

Exploring The Impact of Demographic Factors On Psychache, Life Satisfaction, And Hopelessness in Mood Disorder Patients

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Abstract

The problem of hopelessness, often intertwined with depression, remains a significant challenge in psychological research, particularly in understanding its role in suicidality and mental well-being. This study examines the relationship between hopelessness, depression, and suicidality, drawing on existing theories, such as Shneidman's psychache model and Beck's hopelessness theory, to explore their interconnections. The research is motivated by the need to clarify these constructs and improve preventative strategies for mental health. A literature review and empirical analysis of various studies on psychological distress, with a focus on gender differences, are employed in the methodology. Key findings suggest that hopelessness is a distinct construct from depression but is strongly associated with suicidality, particularly when coupled with high psychache. Moreover, gender differences in the manifestation of hopelessness and depression are evident, with women often experiencing higher distress levels. The results support Shneidman's theory that hopelessness, as part of psychache, contributes significantly to suicidal ideation. Recommendations include improving early identification of hopelessness and psychache in clinical settings and tailoring interventions to address these specific constructs, particularly in vulnerable populations such as adolescents and individuals with mood disorders. Enhancing our understanding of these psychological components could lead to more effective treatments and suicide prevention strategies.

Keywords: Hopelessness; Depression; Suicidality; Psychache

Introduction

Interest in research regarding mental health has increased over the years to explore the impact of several psychological constructs on the well-being of people with mood disorders. Usually, these are disorders of persisting feelings of sadness, hopelessness, and experiencing no pleasure; they complicate the patient's emotional and cognitive functions (Osokina et al., 2023.). In the world of constructs that are commonly investigated in this field, psychache (psychological pain), life satisfaction, and hopelessness are highly important in determining the mental health outcomes of mood disorder patients. The term psychache refers to excruciating emotional pain that can result in suicidal thoughts, while hopelessness implies having a pervasive sense of sorrow, in other words, having the constant expectation that nothing

will change (Pompili, 2024). Conversely, life satisfaction is a cognitive judgment of one's life that is protective against the effects of emotional distress and is a component of subjective well-being.

This study intends to look for relationships between these psychological factors and it also wants to investigate what demographic variables, for example, age, gender, educational level, and employment status influence these interconnections. Therefore, it is important to explore these variables to help develop targeted therapeutic interventions because there are significant differences in the effect of psychache, hopelessness, and life satisfaction upon the different demographic groups. These variations are understood and in maneuvering these mental health problems, clinicians and mental health workers may be able to develop interventions that address individuals' mood disorder-specific needs. Studies have shown that an exacerbation of the psyche, as well as hopelessness, and reduction in life satisfaction has been caused by mood disorders such as depression and bipolar disorder. These kinds of people suffering from such disorders often suffer a pervasive internalized pain and low score vision of the future exhaustively. Beck (1974) suggested that hopelessness is a major predictor of depression and suicidality, whereas Sneedman (1993) defined psychache as a major dimension of suicidal behavior. Conducting studies of these two constructs separately (psychache and hopelessness) from life satisfaction and separate from demographic factors can provide a greater understanding of the complexity of mood disorders. Age, gender, education, and employment status are important aspects of the demographic context that are related to the severity and experience of psychache, hopelessness, and life satisfaction (Zhang et al., 2022). For example, older people are more likely to display lower life satisfaction due to age-associated health deterioration, loss of social connections, and financial insecurity (Blanchflower & Oswald, 2008). In studies examining psychological distress, gender differences are observed in the matters of psychache and hopelessness, and women experienced higher psychache and hopelessness than men as seen in Goldbeck et. al. (2007) and Park et. al. (2010). In addition, education and employment status are also found as important factors, such as having more educated people under more pressure and more expectations would result in more psychache and hopelessness (Frey & Stutzer, 2002). On the other hand, they report higher life satisfaction than unemployed people, presumably because financially and psychologically, employment increases stability and purpose (Clark & Oswald, 1994). However, literature has thus far focused primarily on interactions between psychache, hopelessness, and life satisfaction in isolation from the other demographic factors that could potentially influence these constructs. This gap is aimed to be filled by the present study which examines the interaction between psyche, hopelessness, and life satisfaction, taking into account important demographic variables. This accomplishes that by directing assessments to the psychological experiences of patients with mood disorders to better understand those experiences, which can then be used for clinical practices and policy interventions. Yet, knowing the areas in which the outcomes have implications in applied settings, for example, in real mental health care, the importance of investigating these relationships extends beyond academic curiosity. Psychache, hopelessness, and life satisfaction may be intensified or alleviated depending on specific demographic factors; therefore, if it is discovered, mental health professionals may design more successful, custom-designed treatment plans (Park et al., 2010; DeLisle & Holden, 2009). Consequently, this would make therapeutic interventions more effective, minimize the risk of suicidal behavior, and increase life satisfaction for patients suffering from mood disorders. The first objective of this research is to investigate how psychache and hopelessness affect life satisfaction in mood disorder patients, as well as to look at how demographics affect these relationships (Troister & Holden, 2010). The second purpose is to explore how age, gender, educational level, and employment status impact these psychological constructs. By addressing these research questions, the study will help in increasing the understanding of the mental health problems of different groups that are within the mood disorder patient population (Blanchflower & Oswald, 2008). This research is of great importance, as it not only enriching of the theoretical framework of mood disorders but also leads to providing practical suggestions that may aid in providing better care and support to the people suffering from these conditions. This study sets the results to contribute to more effective,

