

# Social rejection shares somatosensory representations with physical pain

Ethan Kross<sup>a,1</sup>, Marc G. Berman<sup>a</sup>, Walter Mischel<sup>b</sup>, Edward E. Smith<sup>b,c,1</sup>, and Tor D. Wager<sup>d</sup>

<sup>a</sup>Department of Psychology, University of Michigan, Ann Arbor, MI 48109; <sup>b</sup>Department of Psychology, Columbia University, New York, NY 10027; <sup>c</sup>New York State Psychiatric Institute, New York, NY 10032; and <sup>d</sup>Department of Psychology, University of Colorado, Boulder, CO 80309-0345

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**How similar are the experiences of social rejection and physical pain? Extant research suggests that a network of brain regions that support the affective but not the sensory components of physical pain underlie both experiences. Here we demonstrate that when rejection is powerfully elicited—by having people who recently experienced an unwanted break-up view a photograph of their ex-partner as they think about being rejected—areas that support the sensory components of physical pain (secondary somatosensory cortex; dorsal posterior insula) become active. We demonstrate the overlap between social rejection and physical pain in these areas by comparing both conditions in the same individuals using functional MRI. We further demonstrate the specificity of the secondary somatosensory cortex and dorsal posterior insula activity to physical pain by comparing activated locations in our study with a database of over 500 published studies. Activation in these regions was highly diagnostic of physical pain, with positive predictive values up to 88%. These results give new meaning to the idea that rejection “hurts.” They demonstrate that rejection and physical pain are similar not only in that they are both distressing—they share a common somatosensory representation as well.**

emotion | social pain | affective neuroscience | neuroimaging | psychological distress

Consider two scenarios. In the first, you spill a hot cup of coffee on your forearm and experience intense pain. In the second, you look at pictures of your former romantic partner, a person with whom you recently experienced an unwanted break-up; as you view each photo you feel rejected and experience another kind of “pain.” On the surface, these two events seem quite distinct. Whereas the former involves a noxious bodily stimulus, the latter involves the termination of a social relationship. However, cultures around the world use the same language—words like “hurt” and “pain”—to describe both experiences (1), raising the question: How similar are social rejection and physical pain?

Several recent studies have attempted to address this issue by examining the neural overlap between physical pain and social rejection. The consensus that has emerged is that a network of brain regions that support the aversive quality of physical pain (the “affective” component), principally the dorsal anterior cingulate (dACC) and anterior insula (AI), also underlie the feeling of social rejection. In contrast, the brain regions that support the somatic representation of physical pain, and are most closely aligned with the “sensory-discriminative” component—including the operculo-insular region [i.e., secondary somatosensory cortex (S2) and dorsal posterior insula (dpINS)]—are not activated by social rejection and do not factor into current theorizing about the neural overlap between social rejection and physical pain (1, 2).

At first glance, these findings seem intuitive. Both social rejection and physical pain are distressing, and both the dACC and AI respond broadly to stimuli that elicit negative affect (3). However, being rejected, however distressing, seems different from physical pain; it does not result from the presence of a noxious bodily stimulus. Thus, failure to observe activations in

brain regions that support the somatic representation of physical pain in response to rejection is not surprising.

As plausible as this rationale is, here we suggest an alternative: that the neural overlap between social rejection and physical pain is more extensive than current findings suggest. Specifically, we propose that experiences of social rejection, when elicited powerfully enough, recruit brain regions involved in both the affective and sensory components of physical pain.

This prediction is motivated by research indicating that the brain regions that support the sensory components of physical pain are more likely to become active in response to intensely painful stimuli (4–6, cf 7). This finding is noteworthy because extant fMRI research has induced feelings of rejection that may not be particularly intense. (One exception is ref. 8, which we mention in the *Discussion*.) For example, such studies have excluded participants from a computerized ball-tossing game called “Cyberball” (e.g., refs. 9–11), exposed them to rejection-themed paintings (12), or provided them with anonymous feedback that a stranger does not like them (13). Although these manipulations elicit distress, few would attribute to them the same level of intensity as the pain surrounding an unwanted romantic relationship breakup (14–16). Thus, it is possible that social rejection activates brain regions specific for somatic processes, but only when the stimulus is sufficiently intense (i.e., a rejection stimulus rated as intense as a physically painful stimulus on a comparable scale).

