

## BETWEEN PAIN AND HOPE: INVESTIGATING PSYCHACHE, LIFE SATISFACTION, AND HOPELESSNESS IN MOOD DISORDER PATIENTS

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DOI: <https://doi.org/10.5281/zenodo.14824473>

Received	Revised	Accepted	Published
15 December, 2024	15 January, 2024	28 January, 2025	06 February, 2025

### ABSTRACT

Mental health research focuses greatly on psychological distress factors which particularly affect people with mood disorders. The psychological results and daily realities of mood disorder patients become clearer by studying fundamental constructs like psychache hopelessness and life satisfaction. Psychache when described as an agonizing emotional distress is linked with suicidal thoughts whereas hopelessness induces negative future evaluations that lead to greater depression and suicide potential. The protective factor that life satisfaction establishes works against psychological distress to promote well-being and resilience. Patients with mood disorders commonly experience both elevated psychache and hopelessness together with reduced life satisfaction rates. This study aimed to examine the relationships among psychache, hopelessness, and life satisfaction in mood disorder outpatients. Utilizing a quantitative survey design, 100 participants were assessed using validated scales, including the Psychache Scale, Beck Hopelessness Scale, and Satisfaction with Life Scale. Findings revealed a significant positive correlation between psychache and hopelessness, while life satisfaction showed a negative relationship with both variables. Older age and unemployment were associated with higher psychache and lower life satisfaction. Recommendations emphasize targeted interventions addressing psychache, promoting life satisfaction through resilience-building programs, and implementing socioeconomic support to mitigate distress and improve mental health outcomes.

**Keywords:** Psychache, Hopelessness, Life Satisfaction, Mood Disorders.

### INTRODUCTION

Psychological distress is an increasingly significant area of concern in understanding mental health (Akram et al., 2022; Javaid et al., 2023; Ramzan et al., 2023), particularly in the context of mood disorders. Among the constructs explored, psyche, life satisfaction, and hopelessness have emerged as pivotal in shaping the lived experiences and psychological outcomes of individuals suffering from mood disorders. Psychache conceptualized as an unbearable state of psychological pain, has

been identified as a core factor driving suicidal ideation and behaviors (Shneidman, 1993). It encompasses feelings such as shame, guilt, humiliation, and fear, often resulting in a desire to escape the psychological turmoil through self-harm or suicide (Troister & Holden, 2010). Research indicates that psychache is more proximal to suicidality than other psychological factors like depression and hopelessness, suggesting its distinct and profound influence on

mental health outcomes (DeLisle & Holden, 2009; Ramzan et al., 2023).

Researchers extensively study hopelessness as a psychological construct because it creates links between depressive disorders and suicidal tendencies. A person's negative appraisal of their present life and environment as well as their expectations about the future frequently generates helpless despair (Beck et al., 1974). Beck (1988) determined that the prediction of suicidal thoughts depends more strongly on hopelessness levels than depression as a primary factor in examining psychological distress. Life satisfaction shows associations with different demographic characteristics and psychosocial variables such as age gender and employment status according to research from Kashani Dandoy & Reid (1992).

The cognitive judgmental process of life evaluation acts protectively against mental health deterioration and is known as life satisfaction (Diener, 1984). The assessment method subjects life circumstances to comparison against individual values and personal standards (Pavot and Diener, 1993). People who demonstrate high life satisfaction tend to show healthier mental health results and better resilience together with an enhanced sense of well-being but those with lower satisfaction statistics demonstrate signs of depression thoughts of suicide and feelings of hopelessness (Sousa & Lyubomirsky, 2001). Life satisfaction functions as a tool that enables researchers to evaluate both quality of life and psychological processes.

Mood disorders benefit from studying psychache together with hopelessness in combination with life satisfaction levels. According to the National Institute of Mental Health (2020) mood disorders which include major depressive disorder and bipolar disorder feature continuous emotional disturbances affecting the way individuals view themselves and their world, which needs to be resolved (Akram & Oteir, 2025; Li & Akram, 2023, 2024; Ramzan et al., 2025). The symptoms of mood disorders typically include severe psychache and elevated hopelessness and accompany decreased life satisfaction (DeLisle & Holden, 2009). Multiple influencing factors create both intensified mood disorders' severity and affect patients' treatment responses and their recovery progression.

According to Shneidman (1993), psychache functions as the connecting link between suicidal

behaviors and it affects how depression and hopelessness influence an individual vulnerable state. According to DeLisle and Holden's (2009) landmark research, the authors confirmed psychache generates positive relationships with hopelessness yet creates inverse patterns with life satisfaction ratings. Beck et al. (1974) showed that subjective hopelessness generates negative effects on life satisfaction and generates strong associations with depression symptom severity. These studies demonstrate how psychological distress factors continue interacting thus providing new insights into emotional distress evaluation among mood disorder patients.

