

## Chronic thought suppression and posttraumatic symptoms: Data from the Madrid March 11, 2004 terrorist attack

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### Abstract

Although a considerable number of people either witnessed directly or in the mass media the traumatic scenes of the terrorist attack that took place on March 11th, 2004 in Madrid, only a fraction of Madrid citizens developed posttraumatic symptoms. In this study, posttraumatic stress-related symptoms, degree of exposure, coping strategies related to the attack, and chronic attempts to avoid intrusive thoughts (i.e., thought suppression) were assessed in a general population Madrid sample ( $N = 503$ ) 2–3 weeks after the attacks. Our results showed that participants with higher scores in chronic thought suppression exhibited higher levels of PTSD symptoms. Higher scores in chronic thought suppression also correlated positively with the use of avoidant coping strategies after the attacks. We discuss the possible common roots of avoidance of intrusive thoughts and avoidant coping strategies and the implications of this relationship for the emergence of stress-related symptoms as well as for public health policies.

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### 1. Introduction

Terrorist attacks are events that can be considered as an important source of traumatic responses (DiMaggio & Galea, 2006; Norris, Byrne, Diaz, & Kaniasty, 2001). Moreover, the fact that terrorism is directly provoked by humans whose only goal is to generate deaths, suffering, and horror may aggravate its psychological consequences (Danieli, Brom, & Sills, 2005). However, not all of those who are directly or indirectly exposed to this type of events develop substantial symptoms of stress or even posttraumatic clinical disorders. For instance, recent studies in community samples have shown that

only a rather low percentage of people exposed to terrorist attacks develop clinically significant disorders as a consequence of the attack (e.g., Galea et al., 2003; Vázquez, Pérez-Sales, & Matt, 2006). Although the initial symptom levels are usually high in the first weeks after the attacks (e.g., Blanchard et al., 2004; Muñoz et al., 2004; Silver, Holman, McIntosh, Poulin, & Gil-Rivas, 2002), these initial responses return to previous levels for most of the people within weeks (Galea et al., 2003; Miguel-Tobal et al., 2006; Shalev & Freedman, 2005).

What makes some people vulnerable to developing posttraumatic symptoms? Recent meta-analyses (Brewin, Andrews, & Valentine, 2000; Ozer, Best, Lipsey, & Weiss, 2003) have identified several factors related to the characteristics of the traumatic episode (e.g., severity, sudden, repeated, and intentional events) and clinical and demographic factors (e.g., female gender,

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low socioeconomic status, previous psychiatric history, previous history of childhood abuse, and lack of social support) that increase the probability of developing stress-related symptoms.

Vulnerability factors related to psychological mechanisms have also received attention as probable etiological components of psychopathological responses to traumatic events. Most of the psychological models of trauma-related responses have emphasized the fact that the magnitude of the responses depends on the way the event is subjectively appraised and is finally accommodated into the individual's self- and world-schemas (Janoff-Bulman, 1992). In processing threatening information, several factors, such as the ability to handle intrusive memories (Brewin, Dalgleish, & Joseph, 1996), the ability to provide meaning to the stressful experience (Davis, Nolen-Hoeksema, & Larson, 1998), or previous beliefs that one's psychological skills are effective to deal with stressful situations (Roussis & Wells, 2006), have all been found to play an important role in coping with traumatic events (see Brewin & Holmes, 2003; Dalgleish, 2004). Research on cognitive processes in stress-related symptoms has consistently found that certain coping strategies such as the use of effortful strategies to avoid thinking of the traumatic event (i.e., thought suppression), are usually not effective to adequately process emotional information (Horowitz, 1986; Lavy & van den Hout, 1990).

The concept of thought suppression, originally developed by Wegner and his group (Wenzlaff, Wegner, & Roper, 1988), is particularly relevant as it highlights the consequences of employing avoidance as a strategy to cope with intrusive thoughts. In a classical paradigm to study thought suppression mechanisms, participants who are requested to suppress an image (e.g., a white bear) typically experience more intrusions in the subsequent period of time than participants who are told to think about such an image. Although the underlying mechanisms of this "rebound effect" are still under discussion (e.g., Liberman & Förster, 2000), this phenomenon has been often found in the literature (for a detailed discussion, see Wenzlaff & Wegner, 2000) and has been proposed as an explanation of why intrusive images are paradoxically maintained despite the individual's efforts to get rid of them. It has been suggested that thought suppression can be understood as either a state or a trait level. That is, some people could be *chronically* inclined to use thought suppression as a typical way of coping with undesired thoughts (Wegner & Zanakos, 1994). According to this view, chronic thought suppression is defined as the general tendency or desire to suppress distressing thoughts.

After traumatic experiences, trying to block intrusive cognitions and images might be experienced as a useful strategy in the short term by chronic suppressors. However, it might actually interrupt cognitive processing and, consequently, perpetuate the threatening cognitions and the anxiety associated with them. Preliminary evidence for such a relationship has been found in diverse groups of survivors. For example, a study with survivors of rape found that those who developed PTSD showed more difficulties suppressing rape-related thoughts and more frequent rebound experiences than the survivors without PTSD (Shipperd & Beck, 1999). Thought suppression has also predicted PTSD severity in samples of flood survivors (Morgan et al., 2001) and survivors of traffic accidents (Ehlers, Mayou, & Bryant, 1998, 2003). In evaluating the specific role of thought suppression as a maintenance factor, Mayou, Bryant, and Ehlers (2001) found that thought suppression assessed 3 months after a motor vehicle accident predicted the persistence of PTSD 3 years later. Similarly, Engelhard, van den Hout, Kindt, Arntz, and Schouten (2003) found that patients who showed higher levels of peritraumatic dissociation also showed higher levels of thought avoidance which, in turn, was associated with trauma-related symptoms.

Coping research has also revealed a significant relationship between avoidance strategies and trauma-related symptoms, which is highly relevant in this discussion, as chronic attempts to suppress distressing thoughts might be considered a specific type of avoidant coping strategy. For example, studies with brain injury patients (Bryant, Marosszeky, Crooks, Baguley, & Gurka, 2000) and victims of traffic accidents (Bryant & Harvey, 1995) have found an association between patients' avoidant coping style and PTSD severity. In a sample of burned patients, a pattern of avoidant behaviors at discharge predicted the severity of intrusions 4 months later even after controlling for initial level of intrusions (Lawrence, Fauerbach, & Munster, 1996). An additional study with victims of physical and sexual assault found that specific avoidant coping strategies such as denial by fantasy or mental undoing (e.g., trying to erase memories of the assault) were associated with the persistence of PTSD symptoms (Valentiner, Foa, Riggs, & Gershuny, 1996). Thus, it seems that there is a consistent relationship between the use of avoidant cognitive and behavioral strategies and the severity and persistence of stress-related symptoms. However, the relationship between cognitive processes and behavioral avoidance strategies remains relatively unexplored in the context of PTSD research.

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