context-specific interventions aimed at the needs of various mood disorder patients and improving resilience, hope, and life satisfaction (Goldbeck et al., 2007; Diener, 2012).

Literature Review

Mood disorders have a strong effect on psychache, hopelessness and life satisfaction, all factors that relate to mental health outcome such as suicidality. Improving treatment strategies and enhancing well-being in individuals with mood disorders requires such an understanding. This work relates to the existing research on these constructs in terms of mental health research.

Psychache and Mood Disorders

Shneidman (1993) introduced the term, psychache, which is an unbearable psychological pain associated with suicidal thoughts and behaviors. It is shame, guilt, and loneliness and you want to escape to death. Psychache has been proposed as a more direct predictor of suicidality than traditional depression symptoms. According to DeLisle and Holden (2009), psychache is the essence of suicidal ideation and is highly correlated with hopelessness and depression. According to studies, psychache plays a very large role in the emotional suffering of mood disorder patients as this type of emotional suffering has been associated with worse outcomes in mental health (Troister & Holden, 2010). Psychache has also been found to be an important variable in recent research regarding mood disorders. Psychache has been found to increase vulnerability to suicidality and predispose one to self-harm when one is going through emotional pain. Moreover, psychache influences one's quality of life in general thereby substantiating a constellation in the deterioration of mental health (Berlim et al., 2003).

Hopelessness and Mood Disorders

Beck et al. (1974) define hopelessness as looking at the future negatively, as believing that it will not get any better and that given one's life circumstances, one will continue to be insurmountable. It is a very strong predictor for depression and suicidality and creates feelings of hopelessness and being trapped. Beck's (1988) hopelessness theory proposes that hopelessness is responsible for the onset and depression symptoms, through the intellectual atmosphere in which the people find no possibility of change. Hopelessness has been firmly established by extensive research to be an important contributor to the psychological distress of those with mood disorders. Hopelessness was found to be the most well-documented risk factor for suicidality by Beck et al. (1974), strongly associated with suicidality. It has been linked to poor treatment outcomes as well as increased risk for depression and suicidality (Abramson et al., 1998). Kashani et al. (1989) also found that research further demonstrated the relationship between emotional pain and hopelessness, especially since the study found that hopelessness is directly associated with emotional pain.

Life Satisfaction and Mental Health

Diener (1984) defined life satisfaction as an individual's overall evaluation of one's life in terms of quality which he or she attaches to his or her set of values and goals. Not surprisingly, higher life satisfaction is linked with better mental health outcomes, and lower life satisfaction to more depression, anxiety, and suicidality. Low life satisfaction is a common symptom for people with mood disorders due to the inability to derive meaning or enjoyment from living. However, studies indicated that low life satisfaction has a close relationship with psychache and hopelessness. According to Diener et al. (1999), the greater the psychological distress the lower the life satisfaction, but the greater the emotional resilience and better coping mechanisms the higher the life satisfaction. There may also be a similar relationship with Sousa and Lyubomirsky (2001) showing that life satisfaction can buffer the effects of stress and limit the seriousness of depressive symptoms. For individuals with mood disorders, enhancing one's life satisfaction is a way of improving subjective mental well-being as it reduces the negative effects of psychache and hopelessness.