Additional influences on variable relationships emerge from considerations of age combined with gender factors. The research shows that older individuals demonstrate both elevated levels of psychache and hopelessness and reduced life satisfaction according to Blanchflower & Oswald (2008). Research studies have found women to show stronger symptoms of psychache and hopelessness than men (Goldbeck et al., 2007; Park et al., 2010). Differentiating between population groups by age and gender shows that targeted psychache and hopelessness interventions should be adjusted for individual demographic differences.

Research has built significant evidence yet significant gaps persist when studying the entire relationship between psychache and hopelessness together with life satisfaction in patients with mood disorders. Most research focuses on these constructs individually along with their suicide connection without exploring their mutual relationships. This research addresses the existing gap through studies of psychache and hopelessness connections in addition to life satisfaction levels within mood disorder outpatients.

Knowledge about these connection patterns helps create successful preventive programs and focused treatment strategies. Interventions that decrease psychache symptoms might reduce feelings of hopelessness while increasing vital life satisfaction thereby leading to better mental health achievement. Life satisfaction promotion acts as a protective mechanism that prevents mental stressors from damaging mood disorder patients' resilience. This study investigates these constructs among clinical patients to enhance our knowledge base and develop specific mental health

intervention approaches. The research results shed light on mood disorder psychological processes thus enabling advanced holistic mental healthcare support.

## LITERATURE REVIEW

Psychache existence shows clear links to both life satisfaction measures and hopelessness throughout research that studies mood-related psychological distress. Independent studies have already investigated each construct yet researchers require additional insight into how these elements connect to cause mental health deterioration. This analysis of existing studies surveys the characteristics of psychache and hopeless perception alongside life satisfaction and studies their established connections.

### Psychache and Hopelessness

Psychache represents an intolerable form of psychological distress that Shneidman (1993) developed as the core factor driving suicidal behaviors. Psychache brings emotional states including shame loneliness humiliation and guilt which cause people to seek death as a psychological relief. According to Shneidman (1993), psychache stands as an earlier sign of developing suicidal thoughts than do feelings of depression or hopelessness. Research demonstrates clear evidence for the connection between psychache and feeling without hope. According to DeLisle and Holden (2009), psychache demonstrates a positive relationship with hopelessness which continues to act as a substantial predictor for suicidal behavior despite controlling for depression. Berlim et al. (2003) discovered that psychache is strongly associated with psychological quality of life which shows an inverse relationship to hopelessness.

Widespread exploration of mental health branches around the cognitive process of hopelessness has been documented in numerous scientific studies. Beck et al. (1974) demonstrated that hopeless thoughts function as the main risk factor for suicidal thoughts and actions which connects depression with suicide potential. According to Beck and Steer (1988), this cognitive construct includes believing problems cannot be overcome while expecting detrimental future outcomes. Multiple studies demonstrate a clear relationship between hopelessness and depression yet the connection between psychache remains

crucial to explore psychological distress. Depression and suicidal ideations can occur because of hopelessness according to Abramson et al. (1998) who proposed this theory as a sufficient cause for both depression and suicidality. The theory supports Shneidman's (1993) idea that unfulfilled needs generate hopelessness while simultaneously producing psychache.

Clinical populations show an identifiable relationship between psychache and hopeless feelings. The study conducted by Kashani et al. (1989) found psychache sufferers show elevated symptoms of hopelessness compared to people without psychache emotional distress. Research shows that psychache creates a stronger negative evaluation of life prospects which triggers severe feelings of hopelessness. Perfectionism along with suicidality produces psychache which further triggers hopelessness (DeLisle and Holden, 2009). Research evidence indicates that health professionals must acknowledge and treat psychache before clients develop feelings of hopelessness in therapy.

### Life Satisfaction and Hopelessness

Life satisfaction functions as a fundamental metric that people assess cognitively about their existence (Diener, 1984). Life satisfaction functions as a worldwide evaluation technique that depends on personal benchmarks and anticipated results to assess diverse domains from romantic relations to jobs to health (Pavot & Diener, 1993). People with high life satisfaction achieve better mental health results and develop resilience alongside reduced chances for depression according to Sousa and Lyubomirsky (2001). Negative psychological effects with increased risk of suicidality exist when life satisfaction levels are low.

Research shows that increasing life satisfaction produces the opposite effect compared to hopelessness. According to Beck et al. (1974), clinical subjects with lower life satisfaction show higher hopelessness levels. A state of hopelessness destroys how someone views their life situations and results in reduced satisfaction according to Hojat, Gonnella, & Erdmann (2003). Divided groups based on age from youth to older adults show this relationship exists in every segment. Hopeless teenagers according to Kashani et al. (1992) showed worse life satisfaction results which

demonstrates cognitive distortions create destructive impacts on perceived happiness. Researchers have examined life satisfaction through studies that investigate its protective properties against psychological distress. People who demonstrate high life satisfaction show an enhanced ability to handle life challenges while showing less hopeless behavior (Sousa & Lyubomirsky, 2001). Researchers ascribe this protective mechanism to the way satisfaction with life creates resilient capabilities while teaching preventive strategies to counteract negative life experiences. Life satisfaction levels that are low make conditions seem impossible to surmount according to research by Hojat et al. (2003). The interdependent relationship demonstrates why life satisfaction needs proper emphasis in mental health therapeutic approaches.

