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Psychosomatic Complaints among Married Women of Gilgit-Baltistan

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Abstract

Objective: The present study aims to explore the contributing factors to psychosomatic complaints, the prevalence of such complaints, and the coping mechanisms associated with them among married women in Gilgit-Baltistan.

Method. This research employed a qualitative descriptive design by thematic analysis of in-depth interviews with 16 participants. Moreover, a purposive sampling design was used to select married women aged 18 to 50 years from various districts of Gilgit-Baltistan. The study's inclusion criteria required that the participant score at least moderately on the Psychosomatic Symptom Scale.

Results. the findings of this study highlight some common psychosomatic complaints that married women of Gilgit-Baltistan are facing, such as fatigue, muscle discomfort, stomach pain, sleep disturbance, and headache. Furthermore, these complaints were intensified by contributing factors such as financial challenges, social isolation, marital conflicts, and lack of emotional support. Moreover, limited healthcare access and social stigma discouraged women from getting professional medical treatment, which leads to a reliance on self-medication. This research further explains the coping mechanisms adopted by married women to deal with psychosomatic complaints.

Conclusion. This study underscores the importance of targeted mental health campaigns for married women in rural areas, promoting couple therapy and counselling to reduce spousal conflict and foster healthy relationships, and creating community support networks. This research provides a beneficial insight into the complex association between emotional distress and physical symptoms, which helps in broader discourse on married women's mental and physical health in such remote areas and in a conservative society.

Keywords. Psychosomatic complaints, mental health, psychological distress, physical health, and symptoms, married women, and Gilgit-Baltistan.

Introduction

The concept of psychosomatic is a combination of two words: psyche, meaning mind or soul, and soma, meaning body (Chandrasekhar et al., 2006). It is defined as physical symptoms that are influenced by psychological components such as anxiety or stress. Such symptoms or complaints are real and can impair daily functioning and cause substantial distress. However, they may not be adequately explained by medical conditions. (Simonsson et al., 2008). The history of psychosomatic complaints can be traced back to ancient Greek times when physicians such as Hippocrates proposed that emotional imbalance can lead to physical ailments (Brill et al., 2001). Furthermore, the phenomenon of psychosomatic complaints evolved rapidly in the early 20th century. Psychologists like Sigmund Freud suggested in this psychoanalytic theory that repressed emotions lead to somatic symptoms. Despite that, in the mid-20th century, research on psychosomatic concepts highlighted that chronic stress may lead to impaired bodily function and is expressed in the form of psychosomatic complaints (Afari et al., 2014).

Objective

1. To determine the prevalent psychosomatic complaints encountered by married women in Gilgit-Baltistan.
2. To investigate the impact of socio-cultural factors on the perception and management of psychosomatic illnesses in married women.
3. To investigate the coping mechanisms utilized by married women to address psychosomatic issues.

Methodology

Sample

The data for this study were collected through purposive sampling, involving 16 married females. Due to data saturation, the number of participants was kept at 16. The present study's inclusion criteria were based on the Somatic Symptom Scale, adapted from the Patient Health Questionnaire-Physical Symptoms (PHQ). Participants who exhibited moderate to severe symptoms on the scale were eligible for inclusion in this study. On the other hand, individuals with no symptoms or mild symptoms were excluded from this research.

Assessment Measures

Inform consent

Participants received a written informed consent form to verify their voluntary participation in this study. Moreover, they were assured of their right to withdraw at any time and ensure the confidentiality of their data. Permission was obtained to audio-record their interview.

Demographic sheet

A demographic sheet was used to collect participants' relevant personal details, including age, Qualification, marital status, occupation, area of residence, monthly family income, number of children, living situation, and any diagnosed physical or mental disorder.

Questionnaire

A standardized somatic symptom scale adapted from the Patient Health Questionnaire Physical Symptoms (PHQ), which includes 10 items, and the cut-off score is minimal 0-4, low 5-9, medium 10-14, and high 15-30. There were three response options: 0, not bothered at all; 1, bothered a little; and 2, bothered a lot. This scale was used as an inclusive criterion. Participants who scored medium or high on this scale were included in the study.