We tested this hypothesis by recruiting 40 individuals who felt intensely rejected as a result of recently experiencing an unwanted romantic relationship break-up (see *Methods*). Participants performed two counterbalanced tasks during functional MRI (fMRI) scanning: a Social Rejection task and a Physical Pain task (for design, see Fig. 1). Briefly, the Social Rejection task compared Ex-partner trials, in which participants viewed a headshot of their former partner and thought about their specific rejection experience, and Friend trials, in which participants viewed a headshot of a friend who was the same sex as their ex-partner and thought about a recent positive experience they shared with that person. The Physical Pain task also consisted of two types of trials: Hot trials, in which participants experienced noxious thermal stimulation on their left forearm, and Warm trials, in which participants experienced non-noxious thermal stimulation in the same area. Participants rated how they felt after each task trial using a five-point scale, with lower numbers reflecting more distress.

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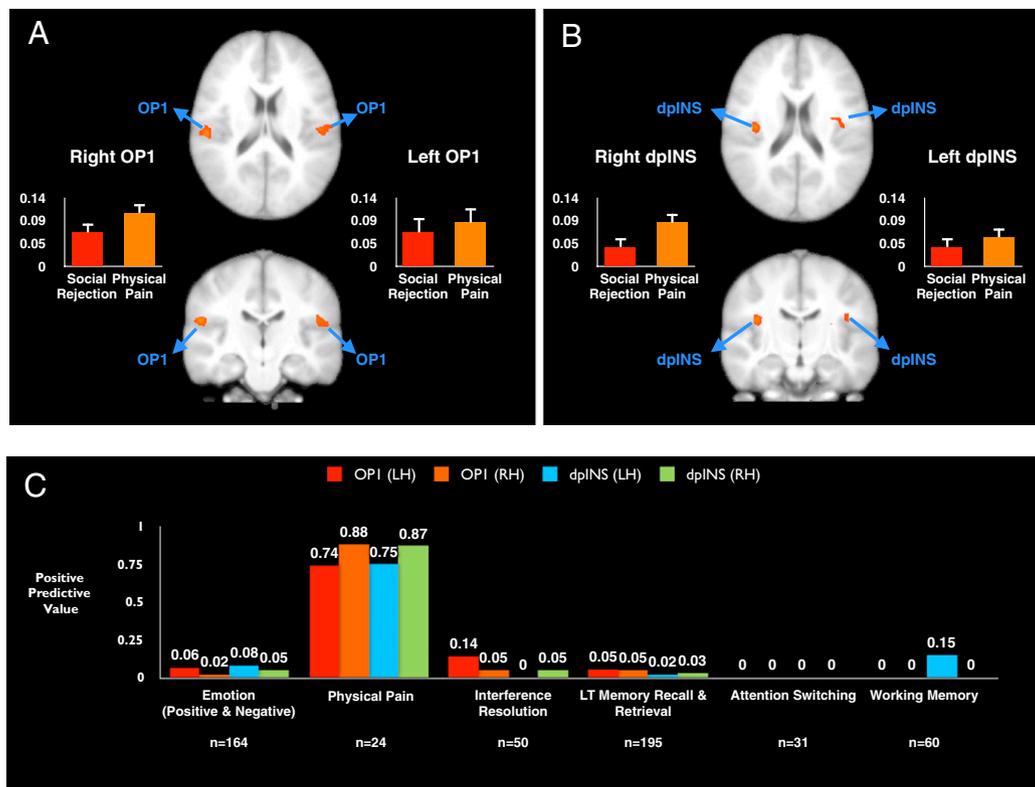
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<sup>1</sup>To whom correspondence may be addressed. E-mail: eesmith@psych.columbia.edu or ekross@umich.edu.

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**Fig. 3.** Operculo-insular ROI analyses. The neural overlap between social rejection and physical pain in (A) OP1 [right hemisphere (RH): 46 voxels;  $x = 56$ ,  $y = -23$ ,  $z = 21$ ,  $t_{\text{peak}} = 3.52$ ; left hemisphere (LH): 43 voxels;  $x = -48$ ,  $y = -17$ ,  $z = 21$ ,  $t_{\text{peak}} = 2.97$ ] and (B) dpINS (RH: 24 voxels;  $x = 39$ ,  $y = -15$ ,  $z = 18$ ,  $t_{\text{peak}} = 2.85$ ; LH: 23 voxels;  $x = -39$ ,  $y = -9$ ,  $z = 23$ ,  $t_{\text{peak}} = 2.75$ ). Coordinates are in Talairach space. Bar graphs demonstrate the  $\beta$ -values for social rejection and physical pain in each ROI. Error bars represent one SE. We performed two separate repeated-measure ANOVAs using the  $\beta$ -values extracted from OP1 (Analysis #1) and dpINS (Analysis #2) ROIs. Each analysis included pain type (social vs. physical) and hemisphere (right vs. left) as within participant factors. These analyses revealed no significant main effects (OP1: all  $F < 0.84$ , all  $P > 0.36$ ; dpINS: all  $F < 2.64$ ,  $P > 0.11$ ) or interactions (OP1:  $F = 0.31$ ,  $P = 0.58$ ; dpINS:  $F = 2.25$ , all  $P > 0.14$ ). These findings indicate that it was not the case that one type of pain led to significantly greater activation compared with the other, or that the activations were lateralized to one side of the brain in these ROIs. (C) Bar graphs illustrating the results of a Bayesian analysis, which examined the specificity of the activation observed in OP1 (RH:  $x = 56$ ,  $y = -23$ ,  $z = 21$ ; LH:  $x = -48$ ,  $y = -17$ ,  $z = 21$ ) and dpINS (RH:  $x = 39$ ,  $y = -15$ ,  $z = 18$ ; LH:  $x = -39$ ,  $y = -9$ ,  $z = 23$ ) for physical pain. Bars represent the probability that a study activating a region within 10 mm of the peak coordinate in OP1 (red and orange bars) and dpINS (blue and green bars) belonged to that task category (i.e., the positive predictive value for each task type). Error bars represent one SE. “ $n$ ” refers to the number of each type of study included in the meta-analysis.