### **Psychache and Life Satisfaction**

Psychache generates negative effects on life satisfaction because individuals struggle to find happiness in their lives (Shneidman, 1993). People with psychache experience limited satisfaction with life since their psychological distress spreads throughout their entire emotional system. Berlim et al. (2003) demonstrated that psychological follow-up care interventions would help establish an authoritative connection. Their analysis showed psychache reducing subjective well-being markers. The existing psychache research demonstrates that psychache plays a major role in emotional disturbance and treatment-interference.

Positive evaluations of life circumstances function as a protective mechanism against psychache so it diminishes its negative effects. According to Diener (1984), the assessment of life satisfaction functions as a subjective process that demonstrates personal adaptation capabilities alongside optimistic perspective maintenance. The ability to realize personal satisfaction strengthens emotional resilience and emotional control which then lowers how much pain affects one (Sousa & Lyubomirsky, 2001). Correct elements are important when evaluating distress patterns because those who maintain unsatisfactory lives become more easily affected by psychache whereas those who rate their lives positively demonstrate a lower sensitivity to such negative outcomes.

Scientific research has established that psychache shows an inverse relationship with life satisfaction

scores. According to DeLisle and Holden (2009), adults with substantial psychological pain showed considerably reduced life satisfaction standing compared to adults showing minimal distress. Research on clinical populations reveals psychache functions as an immediate indicator that predicts the development of suicidal thoughts (Shneidman 1993; Javaid et al., 2024). Studies between these constructs confirm the necessity of treatment methods that combine psychological pain approaches with life satisfaction programs to maximize mental health results.

### **Demographic Influences on Psychache, Life Satisfaction, and Hopelessness**

The relationships between psychache and life satisfaction and hopelessness show additional complexity because of differences based on age, gender, and work status. A study by Blanchflower and Oswald (2008) demonstrates that older adults manifest elevated psychache and hopelessness at the same time as experiencing diminishes in life satisfaction. Scientists attribute older individuals' diminished life satisfaction and heightened psychache to physical health deterioration severed social bonds and monetary insecurity (Clark, 2007). Women tend to exhibit increased psychache rates and higher hopelessness scores than men according to research by Goldbeck and colleagues (2007). Abdelrady and Akram (2022), Akram and Abdelrady (2023) also affirm this. The research demonstrates that demographic variables strongly define psychological outcomes which require serious attention in research together with clinical practice.

People who work experience improved life satisfaction and reduced psychache and hopelessness markers than those who remain unemployed (Clark & Oswald, 1994). A work role grants character and economic steadiness in addition to social networks that create beneficial impacts on mental health status. The mental health of people who are unemployed faces worsened outcomes through loss of economic stability combined with degraded network connections (Miller et al., 1983).

### **RESEARCH METHODOLOGY**

The research design adopted quantitative survey methods to study how psychache relates to life satisfaction and hopelessness in outdoor-based mood disorder patients. The sample consisted of

100 participants recruited through a convenient sampling technique from five cities in Pakistan: Mansehra, Abbottabad, Islamabad, Lahore, and Swat. A sample of 100 outpatient patients with mood disorders took part in this study and researchers selected participants based on their broadly differing characteristics including age and gender as well as educational and employment profiles. The research design used three established self-report tools to assess the main study variables. Using the Psychache Scale (PSYC) by Holden et al. (2001) participants rated psychological pain levels on a 13-item Likert scale which achieved high reliability through an alpha coefficient of .882. The Satisfaction with Life Scale (SWLS) by Diener (1985) produced a rating scale consisting of five items using a seven-point Likert scale which resulted in an alpha reliability of .901. Data collection used the Beck Hopelessness Scale (BHS) by Beck et al. (1974) which includes 20 true/false items to evaluate future orientation perceptions with a measured reliability of .686.

The research data collection process included distributing assessment instruments to clinic patients after obtaining their informed consent signature and completing a demographic survey. Participants received assurances about both the validity and confidentiality of their answers as they completed the scales under sincere response conditions. Response time for survey completion was flexible because participants could finish the assessment at any time that suited them. The analysis utilized the Statistical Package for Social Sciences (SPSS) which executed three fundamental statistical procedures. A reliability assessment verified the proper measurement consistency among scales with additional Pearson correlation testing to evaluate psychache alongside life satisfaction and hopelessness connections. Independent sample *t*-tests analyzed variable differences between demographic categories which included gender, age, education levels, and employment standing.

The study relied on Shneidman's (1993) psychache theory as the theoretical backbone since this framework positions psychological pain as suicide's direct initiating factor. According to Beck's hopelessness theory (1974), researchers defined hopelessness cognitively while Diener (1984) described subjective well-being through his theoretical framework. Each participant provided

ethical consent while the researchers anonymized responses to protect individual confidentiality throughout the study. The extensive research method strengthened the validity and reliability of studying the complicated connections between psychache and life satisfaction alongside hopelessness.