Interview question

A semi-structured interview was conducted with the participants. There were eight main questions in the interview, each with the same follow-up questions. The questions were based on several main points, including types of physical symptoms, marital and family relationships, emotional and psychological stressors, health-seeking behavior, social and cultural pressures, and, lastly, coping strategies. Example questions are written below,

1. How has your mental and physical health been, especially after your marriage?
2. What strategies do you use to cope with your symptoms?

Two psychologists reviewed the guide for cultural relevance.

Procedure

Eligible participants were invited to a one-on-one in-depth interview held in a comfortable, private setting, such as a community space or a home. Each interview lasted 30-40 minutes. Participants were asked a series of questions about their psychosomatic complaints and the factors contributing to their severity and frequency. The interview was conducted in Shina and Urdu. The Shina language transcripts were translated into Urdu, and for accuracy, they were cross-checked with a bilingual reviewer. All interviews were audio-recorded and transcribed verbatim.

Results

Thematic analysis

Theme 1: Physiological complaints after marriage

This theme explores the persistent onset of physical pain and discomfort after marriage, which are associated with daily stressors. Additionally, this theme emphasizes participants' perceptions of medical consultation.

Physiological pain and discomfort - This sub-theme highlights the frequently occurring physiological pains, such as stomach pain and joint and back pain, which are exacerbated by daily stressors. Moreover, this physiological discomfort proposed a tangible relationship between physiological responses and marital status.

Participant 1 (34yr, rural, 2 child)

'Shadi k baad matlb phly ma sihadmand thi a shadi k baad mare andr boht kamzoriyan b peda hui hai. Mare ziada ter hadiyun ma dard hora hai back ma aur tangu ma.'

Participant 2 (28yr, rural, three children)

'Shadi k baad mare kamar ma dard hai aur sare jodun ma b dard hota neend kbi ati kbi nai ati aur khakawat b ziada ati. hazmai ma b dard hai.'

Medical consultation and perception. This sub-theme examined participants' perceptions of the medical consultation, including whether their concerns are taken seriously and whether the doctor can identify the root cause of their illness. This sub-theme also highlights the gap between available medical consultation and perceived physiological needs.

Participant1 (25yr, urban, 5 children)

"*Han doctor k ps jati hun usy kuch pata hi nai hai sirf ian killers aur vitamins ki medinies deta us se koi fark nai pdta meri bemari py .mera sahi checkup nai krty na hi mare symptoms k hisab se treatment krty."*

Participant 2 (30yrq, urban, 2 children)

"Ma nai jati doctor k pas mjy nai pasnd jana wesy b doctor mera masla mamlum hi nai kr pata, agar ziada dard ho toh idr kahi se pain killer kha leti hun jis se suni sunayi kisi k pas hai toh wahan se utha k khayi doctor k ps boht km jati mjy aisa lgta ki wahan humare lia elaj nai."

2nd Theme: Psychological Health after marriage

This theme identifies the mental health and emotional challenges faced by the participants, which are mainly linked to their family dynamics, marital status**, stress, and emotional distress.** This sub-theme explicitly focuses on the emotional distress, which includes anxiety, depression, and stress caused by various stressors in their environment. These stressors include financial conditions and family dynamics. This theme also highlights how emotional distress worsened or triggered their physiological and mental well-being.

Participant 1 (28yr, urban 3 children)

"ma boht pareshan hoti hun, achank ankhy bdi hoti, ma koshih b krti ki ziada a sochun phir b b ho jata .pata nai bs aisy hi befazul sochai ati ak soch nikalti toh dusri a jati—jab parshan hoti toh aisa lgta ki mera sar path jayre ga.

