

EXPLORING COPING MECHANISMS IN LOW SOCIOECONOMIC STATUS INDIVIDUALS EXPERIENCING PHYSICAL AND EMOTIONAL STRESS STEMMING FROM HOUSEHOLD INTERPERSONAL CONFLICT AND VIOLENCE

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DOI: <https://doi.org/10.5281/zenodo.21028748>

Keywords

Trauma-Informed Care, Qualitative Study, Pakistan, Domestic Violence, Interpersonal Conflict, Coping Strategies, NUML.

Article History

Received: 25 April 2026

Accepted: 04 June 2026

Published: 21 June 2026

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Abstract

INTRODUCTION: People of lower SES are disproportionately exposed to cumulative physical and emotional stressors that magnify pre-existing vulnerabilities to interpersonal conflict and domestic violence. There is a paucity of research on the coping strategies used by economically deprived people to cope with household conflict in South Asian contexts.

OBJECTIVES: To explore coping strategies of low socioeconomic status subjects in the Pakistani context, with special reference to interaction between family conflict and economic stress.

METHODS: A qualitative design was conducted using Interpretive Phenomenological Analysis (IPA). 18 persons (n=18) took part in community assistance programs affiliated with NUML, Islamabad and partner groups in the Islamabad–Rawalpindi region. In-depth semi-structured interviews were carried out and analysed using IPA.

RESULTS: Five coping themes emerged: spiritual/faith-based coping, mobilisation of social support, avoidance and emotional desensitisation, problem-focused behavioural strategies, and meaning-making via adversity. A repeated conflict was noticed between the stigma of vulnerability and the desire to seek help. Systemic barriers, like access to mental health services, housing instability, financial dependency on abusive partners, and patriarchal norms, perpetuated cycles of pain.

CONCLUSION: The present study makes a substantial contribution to the current literature on stress and coping methods in the South Asian civilizations. There is a critical need for trauma-informed and culturally relevant interventions that address the material and social situations of low-income Pakistani populations.

Introduction

Domestic violence is one of the most common and least obvious symptoms of human sorrow. In the privacy of the home, family and relationships are intimately integrated into the domestic framework, hiding interpersonal

conflict and violence. This aggressiveness is further compounded by the ongoing material suffering that burdens the body, exhausts the intellect and hinders the potential for relief for those in socioeconomic disadvantage. “However, human beings are able to adjust to difficult

circumstances. They survive, they depend on networks, they plan, they use resources at hand, in a subtle and undetectable way.

This research studied how people of low socioeconomic position deal with the physical and emotional suffering caused by domestic interpersonal conflict and violence. This included how they formulate, implement, and interpret coping methods. The research recognises that coping is a socially and systemically entrenched phenomenon and not merely an individual psychological function. This process is dependent on the cultural norms of communities, the availability of communal resources, the material realities of destitution and the responsiveness of formal institutions .

This question is particularly pressing in Pakistan. Research indicates that Pakistan has one of the highest rates of intimate partner violence in South Asia, with 70–90% of married women claiming that they have experienced domestic abuse (Fikree & Bhatti, 2015). This susceptibility is worsened by socioeconomic marginalisation as impoverishment inhibits access to psychological treatment, housing and legal assistance. Community health professionals connected with NUML often mention domestic violence as a major, but often ignored, problem among low-income families in the Islamabad–Rawalpindi area (Niaz, 2003).

Socioeconomic Status and Household Violence

The link between poverty and domestic violence is complex and circular. Interpersonal conflict is more common in the context of unemployment, financial stress, and congestion (Benson & Fox, 2004). Moreover, domestic violence causes financial devastation of families due to unemployment, medical expenses and housing instability (Adams et al., 2013). Structural restrictions such financial dependence on abusive relationships, lack of affordable housing, limited legal access, and occupational discrimination, all affect the risk of violence and the ability of low-SES persons to prevent it (Cunradi et al., 2002; Jewkes, 2002). In Pakistan, these dynamics are compounded by deep-rooted patriarchal norms that reinforce male superiority and female subservience in the household. “Poverty is not only a risk factor but also an obstacle to escape. The prevalence of persisting posttraumatic stress symptoms was

substantially greater among low-income survivors (Walker et al., 2008). This is also partly the result of the ongoing economic pressure which prevents a solid recovery. In the same way, Zafar et al. (2016) reported that underprivileged women of Pakistan had far higher trauma loads. A large number of these women thought that they could not achieve recovery without financial independence and physical safety.

