

Abstract

Previous studies on pain have shown that the experience of somatic pain sensations caused by negative affective states, or emotional pain, share some of the same central nervous system processes as pain caused by nociceptive stimuli. Emotional pain has been characterized in various parts of the scientific literature, and termed psychache, psychological pain, mental pain, social pain, and emotional pain. The construct of emotional pain seems to share characteristics depicted in depression, trauma, and anxiety disorders. These feelings often are used when describing an emotionally painful situation (e.g., a loved one with a serious illness or the end of a romantic relationship). At this point in the evolution of the construct of emotional pain, it is important to distinguish it from other affective states. It was hypothesized that there would be greater mention of fear in trauma vignettes than in emotional pain writings; greater mention of depression, anxiety, and pain-related words in emotional pain vignettes than in trauma writings; and greater mention of other emotional states, that do not fit into the previously mentioned categories, in trauma than in emotional pain.

There were 100 college students randomly but equally assigned to write about either a personally relevant emotionally painful experience, or a trauma, using the SONA on-line system. Participants who reported not having had an emotionally painful or traumatic experience (depending on group assignment) were replaced. Vignettes were evaluated for mentions of pain, depression, anxiety, fear, and other emotions.

As predicted, chi-square tests revealed significantly more mentions of depression in the emotional pain vignettes, $\chi^2(1, N = 12) = 10.75, p < .002$, and significantly more mentions of fearful responding in the trauma vignettes $\chi^2(1, N = 5) = 14.92, p < .0005$. There were no significant differences in the mentions of pain, depression, anxiety, fear, or other emotional states in the 100 vignettes. In learning what descriptions characterize each construct, the understanding, prediction, and treatment of those states may be enhanced. In terms of immediate implications, emotional pain and trauma appear to be distinguishable in terms of fear and depression, but also share similar terms with other affective states. Findings from this study may help to elucidate differences between emotional pain and other affective states (e.g., trauma, depression, anxiety disorders).

Introduction

- Shneidman's (1998) model of *psychache* explains the experience of unfavorable distress or suffering in response to failure to live up to expectations creates frustration from untended needs, this leads to self-blame for emotional distress allowing manifestation of negative emotions like: shame, guilt, fear, grief, hopelessness, and anger.
- *Mental pain* has been defined as a sense of loss that is irreversible, narcissistic hurt, and perception of negative changes in self and its functions, accompanied by negative feelings and cognitions brought about by the loss of another or loss of self (Orbach et al., 2003)
- *Emotional pain* was defined as "the awareness of a disruption in the person's tendency toward maintaining individual wholeness and social unity" (Bolger, 1999, p. 357).

Problem & Hypotheses

Delineating mental pain as distinct from trauma is an important step in the evolution of this construct. The unique or overlapping aspects of mental or emotional pain and trauma are only beginning to be defined. The factors that lead to mental pain, or even how mental pain is related to depression and anxiety, are unknown. This study utilized an archival data set to try to distinguish between mental or emotional pain and trauma.

It was hypothesized that participants' writings about personally-relevant emotionally painful or traumatic experiences would differ as follows:

1. Greater mention of fear in trauma than in emotional pain writings.
2. More mention of anxiety in emotional pain than in trauma writings.
3. Greater amount of depression associated with emotional pain than trauma writings.
4. More inclusion of pain-related words in emotional pain than trauma writings.
5. Greater inclusion of other emotional states in trauma than in emotional pain writings.

Methods

Participants

- 100 undergraduate students.
- Randomly assigned to condition; could opt out

Measures

- Word counts of verbal/cognitive, physiological, and behavioral components of:
 - Fear
 - Anxiety
 - Depression
 - Pain
 - Other emotional states



Procedure

- Data collection utilized the internet-based SONA system, a web-based human subject management software, which allows for anonymous participation in research.
- Each participant was randomly assigned to write about one experience, either emotional pain or a traumatic event. Participants were allowed to opt out and to write about a joyful experience if they had not had an emotionally painful or traumatic event in life; in those cases, they were replaced as subjects.
- A coding manual, with operational definitions, was developed to facilitate recording of mentions of fear, anxiety, depression, pain, and other emotional states. A separate count of the number of mentions of each of these states then was conducted. For the present analyses, a binary system was utilized for each of the five emotional measures to allow indication of whether the state was mentioned or not in the written vignette.

Design

A between-subjects design was utilized, involving two independent groups of participants writing about a personally-relevant experience that was either emotionally painful or traumatic.

The dependent variable was any mention in the written vignette of anxiety, fear, depression, pain, or other emotional states. Consistent with Lang (1968), coding of emotional states included verbal/cognitive, physiological, and behavioral components.

Results

Support for 2 of 5 hypotheses:

1. Participants writing about trauma had more mentions of fearful responding than did their counterparts writing about an emotionally painful experience, $\chi^2(1) = 10.75, p < .002$, as shown in Figure 1.
2. Those writing about emotional pain indicated depressive affect more frequently than did their contemporaries who described a traumatic experience, $\chi^2(1) = 14.92, p < .0005$, as shown in Figure 2.

While there were twice as many emotional pain participants ($n = 12$) who wrote about experiencing pain relative to the number of trauma participants ($n = 6$) in each of the groups, this difference was not statistically reliable with this sample size, $p = .12$

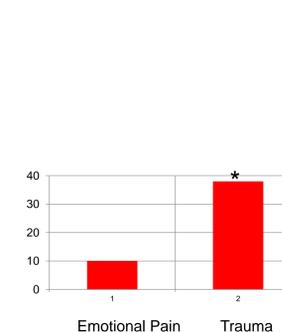


Figure 1. Percent of participants reporting fear in their written vignettes.

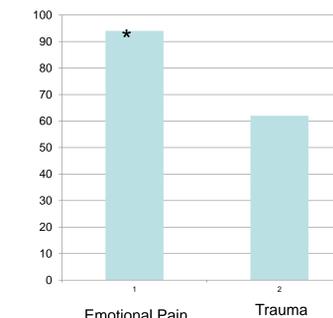


Figure 2. Percent of participants reporting depression in their written vignettes.

Discussion

- Mental or emotional pain and trauma can be distinguished in terms of fear and depression, but may be more similar in terms of other emotional states.
- Future research should utilize larger sample sizes to achieve greater reliability in testing whether more mentions of pain are associated with mental or emotional pain, relative to trauma.
- Additional research also should investigate emotional states in addition to mental or emotional pain and trauma, such as anxiety, fear, and depression.
- Findings in this area may help direct future research toward creating an appropriate model to form a clear conceptual basis for an operational definition of mental or emotional pain.
- The ability for clinicians to distinguish emotional pain from other features of distressing emotional experiences could serve an important role in research and treatment of emotional suffering and suicidal behavior.

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