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Speaking Distress, Interpreting Suffering: A Dyadic Linguistic Analysis of Emotional Expression and Mental Health Recognition among Older Adults and Family Caregivers in Pakistan

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ABSTRACT

Background: Older adults may describe emotional difficulties through bodily metaphors, indirect expressions and accounts of shifting family relationships. How family caregivers interpret such communication is an important but underexamined dimension of support. Objective: To examine Urdu- and Punjabi-language distress expressions and caregiver interpretations using a culturally situated dyadic framework.

Methods: Fifteen older adult–caregiver dyads (30 participants) participated in separate semi-structured interviews in Urdu or Punjabi. Accounts were analysed using a contextualist approach integrating reflexive thematic analysis, metaphor identification and paired-case comparison.

Results: Five themes were identified: giving distress a bodily form; protecting dignity through indirect expression; interpretive distance; practical care without assured emotional understanding; and recognition-to-response pathways. Five dyads illustrated convergence, five partial correspondence, four divergence and one ambiguity.

Conclusion: Dyadic attention to speaker meaning, caregiver interpretation and response offer a useful approach to understanding emotional communication in family caregiving. Findings are qualitative and do not establish population prevalence.

Introduction

Ageing, social relationships and emotional experience

Psychological wellbeing in later life is shaped not only by illness and disability but also by the quality of social relationships. Large reviews have associated loneliness, social isolation and weaker social relationships with adverse health outcomes, while distinguishing the subjective experience of loneliness from the objective structure of social networks (Holt-Lunstad et al., 2010, 2015; Donovan & Blazer, 2020). The National Academies of Sciences, Engineering, and Medicine (2020) accordingly describe social disconnection as an issue that warrants attention in healthcare. These findings do not mean that every older person living with relatives feels connected, or that living alone necessarily implies loneliness. The relevant analytical question concerns how individuals experience their relationships and communicate needs within them.

In Pakistan, family care is situated within household obligations, intergenerational relationships and gendered expectations. A Karachi study of older patients described perceptions of family systems (Itrat et al., 2007), while a cross-sectional study explored the relationship between family system and depression among older adults (Taqui et al., 2007). More recently, Shekhani (2024) examined the lived experiences of daughters and daughters-in-law providing elder care in Karachi, documenting both the moral significance and the complexity of family caregiving. These studies provide contextual grounds for investigating family relationships, but they do not establish how particular Urdu or Punjabi expressions are interpreted within older adult–caregiver dyads.

Cultural idioms, metaphor and the limits of literal translation

Psychological distress does not always enter conversation through formal diagnostic vocabulary. The language of heaviness, restlessness, emptiness or excessive thought can refer to physical discomfort, emotional suffering, relational difficulty or several experiences at once. Kleinman (1988) argued that illness narratives embed suffering within personal and moral worlds; Kirmayer (1989) described cultural variation in responses to emotional and psychiatric distress. The global mental-health literature further cautions that cultural concepts of distress may overlap with, but are not reducible to, psychiatric categories (Kohrt et al., 2014).

The systematic review of "thinking too much" demonstrates how an apparently recognisable idiom may carry multiple locally situated meanings (Kaiser et al., 2015). Likewise, work on "tension" in South Asia describes a vocabulary that cannot simply be mapped onto one diagnostic construct (Weaver & Karasz, 2022). In Pakistan, Mumford et al. (2005) developed and validated an anxiety–depression questionnaire informed by locally encountered idioms, showing the relevance of language-sensitive assessment. A systematic review by Cork et al. (2019) nevertheless underscores the challenges of incorporating idioms of distress into interventions and assessment without flattening their meanings.

Metaphor is not merely decorative speech. Lakoff and Johnson (1980) show how metaphoric mappings structure ordinary conceptualisation. Yet a metaphor's presence alone cannot establish the speaker's intended psychological meaning. A phrase about a heavy heart may index grief, exhaustion, isolation or bodily discomfort. Research on illness discourse likewise demonstrates that metaphors can have diverse communicative functions rather than fixed effects (Semino et al., 2017). The methodological task is therefore to attend to the speaker's contextual explanation rather than assign a diagnostic label from a phrase alone.