Coping Theory and Its Relevance

The literature on coping in psychology has progressed considerably since the seminal transactional model by Lazarus and Folkman (1984) which distinguishes between problem-focused and emotion-focused coping techniques. Although the importance of structural and social constraints on coping has been recognised, this strategy has been criticised for underestimating their impact. Hobfoll’s (1989) Conservation of Resources theory is relevant for low-SES populations, as those with fewer material and psychological resources are more vulnerable to resource loss, which increases their sensitivity to stress cascades. A lack in one area - financial stability - has consequences for low socioeconomic status Pakistanis in regards to housing insecurity, lessened familial support and worsening mental health.

Spirituality and religion have a great role in the coping methods of Pakistanis. Islam offers a theological framework for suffering and a set of behavioural acts such as prayer, recital of the Quran, and dua (supplication) that function as active coping mechanisms. Religious coping seemed to be the most used strategy by Pakistani women suffering from intimate relationship abuse (Siddiqui & Kausar, 2017). This finding is consistent with the theory of Pargament (1997), but also shows its Islamic aspects. Culturally specific avoidance coping mechanisms in Pakistan invariably associated with poorer long-term outcomes (Tull et al., 2007) include excessive sleep, social withdrawal, over-investment in domestic labour and unregulated consumption of prescription sedatives (Khalid & Shahnaz, 2019).

Most of the Pakistani research on domestic violence has been focused on prevalence using quantitative approaches validated on western populations which are less sensitive to cultural

nuances. It is quite rare to see qualitative research that puts the voices of Pakistani survivors, from lower socioeconomic backgrounds, at the center. This study fills this gap by giving phenomenologically comprehensive, grounded narratives of coping from the perspectives of NUML group and Islamabad–Rawalpindi region.

Methodology

Research Design

The study followed a qualitative approach, namely Interpretive Phenomenological Analysis (IPA) which is an appropriate tool for explaining how people make sense of their significant personal events (Smith et al., 2009). IPA offered a way of detecting commonalities across the sample, but also allowed a focus on the subtleties of individual stories. A qualitative approach was selected because it can represent the complexity and context dependence of coping, as well as its depth and flexibility. Quantitative approaches, while valuable for analysing prevalence and correlation, were not able to provide this.

Participants and Recruitment

Using purposive sampling, eighteen participants (13 women, 3 men and 2 gender-unspecified) were recruited from community support programs run by NUML, Islamabad, and three partner organisations, which include a family law legal aid office, a community health clinic, and a women’s welfare facility. Inclusion criteria were: (a) self reported family conflict or violence during the last 24 months, (b) income at or below the Pakistani poverty criterion, (c) age 18

years or older, and (d) fluency in Urdu or English. The median age was 38 years (range 21-62 years). Table 1 provides a full breakdown of the demographics of all participants.

Data Collection and Analysis

In-depth interviews were semi-structured and performed in person or through audio or video conversations on WhatsApp, according to participants’ desire. Some choose to just use voice communication to lower the chances of being noticed by their housemates. Interviews were performed mostly in Urdu, transcribed by multilingual research assistants and translated into English for analysis. Its length was between 60 and 110 minutes. The analysis followed the IPA phases described by Smith et al. (2009) and comprised the discovery of emerging themes, descriptive and interpretative coding, cross case pattern analysis, and iterative immersive reading. The code scheme was checked and validated by two other team members. Eight people checked and revised the descriptions of the themes. Table 2: Theme classification framework.

Ethical Considerations

Ethical approval was obtained from the institutional review boards at the relevant institutions. All participants were allocated pseudonyms and gave formal informed consent in Urdu. Total secrecy was promised them. Your participation is voluntary and you may stop participating at any moment without penalty. The participants were paid PKR 500 as compensation.

Table 1

Participant Demographics (N = 18). U = gender-unspecified.

Participant	Age	Gender	Location	Occupation	Education	Violence Type
P1	34	F	Rawalpindi	Domestic Worker	Secondary	Physical, Emotional
P2	41	M	Islamabad	Daily-wage Labourer	Intermediate	Emotional
P3	52	F	Rawalpindi	Homemaker	Undergraduate	Physical, Emotional
P4	28	M	Islamabad	Student	Undergraduate	Physical
P5	39	F	Islamabad	Homemaker	Secondary	Physical, Emotional
P6	45	F	Islamabad	Homemaker	Undergraduate	Emotional, Economic

P7	31	F	Rawalpindi	Homemaker	Secondary	Physical, Emotional
P8	47	F	Islamabad	Small Merchant	Undergraduate	Physical, Emotional
P9	26	F	Rawalpindi	Domestic Worker	Primary	Emotional
P10	44	F	Islamabad	Homemaker	Intermediate	Physical, Emotional
P11	35	M	Islamabad	Daily-wage Labourer	Intermediate	Physical, Emotional
P12	29	F	Rawalpindi	Small Merchant	Secondary	Emotional, Economic
P13	55	F	Rawalpindi	Homemaker	Primary	Physical, Emotional
P14	33	U	Islamabad	Domestic Worker	Undergraduate	Emotional
P15	22	U	Rawalpindi	Student	Undergraduate	Physical
P16	62	F	Rawalpindi	Homemaker	Primary	Physical, Emotional
P17	38	F	Islamabad	Domestic Worker	Secondary	Physical, Economic
P18	48	F	Rawalpindi	Small Merchant	Intermediate	Emotional, Economic

Table 2

Thematic Analysis Coding Framework.