Participant 2 (25yr, rural, five children)

"Zidada ter mare sar ma sham ko dard hota. Jab ma pareshan hoti tab zidada dard hota hai. Ziada tension leti tab b hota. Ziada ter sar k back ma dard hota. Han aisa feel hota hai ki jab koitension nai hoti sar ma b dard nai hota aur zehen b fresh hoti. han jis dan ma tension leti un din ma uth b nai skti itna dard hota kamar ma aur sar ma".

Coping with stress. This sub-theme explores various stress-coping strategies participants practice,

including praying, talking with family and friends, or doing both. These practices provide participants with a sense of temporary relief from the psychosomatic symptoms.

Participant 1 (40yr, rural, 5 children)

" *ab boht ziada tension hota toh akely rehti hun soti hun ya phir mobile use krti hun.aur Jab ma pareshan hoti hunt oh idr hamsayun k ps jati hun kbii reshtedarun k ps jati hun."*

Participant 2 (26yr, urban, one child)

"han mera dil khush hota hai jab ma namaz pdhti .jab ma namaz nai pdhti tasbihaat nai nikalti tab mjy neend b nai ati ma bechan rehti . tension lia toh ma so jati us se ma fresh rehti hun ziada namaz se ma khush rehti."

3rd Theme; social support & psychosomatic complains.

This theme focuses on two main points: first, the influence of spousal support on women's mental health. The second point is the social support the woman receives from her surroundings, especially from her in-laws.

Spousal support. This sub-theme, spousal support, defines the impact of spousal emotional and practical support on psychosomatic complaints among women. In contrast, a lack of such social support leads to an increase in psychosomatic complaints.

Participant 1 (35yr, urban, no children)

"Jab abi abi ayi thi toh itni attachment nai thi us k sth na Matlab na wo mare sth betha than a ma us k sth bethi thi ziadatr alg ya bahr betha tha gar py chutiyun py ho k b bahr betha tha dusre gar ma ja k betha tha is tarha hota tha tab ma b khush nai thi ma b .matlb mjy b farq nai pdhta tha jo b ho wo apny lia hai mai apny lia hun. lekin ab ma ziada feel krti hun."

Participant 2 (40yr, rural, 3 children)

"Nai kbi nai kehta chute si bt ho bachai achy hain ap nai ho bolta toh is waja se ma b stress leti hun ak bt toh zindage ma thk hogi na meri shadi k itnai saalun ma, financial support puri deta bs emotional support nai deta ".

Family dynamics. This sub-theme explores the effect of family dynamics, which includes social and emotional support from their family, especially the in-laws, on the participants' psychosomatic symptoms. Positive family interactions alleviate somatic complaints, and negative family dynamics intensify emotional distress and psychosomatic complaints.

Participant 1(27, urban, 2 children)

"Shadi k baad se ma stress ma rehti shadi se phly ma khush khush rehti thi. Nai mera gar mare lia sahi jaga nai hai mera husband b humesha gusy ma rehtai. Ma joint family ma rehti hun yahan koi cooperative nai hai. Jab gar waly tang krty aur husband support nai krty tab stress hota hai—us ki waja se meri tabiyat thk nai rehti.

4th Theme: Aggravation of physiological symptoms due to stress.

This theme identifies various stressors, including emotional challenges, social pressure, and financial instability. These stressors intensify the perception of pain. These stressors are associated with the onset of ailments such as headaches and body aches.

Financial crisis. This sub-theme financial crisis explores how economic hardship, husbands' unemployment, and content worry about household expenses are linked to worsening stress levels in females.

Participant 1(33yr, urban, 4children)

"Husband ki koi job nahi hai, kabhi mazdoori milti hai kabhi nahi. Ghar ke kharchey nahi poore hote is wajah se tension hoti hai. Jab doctor ke paas nahi ja sakti toh painkiller kha leti hoon."

Participant 2(38, rural, 3 children)

Ziada ter in bachun k baap ki waja se pareshan rehti un ki koi kamayi nai nokari q nai milti ye soch soch k sar ma dard shuru hota us k sth joodun ma b dard hota.