## DATA ANALYSIS

### Descriptive and Reliability Statistics

The researchers began their analysis by assessing the internal consistency of all measurement tools used in this investigation. The analysis measured instrument reliability through Cronbach's alpha which showed satisfactory results. The Psychache Scale (PSYC) revealed an alpha coefficient of 0.882 therefore demonstrating solid internal consistency. The Satisfaction with Life Scale's (SWLS) reliability score reached 0.901 whereas the Beck Hopelessness Scale (BHS) displayed a moderate alpha level of 0.686. The reliability scores demonstrate that the scales employed for psychache detection life satisfaction evaluation and hopelessness assessment worked satisfactorily with this study's sample participants.

### Hypothesis Testing

**Hypothesis 1:** Psychache behavior is likely to be positively associated with hopelessness among mood disorder outdoor patients.

This hypothesis investigation involved a Pearson's correlation analysis between Psychache Scale (PSYC) scores and Beck Hopelessness Scale (BHS) ratings. The examination showed psychache and hopelessness demonstrated an important positive statistical link ( $r = 0.018$ ,  $p < 0.05$ ). Mood disorder outdoor patients experience higher hopelessness levels when their psychache increases sharply. Past studies performed by Abramson et al. (1998) and DeLisle and Holden (2009) discovered psychological pain closely follows hopelessness in clinical patients. The robust connection between hopelessness and psychache exists because both mental states share fundamental cognitive-emotional processes.

**Hypothesis 2:** Life satisfaction will have a negative relationship with hopelessness and psychache behavior among mood disorder outdoor patients.

An analysis of Pearson's correlation coefficients between SWLS scores PSYC results and BHS ratings determined this relationship. Research

results showed that life satisfaction exhibited negative strength with psychache levels throughout the population ( $r = -0.373$ ,  $p < 0.01$ ) yet demonstrated weaker negative links to hopelessness ratings ( $r = -0.039$ ,  $p < 0.05$ ). People who rate their lives positively show reduced manifestations of both psychological pain and hopelessness. The protective effects of life satisfaction have been previously documented in research by Kashani et al. (1989) as well as Diener (1984) throughout their examinations of psychache and hopelessness implications.

**Hypothesis 3:** Age will have a positive association with psychache behavior and hopelessness while having a negative association with life satisfaction among mood disorder outdoor patients.

### Detailed Results Tables

**Table 1: Descriptive Statistics and Reliability Coefficients**

Scale	No. of Items	Mean	SD	Alpha Coefficient
Psychache Scale (PSYC)	13	30.25	8.97	0.882
Beck Hopelessness Scale (BHS)	20	29.74	2.25	0.686
Satisfaction with Life Scale (SWLS)	5	19.62	9.00	0.901

Table 1 presents descriptive statistics and reliability coefficients for three psychological scales: the Psychache Scale (PSYC), the Beck Hopelessness Scale (BHS), and the Satisfaction with Life Scale (SWLS). The data includes both

The age-related relations with these variables were evaluated through Pearson's correlation coefficients analysis. Patients' psychological pain scores increased steadily with advancing age according to statistical analysis results ( $r = 0.361$ ,  $p < 0.01$ ). A positive but non-significant relationship emerged between older participants and their levels of hopelessness ( $r = 0.076$ ,  $p > 0.05$ ). Research found life satisfaction declines when mood disorder patients get older based on their reported data ( $r = -0.603$ ,  $p < 0.01$ ). Research by Gwozdz and Sousa-Poza (2010) supports the discovery of growing psychological distress alongside subjective well-being decline as people age.

count of items and mean scores paired with standard deviations (SD) and alpha coefficients which demonstrate each scale's internal consistency and reproducibility.

**Table 2: Correlation Coefficients Among Key Variables**

Variables	PSYC	BHS	SWLS
Psychache (PSYC)	1.000	0.018*	-0.373**
Hopelessness (BHS)		1.000	-0.039*
Life Satisfaction (SWLS)			1.000

Note: \* $p < 0.05$ , \*\* $p < 0.01$ .

Table 2 shows the correlation coefficients among key variables: Psychache (PSYC), Hopelessness (BHS), and Life Satisfaction (SWLS). The table demonstrates that significant negative relations exist between PSYC and SWLS and BHS and SWLS though BHS has a stronger association with SWLS. All entries in the presented table represent statistically significant data at  $p < 0.05$  and  $p < 0.01$  values.

Table 3 presents the correlation of age with key variables: Psychache (PSYC), Hopelessness (BHS), and Life Satisfaction (SWLS). Results indicate positive associations between age and PSYC scores and negative associations between SWLS scores and age. The relationships between these variables show statistical significance at  $p < 0.01$ .

**Table 3: Correlation of Age with Key Variables**

Variables	Age	Mean	SD
Psychache (PSYC)	0.361**	30.25	8.97
Hopelessness (BHS)	0.076	29.74	2.25
Life Satisfaction (SWLS)	-0.603**	19.62	9.00

Note: \*\* $p < 0.01$ .

