Experiencing pain is part of being human. Importantly, pain is not simply a physical experience, but goes hand in hand with emotional reactions, thoughts, and behaviors. Many people with chronic pain also have emotional problems and this has been linked to higher symptomatology and worse treatment outcome. The shared vulnerability model suggests that factors influencing pain may also influence emotional problems, in other words, they may be transdiagnostic. We do not know enough about these shared factors, and potential targets for risk assessment, prevention, and treatment are likely underutilized. The overarching aim of this dissertation was therefore to increase knowledge about comorbid musculoskeletal pain and emotional problems by investigating the role of transdiagnostic factors in this comorbidity. Specifically, it was studied if pain patients differ in levels of shared vulnerabilities (negative affect and anxiety sensitivity) and symptomatology depending on their scores on pain-related fear and social anxiety (Study I); if peer-related stress predicts musculoskeletal pain problems over time in adolescents, and if worry and gender influence this relationship (Study II); and if symptomatology can be decreased in pain patients with comorbid emotional problems by targeting transdiagnostic factors using an internet delivered unified protocol for emotional disorders (Study III). Results show that vulnerabilities co-varied with comorbid pain and social anxiety. Also, peer-related stress predicted musculoskeletal pain problems in adolescents and was mediated by worry for girls. However, targeting transdiagnostic factors did not clearly decrease symptomatology. In sum, the studies in this dissertation provide partial support for the role of transdiagnostic factors in comorbid musculoskeletal pain and emotional problems. A transdiagnostic approach may offer a useful understanding of the development and maintenance of comorbid pain and emotional problems.