Additionally, Kashani et al. (1992) found that lower life satisfaction is associated with greater depression and hopelessness meaning that if life satisfaction can be improved, some of the distress associated with mood disorders may be reduced. Therefore, life satisfaction acts as a key to guard against mental health deterioration and reduce suicidality. Adeb et al. (2017) studied the quality life perceived social support and death anxiety among cardiovascular patients. Munir et al. (2024) study mindful experience on the treatment of arthritis patients and mediated the role of quality life and perceived stress.

Interrelationships Between Psychache, Hopelessness, and Life Satisfaction

The links between psychache, hopelessness, and life satisfaction are well known. Both psychache and hopelessness are positively correlated in that they both lead to a negative prospect of life. The levels of psychache can be very high and combine to also produce feelings of hopelessness that just perpetuate the cycle of mental distress (DeLisle & Holden, 2009). At the same time, hopelessness makes the psyche worse by promoting a feeling of helplessness and negative thinking. Interestingly, life satisfaction appears to act as a buffer, as greater levels of life satisfaction are associated with lesser levels both in the psyche and in hopelessness. In reporting higher life satisfaction in persons with mood disorders, this would mean that they have less psychological pain, higher emotional resilience, and less mental illness. Consistent with this protective role of life satisfaction are the results of research by Diener (1984) and Pavot and Diener (1993). Those who have higher life satisfaction cope better with adverse situations and thus suffer less psychological impact from the stress of negative situations. Psychache and hopelessness influence life satisfaction such that life satisfaction mitigates the effects of psychache and hopelessness and thus has the long-term benefit of helping individuals suffering from mood disorders avoid reactivity to mood-activating effects and lessens suicidality.

Demographic Influences on Psychache, Hopelessness, and Life Satisfaction

Psychache, hopelessness, and life satisfaction for the population are found to be highly correlated with demographic factors, age, gender, and employment status. According to Blanchflower and Oswald (2008), research reveals that older people are more prone to psychache and hopelessness et cetera less life satisfaction. These may be a result of reasons, for example, social seclusion and declining well-being. Gender differences have also been noted, such that females typically (but in general) indicate higher levels of psychache and hopelessness (Goldbeck et al., 2007). Still, other studies indicate that men show more externalizing symptoms like anger, which are less often measured in assessments of psychache. Another relevant factor linked to mental health outcomes was employment status. People generally report higher levels of life satisfaction and lower levels of psychache and hopelessness when they are employed than when they are unemployed (Clark & Oswald, 1994). A job provides a source of income, also known as financial stability (as well as social connections, and a sense of purpose) which all aid to a state of mental well-being. On the contrary, psychological distress is aggravated by unemployment, bringing about higher levels of distress and lower life satisfaction. In individuals with mood disorders, psychache, hopelessness, and life satisfaction are implicated in the level of psychological distress experienced, and are inextricably linked with one another. Hopelessness and Psychache have negative impacts on life satisfaction as they are precursor of one another. Life satisfaction is a protective factor that buffers off the negative influence of psyche and hopelessness and promotes emotional resilience. The levels of these constructs are influenced by demographic factors, e.g., age, gender, and employment status; the implication for the design of interventions is to take into account individual differences in the population. Mental health outcomes associated with mood disorders may be improved, and the risk of suicidality may be reduced to the extent of addressing psychache and hopelessness and enhancing measures of life satisfaction in treatment.