### INTERPRETATION OF FINDINGS

The findings from the current study provide robust evidence supporting the first three hypotheses. The significant positive relationship between psychache and hopelessness reinforces the centrality of psychological pain in the etiology of hopelessness. These results are consistent with Shneidman's (1993) theory, which posits that psychache is a primary driver of suicidal ideation and hopelessness. The shared cognitive distortions

and emotional distress underlying both constructs likely contribute to this observed relationship.

Subjective well-being functions as a protective measure which produces a noticeable negative connection between life satisfaction and psychache and hopelessness. Subjective well-being functions as protection against psychological stress similar to hopelessness in people. The study's conclusions support research by Diener (1984) together with Pavot and Diener (1993) showing that cognitive and emotional evaluations shape life satisfaction decisions. These observed connections demonstrate why improving life satisfaction remains essential for doctors treating mood disorder patients because it helps manage psychache and hopelessness symptoms.

The studied population trends revealed additional insights regarding psychological experiences of psychache and hopelessness accompanied by life satisfaction. Psychache rates among older patients were elevated while life satisfaction scores were reduced in line with Gwozdz and Sousa-Poza (2010) and Blanchflower and Oswald (2008). The research outcomes demonstrate that older individuals become at greater risk for emotional strain while simultaneously experiencing decreasing personal life satisfaction. Other variables that have emerged as mediators in this relationship may explain why older participants did not show stronger hopelessness compared to their younger counterparts.

### Regression Analysis for Psychache and Hopelessness

To further examine the relationship between psychache and hopelessness, a linear regression analysis was conducted with hopelessness (BHS) as the dependent variable and psychache (PSYC) as the independent variable. The regression model was statistically significant ( $F(1, 98) = 4.235, p < 0.05$ ), with psychache explaining 3.4% of the variance in hopelessness ( $R^2 = 0.034$ ). The standardized beta coefficient ( $\beta = 0.185, p < 0.05$ ) indicates a moderate but significant impact of psychache on hopelessness.

These findings are consistent with Shneidman's (1993) theory, which suggests that psychache acts as a proximal cause of suicidality and is closely linked to hopelessness. The results indicate that as psychological pain intensifies, individuals are more likely to experience feelings of hopelessness. This relationship highlights the importance of

early interventions to address psychological pain as a means of preventing the escalation of hopelessness and potentially suicidal behavior.

### Regression Analysis for Life Satisfaction and Psychache

A second regression analysis examined the predictive power of psychache (PSYC) measurements to predict life satisfaction (SWLS). The study measured the independent variable psychache while the dependent variable life satisfaction served as a primary measure of investigation. In the relevant regression model, psychache contributed significantly to explain 14.0% of the life satisfaction variance ( $F(1, 98) = 15.945, p < 0.001; R^2 = 0.140$ ). The strong negative relationship between psychache and life satisfaction is demonstrated by the standardized beta coefficient ( $\beta = -0.373, p < 0.001$ ).

The data shows that persons with severe psychache express less contentment toward their life conditions. Previous scholarship about psychological pain producing reduced subjective well-being (Berlim et al., 2003; Diener, 1984) supports this finding. Life satisfaction levels show a strong negative correlation with psychache thereby demonstrating the critical necessity for therapeutic approaches that reduce psychological pain to enhance overall well-being.

### Age as a Moderator

A statistical exploration evaluated if age functioned as a moderator between psychache and hopelessness as well as psychache and life satisfaction since significant relationships were found between the three variables and age. A new set of interaction terms was generated from the product of psychache and life satisfaction ratings alongside age increases while analysts applied hierarchical regression models to these data sets.

The analysis of psychache and hopelessness revealed that the age-psychache interaction term produced a non-significant result ( $p > 0.05$ ) showing age does not influence this connection. The investigation of psychache and life satisfaction relationships also ruled out ( $p > 0.05$ ) the influence of the (age  $\times$  psychache) interaction term. The analysis demonstrates that the relationship patterns between psychache hopelessness and life satisfaction demonstrate consistency across diverse age demographics.

Additional analysis reveals that age remains a solitary contributing factor toward life satisfaction outcomes. Life satisfaction rates proved lower among older adult cancer patients than younger adult patients even after controlling for psychache levels. This research result coincides with past studies (Blanchflower & Oswald, 2008; Diener et al., 1999) which indicate subjective well-being decreases as people age owing to health decline, reduced friendships, and amplified life challenges.

### Gender Differences

The primary t-test analysis displayed no substantive gender variations among study participants for psychache and hopelessness and life satisfaction assessments while additional analysis with ANOVA confirmed these results through examination of prospective interaction effects. ANOVA results indicated gender made no significant impact on the three dependent variables with Wilks' Lambda = 0.954 and  $F(3, 96) = 1.573$  ( $p > 0.05$ ). Within the examination of mood disorder patients, the findings indicate equivalent psychache along with hopelessness and life satisfaction scores between men and women. Studies (Goldbeck et al., 2007; Park et al., 2010) showed women frequently experience heightened psychological pain and hopelessness levels but this research found no substantial gender-related impact. Research specifically investigating gender differences in cultural environments needs additional study because the presented results differ from previously documented findings.

