survivors with PTSD and 25 without PTSD completed a trauma-related thought-suppression task. Both groups successfully suppressed trauma-related thoughts, followed by a rebound effect for the PTSD group, and no rebound effect for the no-PTSD group, in a replication of previous work (Shipherd & Beck, 1999). Additionally, a personally relevant, neutral thought-suppression task was included to examine the generalizability of thought suppression in PTSD participants. The PTSD group was able to suppress neutral thoughts without a rebound effect, suggesting that increases in suppressed thoughts are specific to trauma-relevant cognitions in individuals with PTSD. The potential role of thought suppression as a maintaining factor for reexperiencing symptoms of PTSD is discussed.

FOLLOWING A TRAUMATIC EVENT, it can be predicted that some individuals will experience distress and symptoms of posttraumatic stress disorder (PTSD; American Psychiatric Association [APA], 1994). It has been documented that these symptoms tend to decrease naturally during the 3 months immediately following a trauma (Ehlers, Mayou, & Bryant, 1998; Rothbaum, Foa, Riggs, Murdock, & Walsh, 1992). Unfortunately, some trauma survivors continue to experience symptoms and distress beyond the first 3 months, leading to a diag-

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nosis of chronic PTSD. Prevalence rates for chronic PTSD vary between studies and trauma type. In a review of the literature following one type of trauma, it was estimated that between 9% and 40% of survivors of motor vehicle accidents develop chronic PTSD (Blanchard & Hickling, 1997). Clearly, an understanding of individual differences that influence progression into a more entrenched pathological state would be beneficial. The current study was designed to examine one such factor, specifically thought suppression.

The theoretical literature provides a conceptual framework for understanding the potentially important role of thought suppression in the maintenance of PTSD. Information processing theory hypothesizes that traumatic experiences remain in active memory, accompanied by a drive to incorporate this information into existing mental representations (Horowitz, 1976; Lang, 1977). The theory predicts that intrusive thoughts will result until the material is fully assimilated into the individual's conceptual memory. Thus, it is possible that allowing intrusive thoughts to occur without censure may facilitate recovery, according to this theory, whereas thought suppression may prevent re-experiencing symptoms from remitting (Horowitz, 1976; Lang, 1977). Support for this hypothesis can be found in the empirical literature. For example, the use of suppression as a coping strategy following trauma was found to predict psychological distress in survey studies involving both adults and children (Aaron, Zagul, & Emery, 1999; Amir et al., 1997; Ehlers et al., 1998; Morgan, Mathews, & Winton, 1995). These studies found that survivors who attempted to avoid aversive memories by suppressing intrusive thoughts endured more reexperiencing symptoms. These findings support the hypothesis that deliberate thought suppression facilitates the maintenance of these symptoms, a supposition that has been discussed by several authors (Amir et al., 1997; Gold & Wegner, 1995; Purdon, 1999; Purdon & Clark, 2000; Steil & Ehlers, 2000; Trinder & Salkovskis, 1994).

The paradigm developed by Wegner and colleagues (Wegner, Schneider, Carter, & White, 1987) has become a popular tool for examining the effects of deliberate thought suppression. In studies using

this paradigm, half of the participants suppressed target thoughts (e.g., thoughts about a white bear) and the remaining participants simply monitored their thoughts. Following this initial period, all participants monitored their thoughts without suppressing any specific thoughts. In this way, the immediate and delayed effects of suppressing thoughts were examined. Wegner's theory (Wegner, 1989) of the ironic effects of thought suppression is the predominant theoretical model for explaining the process of suppression. This theory posits that thought suppression can occur by shifting attention to an irrelevant stimulus through a two-level system (Wegner, 1994). One part of this system is an intentional and effort-intensive "operating process," whereby the participant is seeking distracting stimuli. Simultaneously, there also is an unconscious and automatic "monitoring process" that is vigilant for the suppressed material. Through the use of this two-part system, distracters can become powerful cues for the return of suppressed material and thought suppression inevitably leads to an increase in the frequency of suppressed material. Thus, the thought suppression theory is consistent with information processing theories for understanding PTSD, as the role of powerful cues for intrusive thoughts is well-known in this disorder. In support of this theory, two paradoxical effects have been documented when measuring target thoughts in college samples (e.g., Clark, Ball, & Pape, 1991; Lavy & van den Hout, 1990; Merckelbach, Muris, van den Hout, & de Jong, 1991; Wegner & Erber, 1992; Wegner, Schneider, Knutson, McMahon, 1991): (a) an *immediate enhancement effect*, defined by increased occurrences of the thought when trying to suppress it, and (b) a *rebound effect*, defined by increased occurrences of the thought after suppression instructions are removed.

Within the thought suppression literature, the paradigm's applicability for understanding different types of psychopathology, including depression, obsessive-compulsive disorder, and PTSD, has been explored. Several reviews of this literature have summarized findings to date (Beevers, Wenzlaff, Hayes, & Scott, 1999; Purdon, 1999; Purdon & Clark, 2000; Rassin, Merckelbach, & Muris, 2000; Wenzlaff & Wegner, 2000). These reviews have detailed some of the mixed findings, along with the conceptual and methodological differences within this literature. Even in a meta-analysis of the thought suppression literature (Abramowitz, Tolin, & Street, 2001), the role of thought suppression in psychopathology was unclear, due to the small number of studies conducted with clinical samples. The only clear finding from this literature has been that additional studies with consistent methodology are

needed to understand the role of thought suppression in various disorders.

With regard to studying trauma recovery, several studies have used analogue populations exposed to stressful films to examine thought suppression. In these studies, a rebound effect has been demonstrated (Davies & Clark, 1998; Harvey & Bryant 1998b; McNally & Riccardi, 1996). These studies provided the first evidence for the importance of the rebound effect in trauma recovery. Further exploration of thought suppression has been undertaken with samples of trauma survivors (Harvey & Bryant, 1998a; Shipherd & Beck, 1999). For example, Harvey and Bryant's (1998a) study of thought suppression in newly traumatized individuals revealed that participants demonstrated a rebound effect. Specifically, in the immediate aftermath of a traumatic motor vehicle accident, suppression of traumatic material led to a resurgence of these thoughts in individuals with and without Acute Stress Disorder (ASD). However, the results did not argue for specificity of thought rebound in ASD, a finding that may have been attributable to the recency of the trauma. In order to explore the role of thought suppression in chronic PTSD, Shipherd and Beck (1999) compared women with and without PTSD following sexual assault (average 6 years post-assault). Sexual assault survivors with chronic PTSD demonstrated a rebound effect with trauma-related thoughts following suppression whereas the survivors without PTSD did not. This study demonstrated for the first time differences in the performance of trauma survivors with and without PTSD when engaged in deliberate thought suppression. Overall, the presence of a rebound effect in the PTSD group and its absence in the no-PTSD group suggested that thought suppression might be relevant in the maintenance of intrusive symptomatology. However, it was unclear if these effects were specific to recovery from sexual assault or were a psychopathological feature of PTSD irrespective of the type of trauma. Further, it was unclear if the rebound effect was specific to trauma-related information or if the effect was reflective of general cognitive functioning.

One area yet to be explored with trauma survivors is the generalizability of the rebound effect to thoughts that are not trauma-related. If the rebound effect were specific to trauma-related thoughts in PTSD participants, this would provide stronger evidence for the possibility that thought suppression might be a relevant process in maintaining one of the key symptoms of PTSD, specifically, intrusive trauma-related thoughts. Thus, it is possible that intrusive thoughts are analogous to rebound effects that occur naturally following attempts to suppress

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