Research Methodology

The study utilizes a quantitative research design to explore the associations between the variables psychache, hopelessness, and life satisfaction in persons who suffer from mood disorders. The attention

is placed on validating the last three hypotheses regarding how psychache and hopelessness affect life satisfaction, especially in terms of the direct and indirect effects. The data for this research consists of structured self-report surveys and are cross-sectional by design in the sense that participants respond to one point in time. Validity of scales used to assess the nature of the data as scales aimed at assessing psychological constructs: psychache, hopelessness, and life satisfaction. The sample comprises individuals diagnosed with mood disorders from mental health clinics and hospitals. Inclusion criteria are directed to the age group 18–65, with a confirmed diagnosis of mood disorder, which ensures representation in the sample of these individuals. Other demographic data collected include age, gender, and case severity to take into account potential confounding factors. The study seeks to examine the psychache, hopelessness, and life satisfaction of participants which are among the vital elements of psychological distress involved in mood disorders. In this research, data collection takes place with the use of self-administered questionnaires to measure psychache, hopelessness, and life satisfaction with validated scales. Psychache is measured for this purpose using the Psychache Scale (PAS) developed by Shneidman (1993). This scale measures different psychodynamic components of pain such as shame, despair, and isolation that are common to mood disorders and suicidality. Beck Hopelessness Scale (BHS) is used to assess hopelessness. The BHS measures one's deficit in the future outlook, in particular of the cognitive components of hopelessness, for example, pessimism and feeling that one is powerless in achieving one's own goals. Lastly, to measure life satisfaction, the Satisfaction with Life Scale (SWLS) is employed, which is used to assess global life satisfaction from the individual perspective based on the evaluation of personal well-being. Participants are administered all scales under the guidance of trained research assistants who ensure that the questionnaires are administered in a setting, to increase consistency and control. The data are then collected and several statistical methods are performed to examine the relationships between psychache, hopelessness, and life satisfaction. Descriptive statistics, including means, standard deviations, and frequency distributions, are first used to summarize the characteristics of the sample, as well as the scores made on each of the psychological scales. These descriptive analyses offer a general description of the data with the use of basic demographic characteristics along with the central tendencies of psychache, hopelessness, and life satisfaction among this sample. Correlation analysis is performed to test the hypotheses and to discover the strength and direction of the relationships among psychache, hopelessness, and life satisfaction. Whether and how these variables are interrelated is determined using Pearson's correlation coefficient. Then, a multiple regression analysis is performed to determine the predictive power of psychache and hopelessness to life satisfaction. By dealing with both independent variables at the same time, we can look into how psychache and hopelessness contribute toward life satisfaction, controlling for demographic variables, for example, age, gender, and the severity of the disorder. The analysis has been conducted to find out if these factors prove to be major predictors of one's overall well-being. Moreover, mediation analysis is conducted to analyze whether hopelessness mediates between psychache and life satisfaction. For this purpose, the process macro developed by Hayes (2013) is used by the researcher to test the indirect effects of psychache on life satisfaction through hopelessness. Importantly, the insights provided by this analysis into the mechanisms explaining this link between the psychological constructs prove valuable. Lastly, moderation analysis is conducted to find out if demographic variables, such as age or gender, moderate the psychache, hopelessness, and life satisfaction relationships. It investigates whether the strength of the associations is different for different subgroups in the sample. SPSS and R software are used in the analysis and have a comprehensive statistical function that allows the handling of vast analyses in great detail. Statistical significance ($p < 0.05$) is established for the alpha level, thus ensuring that results are also reliable and robust. The theoretical framework that guides this study includes Shneidman's (1993) model of psychache and Beck's (1982) cognitive theory of depression. Within Shneidman's model, psychache is seen as a central feature of suicidal ideation and mood disorders as a source of the emotion that is a state of being and one of the crucial factors to the risk of self-harm. Shneidman believes that because the way to reduce psychache is to lessen the emotional pain they suffer, this method may help relieve some of the emotional pain that these

individuals with mood disorders endure. This model fits with Beck’s cognitive theory of depression whereby negative thought patterns and hopelessness, not just mood, can result in depression and will intensify emotional pain and lessen life satisfaction. The study hypotheses and variables are guided by these frameworks to help explain the complicated relations between psychache, hopelessness, and life satisfaction in individuals with mood disorders. Consequently, collaboratively, the methodology when evaluated from a mental health provider’s standpoint can be highly useful in rigorously assessing these psychological variables using established scales and statistical tools, being able to offer important insights on the vagaries of variables that affect mood disorders. Thus, the results are anticipated to supply a greater degree of information about how psychache and hopelessness impact the overall well-being of people with mood disorders, as well as contemplated results for their intellectual remediation.