Emotional crisis. This sub-theme of emotional crisis includes family conflicts, marital relationships, and a lack of social support. These practices lead to feelings of isolation, neglect by spouse, irritability, and aggression. Participants' physiological and

emotional well-being simultaneously deteriorate.

Participant 1(29, rural, 1 child)

"Nai kbi nai shadi k baad bs ak dafa ak qisa sunaya hai bs us k baad ma daily bolti hun kuch qisay kro ma b bore hoti hun bs humesha apny mobile k sth betha hai is lia ma b kuch nai bolti bs ma b apny lia alag se bethi Na ma ne apny batai discuss ki hain hum humesha batai krty b nai hain".

Participant 2 (29yrs, urban, no child)

"Shohr acha hai pr us k gusai k pata nai jalta achnak gusa ajata agr ma kuch bol dun to samne se boht ziada gusa krta is lia ma ziada bt nai krti us se aur wo b sirf zrurt ki bt krta bs. Aur is k gar waly b is jesy hain is lia humari nai bnti ziada."

5th Theme: Social and financial strain as a factor of psychosomatic complaints.

This theme explains how social expectations and comparison pressure affect participants' mental and physiological health, and how financial stability is a key factor in this.

Social expectation and comparison pressure. This sub-theme explains how women in Gilgit Baltistan face pressure to meet social expectations, including maintaining a social image, managing the household, and caregiving. Moreover, comparison with others dealing with sigma leads to versions of mental and physical health.

Participant 1 (38yrs, rural, 2 children)

"But kbi kbr aisa hota hai ki sahi chizu ma b thk nai deta matlb sab chizu ma matlb ap achy ho ap achy ho ye buri hai ye buri hai is tarha kaha toh ma depression ma rehti hun. KBI mjy ap achi ho nai kaha hai chahy meri galti na b ho na bs mjy ap galt ho bolta. Han mera mental aur physical health disturb hota."

Participants 2 (40yr, rural, 5 children)

"Han as pas k logun ki batun py koi tension leti hun humari qareebi py mazaq udaty hain . ma apny bachun ko b bahr nai chodti" .

Financial stability and health care access. This sub-theme highlights that financial instability is one of the factors that act as a barrier to healthcare access, which exacerbates their ongoing mental and physical health issues. Such practice leads to enduring, untreated pain and relies on self-medication.

Participant 1 (44yrs, urban, 3 children)

"Ak toh aisa hai ki us ki job nai hai phir person ka issue hota hai phir pesay na ho toh doctor k ps nail y ja skta hai. Is waja se .agr wo doctor k p sly gy aur checkup kraya toh bs thoda sa thk hoti hun nai ly gya toh mazeed tension ly k us k sth b ladhti hun.

Participants 2 (47yrs, rural, 5 children)

"Husband hospital nai ly jaty bs yahan dawayi laty hain kehty hainhospital ma kitne sare test karaty hain uthne pesy nai hain mare ps is lia pain killer kha k gar bet jao jis din kamayi achi hogi tab ly jaonga".

6th Theme: Adaptive and maladaptive coping mechanisms.

His theme focuses on multiple coping mechanisms employed by participants to manage mental and physiological health issues. These coping strategies are categorized into adaptive and maladaptive coping mechanisms.

Adaptive coping mechanisms. This subtheme defines healthy and positive ways to deal with psychosomatic complaints, such as spiritual practices, seeking social support, and using problem-solving techniques.

Participant 1 (45yrs, rural, 3 children)

"jab stress zoada leti thi tab namaz nai pdhti thi ab jab se ma apny lia ak routine bnaya na aur namaz pdhna start kia apny ap ko busy rakha hai tab se ma thodi thk hun. han mera dil khush hota hai jab ma namaz pdhti. Jab ma namaz nai pdhti tasbihaat nai nikalti tab mjy neend b nai ati ma bechan rehti. Tension lia toh ma so jati us se ma fresh rehti hun ziada namaz se ma khush rehti"..