Theme	Initial Codes	Sub-themes	N (%)
Social Support Mobilization	Informal help-seeking; neighbour reliance; izzat (honour); disclosure stigma; family pressure; mutual protection ethic	Lifeline of informal care; Liability of disclosure	18 (100%)
Faith and Spirituality	Namaz; Quranic recitation; dua; sabr (patience); tawakkul (trust in God); mosque community; spiritual struggle; divine witness	Active divine communication; Spiritual abandonment	16 (89%)
Avoidance and Emotional Numbing	Excess sleep; domestic over-investment; social withdrawal; unmonitored sedative use; emotional detachment; dissociative distancing	Pragmatic avoidance; Dissociative distancing	14 (78%)
Problem-Focused Strategies	Legal recourse; exit planning; vocational training; covert resource accumulation; domestic negotiation; risk calculation	Institutional pathways; Quiet resource-building	12 (67%)
Meaning-Making and Self-Reconstruction	Children as motivation; survivor identity; intergenerational protection; reframing; research participation as catharsis; maternal	Intergenerational legacy; Survivor self-reconstruction	11 (61%)

sacrifice

Findings

The research revealed five major themes, each representing a unique aspect of the coping environment encountered by participants. All the identities of the participants are totally fake. The Urdu passages were translated and fidelity was evaluated by the multilingual research team. Table 1 shows the demographic characteristics and Table 2 offers the detailed classification structure.

Theme 1: Social Support as Both Lifeline and Liability

Social support was the most common coping method, as observed from the different support received by all eighteen participants. In Islamabad-Rawalpindi, professional mental health services are stigmatised and expensive, therefore informal networks such as neighbours, intimate friends and extended family are the main source of accessible care. P1, a 34-year-old domestic worker from Rawalpindi, expressed the unspoken neighbourly understanding: "Oh, I know without saying. I had to shut the door while she prepares the tea. That is permitted. It mattered that it was so simple. The tea, the closed door, the unexpressed understanding were all acts of compassion, acknowledgement and visibility in a situation that could have made a person feel invisible.

But social help was seldom clear. "All my acquaintances are in the same situation," said P5, 41, a daily-wage worker, who is reluctant to impose on others also facing hardship. When they start to asphyxiate, I can't take my stuff to them. The cultural expectations around family izzat (honour) were such that revelation might lead to escalation, societal criticism and familial pressure to return to the abusive situation, making the disclosure process considerably more complex.

Theme 2: Faith and Spirituality as a Framework for Endurance

Participants found meaning in structured faith, which they used to cope with, make sense of, and move beyond suffering. Namaz (prayer), Quranic recitation and dua (supplication) were used to indicate an active relationship with a

divine entity who saw what others could not. "I was never alone ... I felt lifted when I thought I couldn't take it anymore," said Zainab, 52, frankly. It wasn't my own strength. That was the will of God. This is similar to Pargament's (1997) idea of good religious coping and echoes the Islamic concept of sabr (patience in the face of disaster) (Siddiqui & Kausar, 2017).

Some of the spiritual coping practices were not unambiguous. Bilal, 28, told of the mosque community that ultimately betrayed him: "I used to go regularly to Friday prayers, they knew everything that was happening in my house. No words were spoken. No data found. I was not there then. The spiritual invisibility represented a double loss: the anchor and the sense of belonging that it used to provide.

Theme 3: Avoidance, Numbing, and Behavioral Withdrawal as Adaptive but Costly Strategies

It was found that a large number of the individuals use avoidance based coping techniques. Avoidance was characterised by excessive sleeping, social isolation, overcommitment to home activities, and use of prescription sedatives without medical supervision in the absence of alcohol. A 39-year-old housewife reported using the following pharmaceuticals: I understand that this is not the best circumstance, but I have to change my way of thinking when he comes home like that. The drugs get me there. This is not a flaw in consciousness, but rather it is the pragmatic economics of an individual working under severely limited possibilities.

P9, 45, who experienced long spells of emotional and economic abuse, defined psychological detachment with dissociative features as: "It's like watching from the sidelines, you are there but you are not there. This detachment served him well at first, but it diminished his emotional well-being and prevented genuine engagement in daily life.