### Tables for Employment and Educational Status

**Table 4: Differences in Psychache, Hopelessness, and Life Satisfaction Based on Employment Status**

Variable	Employed (n = 50)	Unemployed (n = 50)	t-value	p-value
Psychache (PSYC)	26.30 ± 7.02	34.20 ± 9.02	4.886	<0.001
Hopelessness (BHS)	29.54 ± 2.37	29.94 ± 2.12	0.890	0.376
Life Satisfaction (SWLS)	25.66 ± 6.98	13.58 ± 6.38	-9.035	<0.001

**Table 5: Differences in Psychache, Hopelessness, and Life Satisfaction Based on Educational Status**

Variable	Above BSc (n = 50)	BSc or Below (n = 50)	t-value	p-value
Psychache (PSYC)	33.15 ± 9.06	26.85 ± 7.65	-3.721	<0.001
Hopelessness (BHS)	29.91 ± 2.10	29.54 ± 2.41	-0.806	0.422
Life Satisfaction (SWLS)	15.09 ± 6.50	24.93 ± 7.60	6.477	<0.001

### Implications of Findings

The results of this study have significant implications for clinical practice and intervention strategies. The strong positive correlation between psychache and hopelessness highlights the need for targeted therapies to address psychological pain in mood disorder patients. Cognitive-

### Employment and Educational Status

Employment and educational status were analyzed as potential predictors of psychache, hopelessness, and life satisfaction. Independent samples t-tests revealed significant differences in psychache and life satisfaction based on employment status. Unemployed patients reported higher levels of psychache ( $M = 34.20$ ,  $SD = 9.02$ ) compared to employed patients ( $M = 26.30$ ,  $SD = 7.02$ ),  $t(98) = 4.886$ ,  $p < 0.001$ . Conversely, employed patients exhibited significantly higher life satisfaction ( $M = 25.66$ ,  $SD = 6.98$ ) than unemployed patients ( $M = 13.58$ ,  $SD = 6.38$ ),  $t(98) = -9.035$ ,  $p < 0.001$ . These findings suggest that employment provides a sense of purpose, social support, and financial stability, which can mitigate psychological pain and enhance life satisfaction.

Similarly, educational attainment was found to significantly influence psychache and life satisfaction. Patients with a higher level of education (above BSc) reported greater psychache ( $M = 33.15$ ,  $SD = 9.06$ ) compared to those with lower education ( $M = 26.85$ ,  $SD = 7.65$ ),  $t(98) = -3.721$ ,  $p < 0.001$ . On the other hand, lower-educated patients reported higher life satisfaction ( $M = 24.93$ ,  $SD = 7.60$ ) than their more educated counterparts ( $M = 15.09$ ,  $SD = 6.50$ ),  $t(98) = 6.477$ ,  $p < 0.001$ . These results may reflect the increased expectations and pressures associated with higher education, which can exacerbate psychological distress while reducing subjective well-being.

behavioral interventions aimed at reframing negative thought patterns and enhancing coping skills may help reduce psychache and, consequently, hopelessness.

The protective role of life satisfaction suggests that interventions focusing on enhancing subjective well-being, such as gratitude training, mindfulness



practices, and strengths-based approaches, could mitigate the effects of psychache and hopelessness. Additionally, the significant impact of employment and educational status on psychological outcomes underscores the importance of socioeconomic support programs to improve mental health outcomes in vulnerable populations.

### Conclusion and Recommendations

This study reveals the complex significant relationships between psychache hopelessness and life satisfaction which exist in people with mood disorders. Research revealed a strong connection between deep psychological pain known as psychache and hopeless feelings at multiple levels of its diagnostic importance in examining both emotional suffering and self-destructive actions. Psychological pain functions as a fundamental problem that requires attention as a primary focus in mental health intervention approaches. A person's protective factor of life satisfaction maintained a negative relationship with psychache levels and hopelessness indicator which indicates its key role in strengthening mental and psychological health.

Personnel characteristics consisting of age together with employment position and education attainment shaped different elements of analysis. The higher psychache and hopelessness scores coupled with lower life satisfaction ratings from older adults establish a need for specialized interventions that address their particular later-life situations. Psychache levels remained elevated drastically and life satisfaction decreased considerably among those who were without employment confirming that economic security creates an essential barrier against mental health difficulties. The researchers found higher education levels led to increased levels of psychache since educated individuals face more demanding expectations because of their knowledge acquisition.

Treatment interventions for mood disorders need to focus first on treating psychache because it serves as the main cause that creates emotional distress. When combined with Cognitive-Behavioral Therapy (CBT) alongside mindfulness-based approaches psychiatrists can assist patients in reducing psychological pain combined with hopelessness. The protection of emotional distress occurs when people enhance life satisfaction

through programs that build resilience along with gratitude instruction and social connection development. Programs that provide both job placement support and financial assistance help alleviate mental distress which often comes from being unemployed.