Participant 2 (27yr, rural, 1 child)

"Friends k sth relationship acha hai un k sth rehti hunt oh ziada fresh rehti hun islia jab b ziada pareshan hoti to idr pas ma ak sehali hai us k ps chali jati hun ya phir usy bula leti hun bachun k sth a jati hai toh time kesy chala jata pata b nai chalta".

Maladaptive coping mechanisms. This sub-theme explores the temporary relief strategies participants practice, which may lead to adverse outcomes over time. Such maladaptive techniques include emotional suppression, avoidance, and overworking.

Participant 1(36, urban, 4 children)

"Jab gusa ata hai toh bachun py utarti hun ya phir so jati. Jab bachun ko marti toh sahi ho jati q ki gar walun ko kuch keh nai keh skti toh bs ye bachy hi mare hain inhi py apna gusa nikalti aur ak br Dard k aram k lia ak br tumar kraya tha bs thoda asar hua us ne bola tha ki isy utarna nai aur wo mjh se gum gya hai ab is waja se dard phir se shuru hua hai".

Participant 2 (26, urban,2children)

"Ma jab tension leti toh mobile dekhti hun koshih krti hun ki ziada time dekhun taki mera zehen convert ho busy ho us ma.ya phir so jati hun kisi se nai milti kohih krti hun ki akeli rahun ".

Discussion

This study aimed to provide vital inSights into psychosomatic complaints among married Women in Gilgit-Baltistan by examining the prevalence of these ailments, the psychosomatic and socio-cultural influences on their management and perception, and the adaptive and maladaptive coping mechanisms used by married women in Gilgit-Baltistan.

Furthermore, this study highlights some common psychosomatic complaints, including back pain, headaches, fatigue, and gastrointestinal discomfort. Married women's experiences. Participant verbatim: *'Shadi k baad Matlab poly ma sihadmand thi a Shadi k baad mare and both kamzoriyan b peda hui hai Mare ziada ter hadiyun ma dard hora hai back ma aur tangu ma b dard rehta '. This* concept, along with research done by Nakao et al. (2001)the authors analyzed the characteristics of 1,132 outpatients (848 women and 284 men, reveals that married women experience a higher level of somatic complaints as compared to unmarried women because of the additional stressors that lead to sleep disturbance, digestive issues, and muscle pain.

The First and second themes of the studies, which are physical complaints after marriage and psychological health after marriage, are also linked with the first objective. Research by Pereira et al. (2022) on physical health after marriage reveals that married women report higher rates of physical health problems. Participants verbatim:' *Shadi se phly meri tabiyat thk thi kbi itna bemar nai hoti thi shadi k baad se bemar rehne lgti hun tangu ma, hazmai aur peet ma b dard hota hai'*.

On the other hand, the result of this study reveals that emotional distress emerged as a massive contributor to psychosomatic complaints. Moreover, a sample of this study reported overthinking, feelings of anxiety, and loneliness associated with marriage conflict and financial instability. *Participant verbatim 'g bas pareshan toh hai husband ki koi job nai hun tab ziada bemar rehti hun tab hazmat ma b halka sa dard hota hai. Jab boht ziada tension hota toh akely rehti hun sot i hun. Align with the verbatim and the research objective*. (2018) concluded that there is a relationship between marital dissatisfaction and distress.

Another objective of this study is to explore the effect of socio-cultural pressure on married women in Gilgit-Baltistan. The third theme is the role of social support in psychosomatic complaints, including financial and emotional crises. The fourth theme of the study is Social and financial strain as a factor in psychosomatic complaints, including social expectations and comparison pressure, as well as financial stability and healthcare access.