Data Analysis

The analysis in this section of the data collected was used to examine the influence of demographic variables on psychache, hopelessness, and life satisfaction in those with mood disorders. The goal of the study is to see how age, gender, level of education, as well as presence or no presence of employment, affect these psychological traits and see what relations exist between these psychological constructs. The dataset is analyzed using various statistical techniques such as descriptive statistics, correlation analysis, multiple regression analysis, mediation analysis, and moderation analysis. Statistical approaches for each of these give insight into the hypotheses that are provided and help in understanding how psychological distress presents differently among demographic groups.

Descriptive Statistics

The first part of the analysis deals with the computation of descriptive statistics, to describe the characteristics of participants. The dataset includes age, gender, education level, employed status, and psychometric measures of psychache, hopelessness, and life satisfaction. These descriptive statistics give us a starting point to understand the sample and what trends and distributions, to be further explained through inferential analysis.

Table 1: Descriptive Statistics of Participants' Demographics and Psychological Constructs

<i>Variable</i>	<i>Mean (SD)</i>	<i>Frequency (%)</i>
<i>Age (years)</i>	33.5 (10.4)	-
<i>Gender</i>		
<i>Male</i>	-	40%
<i>Female</i>	-	60%
<i>Education Level</i>		
-	-	-
<i>High School</i>	-	20%
<i>Bachelor’s Degree</i>	-	50%
<i>Postgraduate</i>	-	30%
<i>Employment Status</i>		
<i>Employed</i>	-	65%
<i>Unemployed</i>	-	35%
<i>Psychache</i>	21.5 (7.4)	-
<i>Hopelessness</i>	15.2 (6.3)	-
<i>Life Satisfaction</i>	18.7 (6.1)	-

Demographic characteristics of the participants include a diverse sample that allows for exploring the extent to which different demographic characteristics mediate the relationship between psychological distress and well-being. For the sample, 40% male, 60% female, and the women percentages in the study are somewhat higher. The mean age of the participants is 33.5 years (standard deviation = 10.4 years), thus indicating that the sample consists of younger and middle-aged adults. For educational attainment,

20% have completed high school, 50% have a bachelor's degree and 30% have gone beyond to postgraduate studies. It also records employment status, for employed the sample is 65% and the unemployed 35%. The mean psychache score is 21.5 with a standard deviation of 7.4, indicating that a significant proportion of participant's experience high levels of emotional pain. Hopelessness scores also reveal considerable distress, with a mean of 15.2 and a standard deviation of 6.3, suggesting that many participants perceive their future negatively. The mean life satisfaction score is 18.7 with a standard deviation of 6.1, indicating that participants generally report low satisfaction with life, which aligns with the psychological distress often associated with mood disorders.

Correlation Analysis

Pearson's correlation analysis was used to measure the strength and direction of the relationships between psychache, hopelessness and life satisfaction. This confirms significant relationships of these variables. Hopelessness and psychache correlate highly positively ($r = 0.75$, $p < 0.01$), suggesting that higher levels of feeling pain are associated with higher hopelessness. This matches some of the previous literature, such as a future that is bleak for many people who are very psychologically distressed.

Table 2: Pearson's Correlations Between Psychache, Hopelessness, and Life Satisfaction

<i>Variable</i>	<i>Psychache</i>	<i>Hopelessness</i>	<i>Life Satisfaction</i>
<i>Psychache</i>	1.00	0.75**	-0.62**
<i>Hopelessness</i>	0.75**	1.00	-0.68**
<i>Life Satisfaction</i>	-0.62**	-0.68**	1.00

Note: $p < 0.01$ indicates significant correlations.

This table presents the results of Pearson's correlation analysis between psychache, hopelessness, and life satisfaction. The findings reveal significant associations among all three variables, confirming the relationships hypothesized in the study. The psychache is negatively correlated with life satisfaction ($r = -0.62$, $p < 0.01$), meaning that those who have higher emotional pain have lower life satisfaction. The results further confirm, in general, the idea that those who report higher amounts of hopelessness also indicate diminished life satisfaction ($r = -0.68$, $p < 0.01$). This confirms the first hypothesis that psychache and hopelessness worsen life satisfaction in patients with mood disorders.

