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Investigating the effects of physical discomfort on laboratory-induced mood states

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Abstract

In order to investigate the effects of physical discomfort (i.e., pain) on the induction of mood, 139 participants were randomly assigned to one of four conditions: sad, sad with physical discomfort, happy, and happy with physical discomfort. Consistent with our hypotheses, the addition of physical discomfort resulted in a significantly stronger induction of self-reported depression, with these findings showing temporal specificity and persisting even after statistically controlling for stable response biases. However, other self-reported affective states, as well as cognitive and behavioral measures, were not significantly affected by physical discomfort. Findings are discussed with regard to making the laboratory induction of sad affect more consistent with the multifaceted experience of depression. © 2001 Elsevier Science Ltd. All rights reserved.

Keywords: Physical discomfort; Mood induction

1. Introduction

Somatic experiences are typically implicated in the clinical and non-clinical manifestation of depression. For example, the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV; American Psychiatric Association, 1994) identifies somatic features such as loss of energy, psychomotor agitation or retardation, and fatigue, among its criteria for a major depressive episode. Likewise, validated measures of psychological distress and depression, such as the Amended

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Beck Depression Inventory (BDI-IA; Beck & Steer, 1987) and the Center for Epidemiological Studies in Depression Scale (CES-D; Radloff, 1977), include assessments of somatic functioning which, in turn, contribute to the overall depression rating. Because of the explicit inclusion of somatic functioning in the assessment and definition of depression, it is not surprising that clinically depressed populations exhibit a high incidence of co-occurring somatic complaints (e.g., Brown, Golding, & Smith, 1990; Cadoret, Widmer, & Troughton, 1980; Hamilton, 1989; Katon, Kleinman, & Rosen, 1982). Moreover, in non-clinical populations, ratings of depression typically correlate positively with reports of moderate physical discomfort and other somatic experiences (e.g., Bond, 1979; Von Korff & Simon, 1996). Indeed, somatic experiences co-occur with a variety of negative mood states (e.g., Gil, 1992), and this relation is strengthened when the somatic (physical) discomfort is of a longer duration (for a review, see Romano & Turner, 1985). Similarly, when the experience of negative affect is more stable, as with the personality trait of neuroticism, this relation is also strengthened, due, presumably, to the fact that negative affective experiences exacerbate the tendency to report (even unfounded) illnesses and symptoms (e.g., Feldman, Cohen, Doyle, Skoner, & Gwaltney, 1999). Finally, research on the treatment of physical pain illustrates that the resolution of pain in clinical samples is associated with a marked and long-standing decrease in the incidence of clinical depression (e.g., Maruta, Vatterott, & McHardy, 1989).

1.1. Laboratory research on depression and physical discomfort

The high degree of somatic and affective comorbidity observed for the clinical manifestation of depression stands in marked contrast to the experience of depression or sadness that is typically created in the laboratory setting.¹ One reason for this discrepancy is that mood induction procedures employed in the laboratory typically create mood states that target the desired mood alone (i.e., they strive to attain a high degree of affective specificity). This has been achieved by employing one of a myriad of mood induction techniques, including Velten's (1968) self-statements, films, stories, guided imagery, event recall, and music (for reviews see Westermann, Spies, Stahl, & Hesse, 1996; Gerrards-Hesse, Spies, & Hesse, 1994).

Instead of emphasizing the specificity of the induced mood, induction techniques that utilize multiple modalities appear to better approximate both the strength and comorbidity that is characteristic of naturally occurring mood states (e.g., Bower, 1981; Clark, 1983). Indeed, in reviewing a number of mood induction procedures, Martin (1990) found that the most effective inductions were those that included a cognitive, emotional, and somatic component. However, of the sixteen mood induction procedures reviewed, twelve failed to address the somatic component altogether (Martin, 1990). Moreover, of the four procedures utilizing some somatic

¹Although we here use the term "depression" to refer to the negative affective states that are typically induced in laboratory research, the term "dysphoria" may be a more accurate term, especially when its assessment is based on a single self-report measure (see Kendall, Hollon, Beck, Hammen, & Ingram, 1987).

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