The results of this study reveal that financial crisis, limited emotional support, and family dynamics exacerbate these complaints. Participant verbatim: "*Ziada ter in bach k baap ki waja se pareshan rehti un ki koi kamayi nai nokari q nai milti ye soch soch k sar ma dard shuru hota us k sth joodun ma b dard hota".*Aligns with the objective and verbatim research done by Shafiq (2024), who reported that minimal emotional support and unresolved spousal conflicts lead to stress-induced physical symptoms. Another participant verbatim *hour acha hai pr us k gusai k pata nai jalta achnak gusa ajata agr ma kuch bol dun to samne se boht ziada gusa krta is lia ma ziada bt nai krti us se aur wo b sirf zrurt ki bt krta bs. Aur is k gar waly b is jesy hain is lia humari nai bnti ziada.*

The last objective of this study is to explore

adaptive and maladaptive coping mechanisms used by married women in Gilgit-Baltistan, and the fifth theme also addresses these mechanisms. However, the thematic analysis of this study revealed that participants engage in both adaptive and maladaptive coping mechanisms. The adaptive coping mechanisms participants practiced included seeking social support, praying, and relaxing. Participants' verbatim related to adaptive coping mechanism:' *Friends k sth relationship acha hai un k sth rehti hunt oh ziada fresh rehti hun islia jab b ziada pareshan hoti to idr pas ma ak sehali hai us k ps chali jati hun you phir usy bula leti hun bachun k sth a jati hai toh time kesy chala jata pata b nai chalta'*.Hussain et al. (2020)associated risk factors, and its impacts on women's mental health in Gilgit-Baltistan (GB explain that relaxation and mindfulness reduce the intensity of musculoskeletal issues.

Despite the adaptive coping mechanisms, participants also report some maladaptive coping mechanisms of psychosomatic symptoms; these strategies include isolation, reliance on painkillers, practice of enchantment, and emotional suppression. Participants' verbatim regarding the maladaptive practice aligns with the participant's words '*Jab gusa ata hai toh bachun py utarti hun ya phir so jati. Jab bachun ko marti toh sahi ho jati q ki gar walun ko kuch keh nai keh skti toh bs ye bachy hi mare hain inhi py apna gusa nikalti aur ak br Dard k aram k lia ak br tumar kraya tha bs thoda asar hua us ne bola tha ki isy utarna nai aur wo mjh se gum gya hai ab is waja se dard phir se shuru hua hai'*. Align with participants verbatim, this research suggested that Löwe et al. (2024)

Limitation and Recommendations

Though the present study fulfills a significant literature gap, it still has several limitations. Firstly, the data for this study rely on participants' narratives, which can lead to the risk of symptom exaggeration or memory biases. Secondly, to align with social norms, participants may have altered their responses, which leads to social desirability bias. On the other hand, based on the findings of this study. Various recommendations are suggested to explore psychosomatic complaints among married women of Gilgit-Baltistan. Firstly, there should be an Implementing focused mental health awareness programs in rural regions is crucial for educating women regarding psychological health and its correlation with physical symptoms. Enhancing understanding of mental health treatment by confronting cultural stigmas can promote acceptance.

Community support initiatives must be established, and healthcare professionals must be trained to recognize and manage psychosomatic complaints effectively. Furthermore, facilitates local support groups, enabling women to exchange experiences, obtain emotional support, and reduce social isolation.

Conclusion

This study explores the significant effect of psychosomatic complaints among married women in Gilgit-Baltistan. Additionally, emotional distress, cultural expectations, and financial stability were highlighted as major contributors to psychosomatic illnesses. This research further identified the maladaptive coping mechanisms, which include reliance on painkillers, emotional suppression, and social withdrawal. On the other hand, Adaptive techniques such as seeking social support, relaxation techniques, and prayer were found to reduce symptom intensity. Moreover, to address these challenges, a multidimensional approach that includes stronger social support systems, greater mental health awareness, and improved healthcare access is needed. Moreover, conduct more research on this concept. Lastly, implementing these recommendations can reduce psychosomatic complaints, foster healthier family dynamics in the region, and improve overall well-being.

Declaration

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Conflict of Interest. Authors of this study have no conflict of interest.

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