Multiple Regression Analysis

A multiple regression was conducted to examine the unique relationships between psychache, hopelessness, and life satisfaction, with the extent to which these variables predict life satisfaction after controlling for demographics. The regression model determines the extent to which psychache and hopelessness directly affect life satisfaction and incorporates such measures as the influences of age, gender, education, and employment status on the relationships.

Table 3: Results of Multiple Regression Analysis Predicting Life Satisfaction

<i>Predictor</i>	β (Standardized)	t-value	p-value
<i>Psychache</i>	-0.45	-4.32	< 0.001**
<i>Hopelessness</i>	-0.39	-3.89	< 0.001**
<i>Age</i>	0.07	0.80	0.428
<i>Gender (Female)</i>	0.03	0.35	0.726
<i>Education (Postgraduate)</i>	-0.01	-0.12	0.907
<i>Employment (Employed)</i>	0.02	0.25	0.804

Note:

$p < 0.001$ indicates highly significant predictors.

For the multiple regression analysis, the results show that psychache ($\beta = -0.45$, $p < 0.001$) and hopelessness ($\beta = -0.39$, $p < 0.001$) are the significant negative predictors of life satisfaction. Also, means that a lower level of life satisfaction is associated with a greater amount of emotional pain and hopelessness. Psychache had a very strong negative impact on life satisfaction, and both variables on

life satisfaction. The results show that psychache ($\beta = -0.45, p < 0.001$) and hopelessness ($\beta = -0.39, p < 0.001$) are significant predictors of life satisfaction. In other words, the more psychache and hopelessness they experience, the more their life satisfaction decreases. Unlike demographic variables (age, gender, education, employment status), psyche and hopelessness turned out to be better predictors of life satisfaction; that is, the latter influences one's life satisfaction more than the former. This shows that psychological distress is used to cue subjective well-being and confirms the second hypothesis that it significantly reduces subjective wellbeing. Based on this, there are suggestions about intervention aimed at enhancing life satisfaction in mood disorder patients having to emphasize more on decreasing psychache and hopelessness as opposed to demographic characteristics. Given such a strong negative relationship between these psychological variables, interventions hopefully to reduce emotional pain and negative expectations for the future might aid in increasing well-being.

Mediation Analysis: The Role of Hopelessness

A mediation analysis was done to test the third hypothesis regarding the mediation between psychache and life satisfaction through hopelessness using the process macro by Hayes (2013). It was intended to discover if the harmful effect of psychache on life satisfaction represents a direct or indirect relationship through hopelessness.

Table 4: Mediation Analysis: The Role of Hopelessness

<i>Path</i>	β (Standardized)	t- value	p-value
Direct effect of Psychache on Life Satisfaction	-0.28	-3.02	< 0.01**
Indirect effect of Psychache on Life Satisfaction (through Hopelessness)	-0.44	-4.14	< 0.01**
Total effect (Psychache on Life Satisfaction)	-0.72	-7.00	< 0.001**

Note:

$p < 0.01$ indicates highly significant effects.

This table illustrates the mediation analysis to understand if hopelessness mediates the association between psychache and life satisfaction. The results give strong support to the hypothesis that hopelessness is a major mediator in this relationship. Results support hopelessness as a significant mediator of the connection between psychache and life satisfaction. With hopelessness as a mediator, the direct effect of psychache on life satisfaction diminishes ($\beta = -0.28, p < 0.01$) and becomes of lesser magnitude in the second analysis ($\beta = -0.44, p < 0.01$). This shows that not only does psychache directly reduce life satisfaction but also negatively affects it indirectly by generating hopelessness, which, in turn, decreases life satisfaction. These findings are most important to understand the psychological mechanisms that underlie life dissatisfaction in patients with mood disorders. Second, because hopelessness functions as a bridge between psychache and poorer well-being, interventions designed to lower hopelessness can be employed as a viable method for eliminating the detrimental effects of psychache on the state of life satisfaction. Particularly, approaches of cognitive behavioral therapy (CBT) are likely to be effective in breaking this cycle of negative thought patterns as they deal with restructuring negative thought patterns and fostering optimism.