Critical interventions need to cover age-specific methods that target education-based requirements for different population groups. Social integration programs along with interventions targeting age-specific stress factors help older adults both fight hopelessness and increase their life satisfaction levels. The treatment consisting of stress management and expectations counseling shows potential for success among people who possess higher education levels. Medical strategies that address psychache interaction with hopelessness while focusing on life satisfaction must become the standard approach for treating mood disorders to help patients heal and improve their daily functioning.

### REFERENCES

- Abramson, L. Y., Metalsky, G. I., & Alloy, L. B. (1989). Hopelessness depression: A theory-based subtype of depression. *Psychological Review*, 96(2), 358-372.
- Abdelrady, A. H., & Akram, H. (2022). An empirical study of ClassPoint tool application in enhancing EFL students' online learning satisfaction. *Systems*, 10(5), 154.
- Akram, H., & Abdelrady, A. H. (2023). Application of ClassPoint tool in reducing EFL learners' test anxiety: an empirical evidence from Saudi Arabia. *Journal of Computers in Education*, 1-19. <https://doi.org/10.1007/s40692-023-00265-z>
- Akram, H., Bhutto, M. H., & Chughtai, M. S. (2022). An analysis of business students' stressors and their coping strategies in the post-pandemic era. *Decision*, 49(2), 239-252.
- Akram, H., & Oteir, I. N. (2025). A longitudinal analysis of physical exercise in shaping language learners' emotional well-being: a comparative analysis between L1 and L2 students. *BMC psychology*, 13(1), 1-10.
- Beck, A. T., & Steer, R. A. (1988). *Manual for the Beck Hopelessness Scale*. San Antonio, TX: Psychological Corporation.

- Beck, A. T., Weissman, A., Lester, D., & Trexler, L. (1974). The measurement of pessimism: The hopelessness scale. *Journal of Consulting and Clinical Psychology*, 42(6), 861-865.
- Berlim, M. T., Mattevi, B. S., Pavanello, D. P., Caldieraro, M. A., & Fleck, M. P. (2003). Psychache and suicidality in adult mood disordered outpatients in Brazil. *Suicide and Life-Threatening Behavior*, 33(3), 242-248.
- Blanchflower, D. G., & Oswald, A. J. (2008). Is well-being U-shaped over the life cycle? *Social Science & Medicine*, 66(8), 1733-1749.
- Clark, A. E. (2007). Work, jobs, and well-being across the millennium. In D. Kahneman, E. Diener, & J. F. Helliwell (Eds.), *International differences in well-being*. Oxford University Press.
- Clark, A. E., & Oswald, A. J. (1994). Unhappiness and unemployment. *The Economic Journal*, 104(424), 648-659.
- DeLisle, M. M., & Holden, R. R. (2009). Differentiating between depression, hopelessness, and psychache in university undergraduates. *Measurement and Evaluation in Counseling and Development*, 42(1), 46-63.
- Diener, E. (1984). Subjective well-being. *Psychological Bulletin*, 95(3), 542-575.
- Diener, E., & Pavot, W. (1993). The Satisfaction with Life Scale. *Journal of Personality Assessment*, 49(1), 71-75.
- Ding, C. (2024). The role of blockchain technology and smart contracts in enhancing the transparency of fragmented investments in overseas real estate. *World Journal of Advanced Engineering Technology and Sciences*, 13(1), 448-458. <https://doi.org/10.30574/wjaets.2024.13.1.0442>
- Goldbeck, R., Laib-Koehnemund, A., & Fegert, J. M. (2007). Posttraumatic stress symptoms and quality of life in a clinical sample of traumatized children and adolescents. *Quality of Life Research*, 16(1), 1387-1396.
- Gwozdz, W., & Sousa-Poza, A. (2010). Aging, health, and life satisfaction of the oldest old: An analysis for Germany. *Social Indicators Research*, 97(3), 397-417.
- Hojat, M., Gonnella, J. S., & Erdmann, J. B. (2003). Cognitive and non-cognitive predictors of academic performance of medical school applicants. *Journal of Medical Education*, 58(3), 117-120.
- Javaid Z.K., Akram, D., Fatima, S. M., Ahmad, J., & Hafeez, H. (2024). Investigating Emotional Experiences of Music Listener: Impact on Psychological Well-being. *Harf-O-Sukhan*, 8(2), 494-501.
- Javaid, Z. K., Andleeb, N., & Rana, S. (2023). Psychological Perspective on Advanced Learners' Foreign Language-related Emotions across the Four Skills. *Voyage Journal of Educational Studies*, 3 (2), 191-207.
- Kashani, J., Dandoy, A., & Reid, J. (1992). Hopelessness in children and adolescents: A developmental perspective. *Acta Paedopsychiatrica*, 55(1), 33-39.
- Li, S., & Akram, H. (2024). Navigating Pronoun-Antecedent Challenges: A Study of ESL Academic Writing Errors. *SAGE Open*, 14(4), 21582440241296607.
- Li, S., & Akram, H. (2023). Do emotional regulation behaviors matter in EFL teachers' professional development?: A process model approach. *Porta Linguarum: revista internacional de didáctica de las lenguas extranjeras*, (9), 273-291.
- Liu, H. (2024). Optimization and performance improvement of distributed data storage in hybrid storage systems. *World Journal of Advanced Engineering Technology and Sciences*, 13(1), 459-467. <https://doi.org/10.30574/wjaets.2024.13.1.0443>
- Liu, H. (2024). Security and privacy protection in the distributed cloud: A hyper-converged architecture-based solution. *World Journal of Advanced Engineering Technology and Sciences*, 13(1), 425-435. <https://doi.org/10.30574/wjaets.2024.13.1.0440>
- Miller, A. B., Tsemberis, S., Malia, P., & Grega, D. M. (1983). The prevalence of depression and employment status. *Journal of Nervous and Mental Disease*, 171(10), 599-606.
- National Institute of Mental Health. (2020). Mood disorders. Retrieved from <https://www.nimh.nih.gov>.

