Cognitive control of pain: Effects of multiple cognitive strategies.
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AB 80 undergraduates were exposed to cold pain or pressure pain under 1 of 4 experimental treatments: (a) instructions to use 5 cognitive strategies to reduce pain (e.g., to dissociate oneself from the pain and to imagine that the stimulated area is numb); (b) the same instructions to use 5 strategies, but given in a brief form (45 sec); (c) instructions to use 1 specific cognitive strategy (to think of pleasant events); or (d) control. Both the long and the brief instructions to use 5 strategies raised average pain tolerance about 100% above the control level but did not change the ratings of pain intensity or distress. It is concluded that it is much easier to change tolerance of pain than to change perception of pain or the distress produced by pain.