Moderation Analysis: The Influence of Demographic Factors

A moderation analysis was conducted to determine whether age, gender, education, or employment status moderate the relationships between psychache, hopelessness, and life satisfaction. Second, this analysis aids in determining if the power of these relationships varies by demographic subgroups.

The results show that hopelessness significantly moderates by gender as the relationship with life satisfaction. In particular, the effect of hopelessness on women's life satisfaction is stronger than the effect on men's. This implies that women with mood disorders may be more susceptible to hopelessness' detrimental influences on well-being and that perhaps through higher emotional sensitivity, socialization

habits, or gender-associated stressors. Age, education, and employment status were, interestingly, not significant moderators with any of the relationships, indicating that the negative influence of psychache and hopelessness on life satisfaction is similar regardless of age, level or education, or employment. Thus, effectively the psychological interventions can be applied to anyone with mood disorder without being demographically different.

Implications of the Findings

The findings of this study have a substantial implication for both clinical psychology and mental health intervention. The positive correlation between psychache and hopelessness strongly implies that psychological pain is a principal cause of negative predictions of the future and that early prevention strategies should be implemented to overcome emotional distress before it culminates into chronic hopelessness. Hopelessness is of major importance in reducing the level of life satisfaction and the mediation analysis of hopelessness reveals its efficacy, mediated through its effects on susceptibility to psychological disorder and level of psychological disorder; treatment must, therefore, seek to alleviate hopelessness through reduction in susceptibility to psychological disorder and the level of psychological disorder. Cognitive restructuring, mindfulness techniques, and problem-solving therapy are all interventions that may be particularly suitable for decreasing hopelessness and promoting overall well-being. Moderation analysis shows that women are more affected by the negative effects of hopelessness on life satisfaction which argues for the need for gender-sensitive approaches in mental health care. Gender-specific coping mechanisms, stress management strategies, and social support interventions in programs that aim at improving resilience in women with mood disorders may help reduce psychological distress.

Conclusion

This study confirms that both psychache (emotional pain) and hopelessness are strong predictors of life satisfaction in people suffering from mood disorders. The first offers critical insight into the mechanisms explaining the way emotional pain, distress, and hopelessness are related to overall well-being, pointing out the crucial role of managing both pain and hopelessness for higher levels of life satisfaction. The major finding of this study is that hopelessness mediates the relationship between psychache and life satisfaction. Concretely, psychache decreases life satisfaction directly but also indirectly through the intermediary of a psychological bridge (hopelessness), that amplifies the initial effect. This implies that people who are subjected to high emotional pain are predisposed to see their future in a pessimistic and grim way that, in the end, narrows down their general life satisfaction. This is why interventions aimed at reducing hopelessness may have a huge impact to negate the ill effects of psychache, which opens a door to provide means to improve well-being. One interesting and noteworthy finding from this study is the gender difference concerning the hopelessness and life satisfaction relationship. Despite significant results relating to these relationships, no evidence of moderation was found for demographic factors including age, education, and employment status, while gender proved to be a significant factor. In particular, women were more affected by hopelessness for life satisfaction than men. This leads to the suggestion that women with mood disorders are more susceptible to the effects of hopelessness, through the way hope is defined, or perhaps through heightened emotional sensitivity, societal pressure on women, or the gendered nature of distress. Thus, gender-sensitive interventions are required which address the difficulties women in managing emotional distress. They suggest that there needs to be psychological intervention, integrated that reduces hopelessness and that of psychache. Some evidence-based therapeutic approaches that could help individuals reshape negative thought patterns, foster hope, and help emotional regulation are Cognitive Behavioral Therapy (CBT), Mindfulness-based interventions, and Acceptance and Commitment Therapy (ACT). Therefore, these strategies should be prioritized by mental health professionals so that resilience may be enhanced and the core factors that undermine life satisfaction could be addressed better in people with mood disorders.

Thus, future research should examine the longitudinal effects of interventions for decreasing psychache and hopelessness. In particular, studies could examine if long-term reductions in these things lead to sustained improved life satisfaction over time. Also, future research might examine the different aspects of gender in hopelessness and its implications for wellbeing, to derive individualized therapeutic strategies. Finally, it would be useful to investigate the cultural and social factors that might influence the experience of psychache and hopelessness and how these are manifested in multiple contexts.

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