Theme 4: Problem-Focused Strategies and the Calculus of Safety

Many people deployed conscious, proactive problem-focused coping techniques, in spite of

institutional limits. This ranged from resolving household conflicts to achieving economic independence and legal protection under the Protection Against Harassment of Women at the Workplace Act 2010 and the Prevention of Anti-Women Practices Act 2012 in Pakistan. Each alternative was subject to detailed risk assessment. Pakistani women's reluctance to use legal avenues is based on rational appraisals of institutional weaknesses rather than personal laziness, according to Zafar et al. (2016).

P12, 31, had a secret folder on her phone as a sort of low-key preparedness step. The folder contains pictures of a few rental houses, along with addresses and phone numbers of training centres. I turn to it when the situation is extremely critical. I can't do this right now but it should remind me that there is another way. This limited map of options has circumscribed the agentic capacity over time, and remains invisible to others.

Theme 5: Meaning-Making, Resistance, and Reconstruction of Self

The final motif reflected a dynamic process of narrative development that foregrounded dignity, agency and purpose. NUML's outreach operations within Pakistani communities were useful in the rising acknowledgement of Islamic concepts of *sabr* and *tawakkul*, maternal identity and rights discourses which influenced the process of meaning-making. Many people thought children were the most troublesome and the most compelling reason to continue, while others were determined to protect their daughters from facing the same fate.

"It was a journey from doubt to acceptance," said Parveen, 47. "Before, I would ask myself, 'Why me?' I'm thinking right now that I am still alive. My kids are healthy. This is a must. This resolves the problem. The study interview was described by many participants as a process of meaning-making, an opportunity to transform personal pain into information that could be useful to others.

Discussion

Integration With Existing Theory

The five aspects together challenge the individualistic mindset that dominates mainstream coping theory. The problem/emotion duality offered by Lazarus and Folkman (1984) does not account for the

structural weight that influences each coping decision participants state. More appropriate to participants' cascading losses is Hobfoll's (1989) Conservation of Resources model, which posits that financial security, housing, family networks, and mental health all declined. The spiritual coping approach is in line with the paradigm of Pargament (1997); nevertheless, the special Islamic features of the model, including *sabr*, *tawakkul*, and divine connection through prayer, provide a culturally specific dimension that generic models tend to minimise (Siddiqui & Kausar, 2017). Here social aid, frequently viewed as protective, was both a resource and a liability. Simultaneously, family networks offered comfort and strengthened honour rules that discouraged disclosure (Niaz, 2003).

Structural Barriers and Systemic Implications

Structural Constraint was a common theme in all five topics that affected the possible coping techniques. Motivation and insight were present among the participants, but access was lacking. More than 90% of people with mental health problems do not get official help, according to National Mental Health Survey of Pakistan (2016). In theory there were legal ways out, but they were impossible in fact. Krieger (2001) and Thoits (2011) suggest that traditional coping theory is insufficient to understanding the experiences of excluded communities because of its individualistic focus. The concern is not why these participants cannot cope well, but what structural and cultural changes may be made to improve their coping ability.

Clinical and Community Practice Implications

In this context, trauma-informed care must be expanded to incorporate structural trauma as well as interpersonal trauma, including the chronic stress of poverty, housing instability and legal marginalisation. Cultural competency involves authentic involvement with the izzat dynamics, Islamic coping strategies, and the specific vulnerabilities engendered by financial dependency within Pakistani marital structures. NUML's Department of Psychology and its community outreach programs are well poised to facilitate this adaptation. The best approach is through community-based organisations that can provide emotional support, legal knowledge,

access to vocational opportunities and stable housing.

Limitations

The sample was drawn from organisations with institutional links and the most isolated survivors may have been under-represented. The findings are exclusive to two urbanised areas and may not be generalisable to rural Punjab, interior Sindh, Balochistan and KPK where institutional resources are inadequate and patriarchal norms are more pervasive. With the cross-sectional design, coping is recorded at one point in time and the interpretations are influenced by the biases of the study team. But reflexivity, team evaluation and member validation were deliberately built in.

Conclusion

The people in this study were not passive victims of their own circumstances. They talked about creativity, perseverance, sadness, belief, computation, and adjustment. Their coping mechanisms were human survival strategies established in response to environments devised to impede survival, regardless of clinical costs or deficits. The findings encourage practitioners, researchers and politicians to widen their gaze from individual psychology to societal, economic and political variables shaping lives. We need structural change, including reform of housing policy, improving economic opportunities for women, ensuring mental health services are accessible, enacting protective legislation, and the ongoing cultural work of challenging the norms that stigmatise domestic violence and dehumanise survivors. The coping strategies detailed in this research require systematic attention, professional recognition and continued institutional support until the adaptations are introduced. The participants in this study did not expect to be rescued. They had their path clearly charted.

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