## Discussion

These results give new meaning to the idea that social rejection “hurts.” Current theorizing suggests that the brain systems that underlie social rejection developed by coopting brain circuits that support the affective component of physical pain (1, 2, 9). The current findings substantively extend these views by demonstrating that social rejection and physical pain are similar not only in that they are both distressing, they share a common representation in somatosensory brain systems as well.

These findings offer new insight into how rejection experiences may lead to various physical pain disorders (e.g., somatoform disorders; fibromyalgia), highlighting the role that somatosensory processing may play in this process. They are also consistent with research on “embodiment,” which suggests that somatosensory processing is integral to the experience of emotion (30–32), and the results of a recent study that observed activity in dpINS in response to a social rejection manipulation similar to the one used here (8). These results are also consistent with two recent studies indicating that biological vulnerabilities that predispose people to higher physical pain sensitivity are associated with activation in or around the somatosensory cortex in the Cyberball rejection task (33, 34), a task that has not previously revealed somatosensory activations (for review, see ref. 2). Still, it is unclear whether the activations observed in these prior studies were in pain-specific somatosensory areas.

The current results also have implications for basic research on emotion. Although the experience of social rejection is commonly accompanied by reports of various emotions (e.g., fear, sadness, anger, anxiety, and shame), it is generally assumed that these feelings cumulatively give rise to a unique experience of “social pain” (35–37). The results of the meta-analyses we performed in this study, which indicated that fMRI studies of specific emotions rarely activate OP1 and dpINS, are consistent with this view. Only 3 of 164 studies and 1 of 164 studies activated the left OP1 and right OP1, respectively, and only 3 of 164 studies activated each of the left and right dpINS; none of which are proportions significantly higher than expected by chance (cf. 25). Thus, the combined fMRI and meta-analysis results suggest that the distress elicited in response to intense social rejection may represent a distinct emotional experience that is uniquely associated with physical pain.

Our meta-analysis, which included multiple studies that contrasted high vs. low intensity nonphysical pain-related emotional stimuli, also demonstrates that it is not the case that any intense induction of emotion activates the S2/dpINS. This finding is consistent with research that has directly examined the relationship between (nonphysical pain-related) emotional intensity and neural activity, and failed to observe activity in somatosensory regions (e.g., S2) (38, 39).

It is important to recognize that this is not the first study to demonstrate activation in S2 in the absence of a physical pain



more sensitive to activation when one can reasonably expect multiple contiguous activated voxels (52, 53), and is widely used in fMRI research.

**Physical pain-processing localizer analysis.** We localized pain-processing regions in a separate group of individual ( $n = 75$ ) drawn from three separate thermal pain studies that contrasted high (level 8) vs. low (level 2) stimulation (Fig. S1). For additional details, see *SI Methods*.

**Operculo-insular ROIs.** We used the SPM Anatomy Toolbox (V1.6) to create ROIs bilaterally around the OP1 based on cytoarchitectonic mapping of the lateral operculum (54). We performed an ROI analysis on the dpINS bilaterally by building a 10-mm sphere around: (i) the peak dpINS coordinate (34, -14, 19) that evoked painful stimulation restricted to the upper limb in a direct electrical stimulation study of the insula (19); and (ii) the mirror site on the left hemisphere (-34, -14, 19). Monte Carlo simulations, calculated by using

NeuroElf's instantiation of AlphaSim, indicated that a  $P < 0.05$ , 15-voxel minimum cluster size preserved an FWER  $\alpha = 0.05$  threshold for both the OP1 and dpINS ROIs. One-tailed tests were used for these analyses because we had a priori hypotheses about activity increases with physical pain and social rejection.

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