- Park, J., Roh, S., & Yeo, Y. (2010). Religiosity, social support, and life satisfaction among elderly Korean immigrants. *Journal of Social Service Research*, 37(1), 186-194.
- Ramzan, M., Akram, H., & kynat Javaid, Z. (2025). Challenges and Psychological Influences in Teaching English as a Medium of Instruction in Pakistani Institutions. *Social Science Review Archives*, 3(1), 370-379.
- Ramzan, M., Bibi, R., & Khunsa, N. (2023). Unraveling the Link between Social Media Usage and Academic Achievement among ESL Learners: A Quantitative Analysis. *Global. Educational Studies Review*, VIII, 407-421.
- Ramzan, M., Khan, M. A., & Sarwar, M. (2023). Style Shift: A Comparative Cultural Analysis of Pride and Prejudice and Unmarriageable. *University of Chitral Journal of Linguistics and Literature*, 7(II), 22-29.
- Shen, Z., Lai, M., & Wang, F. (2024). Investigating the influence of gamification on motivation and learning outcomes in online language learning. *Frontiers in Psychology*, 15, 1295709.
- Shen, Z., Pang, B., Li, X., & Chen, Y. (2024). An Exploration of Japanese Cultural Dynamics Communication Practices through Social Pragmatics. *Journal of Pragmatics and Discourse Analysis*, 3(1), 60-72.
- Shen, Z., Xu, Q., Wang, M., & Xue, Y. (2022). Construction of college English teaching effect evaluation model based on big data analysis. In *Proceedings of the 2nd International Conference on New Media Development and Modernized Education*.
- Shen, Z., Xu, Q., Wang, M., & Xue, Y. (2024, May). Application and Exploration of Computer Technology in Digital Protection of Bashu Intangible Cultural Heritage. In *2024 5th International Conference on Information Science, Parallel and Distributed Systems (ISPDS)* (pp. 492-497). IEEE.
- Shen, Z., Zhao, M., & Lai, M. (2023). Analysis Of Politeness Based On Naturally Occurring And Authentic Conversations. *Journal of Language and Linguistic Studies*, 19(3).
- Shen, Z., Zhao, M., & Zaib, K. (2024). Unearthing the art of storytelling: A closer look at Sir Arther Canon Doyle's B24. *International Journal of English Language and Literature Studies*, 13(2), 173-187.
- Shen, Z., Zhou, M., & Zaib, K. (2024). Religious semiotics in performance and visual art: Symbolism in Aboriginal dot painting, Sichuan opera makeup, Chinese traditional sculpture, and Shu embroidery. *European Journal for Philosophy of Religion*, 16(3), 266-292.
- Shneidman, E. S. (1993). *Suicide as psychache: A clinical approach to self-destructive behavior*. Northvale, NJ: Jason Aronson.
- Sousa, L., & Lyubomirsky, S. (2001). Life satisfaction. In N. J. Smelser & P. B. Baltes (Eds.), *International Encyclopedia of the Social & Behavioral Sciences* (pp. 8837-8841). Elsevier.
- Troister, T., & Holden, R. R. (2010). Comparing psychache, depression, and hopelessness in their associations with suicidality: A test of Shneidman's theory of suicide. *Personality and Individual Differences*, 49(7), 689-693.
- Yang, M. (2024). Research on intelligent building decoration design and user experience based on VR technology. *World Journal of Advanced Engineering Technology and Sciences*, 13(1), 414-424. <https://doi.org/10.30574/wjaets.2024.13.1.0439>
- Zaib, K., & Ali, M. University Students'perceptions of Suicide: Inspecting Mental Health, Social Exclusion, And Institutional Influences.
- Zaib, K., Ahmad, Z., Ahmad, W., & Anwar, M. (2023). From Nature to Art: An Exploration of The Romantic Aesthetics in Wordsworth's "Nutting". *Pakistan Journal of Society, Education and Language (PJSEL)*, 10(1), 134-141.
- Zaib, K., Ullah, I., Anwar, M., Ahmad, Z., & Khan, S. (2023). An Analysis of Mustafa Afridi's Sng-E-Mah as an Adaptation of Shakespeare's Hamlet. *Al-Qanṭara*, 9(3), 96-101.