The interpretive role of family caregivers

Caregiving involves practical tasks, relational commitments and judgements about what another person needs. The provision of assistance should not be assumed identical to the experience of receiving emotionally appropriate support. Uchino (2009) distinguishes perceived from received social support, offering a conceptual basis for examining this difference. A caregiver may correctly notice that an older relative is uncomfortable yet interpret the discomfort as tiredness, adjustment or an unmet practical need, while the older person understands it as loneliness or loss of agency.

The study of paired accounts offers a way to examine this interpretive relationship. Eisikovits and Koren (2010) show that dyadic analysis can illuminate both correspondences and tensions between two accounts of a shared situation. A dyadic approach does not establish which participant possesses an objectively complete account of an earlier exchange; it examines the meanings each constructs and the consequences they associate with those meanings.

Research gap, aim and questions

Existing research offers substantial evidence on loneliness, culturally patterned distress, family caregiving and qualitative analysis. However, these literatures are rarely integrated around the specific relation between an older speaker's intended meaning, the caregiver's interpretation and the response described in paired Urdu/Punjabi accounts. This study addresses this gap by examining how older adults' accounts of distress correspond with family caregivers' interpretations and reported responses within paired interviews.

The aim of this study was to investigate emotional expression and mental-health recognition among older adults and family caregivers in Pakistan using a dyadic linguistic approach. Three questions guided the analysis: RQ1, how did older adults communicate distress through idioms, metaphors, indirect expressions and narratives in Urdu and Punjabi? RQ2, in what ways did caregivers' interpretations converge with, partially reflect, diverge from or remain uncertain about the meanings older adults attributed to their expressions? RQ3, how were these interpretations related, within paired accounts, to emotional recognition, support and consideration of professional help?

Methodology

Design and epistemological orientation

This qualitative study used a contextualist analytic stance: participants' accounts were treated as situated meaning-making rather than transparent access to private mental states. Reflexive thematic analysis provided an interpretive approach to patterned meaning, explicitly recognising the researcher's role in theme development (Braun & Clarke, 2006, 2021, 2022). The dyad, rather than the isolated speaker, was the principal comparative unit (Eisikovits & Koren, 2010).

Participants and sampling

The study included 15 older adult–family caregiver dyads: 15 older adults aged 61–82 and 15 family caregivers aged 25–69. Eight older adults were women and seven men; ten caregivers were women and five men. Eight dyads were Punjabi-speaking and seven were Urdu-speaking. Participants were selected to capture variation in family relationships and experiences of emotional communication. Sample adequacy was considered in relation to information power, study aims, sample specificity and analytic depth (Malterud et al., 2016).

Interviews and ethical procedures

Separate semi-structured interviews were conducted with older adults and caregivers in their preferred language. Interviews explored experiences of worry, loneliness, grief, bodily discomfort and changing roles, including the meanings participants attached to particular expressions. Caregivers were asked how they understood these expressions and what responses followed. Ethical approval was obtained from Mohi-ud-Din Islamic Medical College, Mirpur, Azad Jammu and Kashmir, Pakistan (reference MIMC-20231/25). Written informed consent was obtained from all 30 participants.

Language, translation and analytical procedure

Participant utterances were recorded in Urdu or Punjabi in Perso-Arabic/Shahmukhi script and accompanied by interpretive English translations. Translation is an analytic decision, not a neutral transfer of words; research on cross-language qualitative methods emphasises how meaning may shift across languages (Squires, 2009; van Nes et al., 2010). Original-language extracts were retained alongside translations to support contextual interpretation.

Analysis involved six overlapping activities: familiarisation with each paired account; preliminary notation of emotionally salient expressions; identification of possible metaphorical language using the logic of the Metaphor Identification Procedure (Pragglejaz Group, 2007); contextual interpretation of each speaker's account; comparison with the paired caregiver account; and reflexive development and revision of themes. Themes were not treated as mechanically discovered categories, and no inter-rater reliability coefficient was calculated, consistent with reflexive thematic analysis (Braun & Clarke, 2021, 2022).

Reflexivity, reporting and analytic boundaries

Researchers' disciplinary positions, language competencies and assumptions about family roles were relevant to interviewing and interpretation. Berger (2015) explains why reflexivity is a continuing research practice rather than a declaration of neutrality. Reporting was informed by COREQ and the Standards for Reporting Qualitative Research (Tong et al., 2007; O'Brien et al., 2014). The analysis does not establish prevalence, causal effects, clinical diagnoses or intervention benefits.

Results

The findings are organised by themes derived from paired participant accounts. Quotations are presented with dyad identifiers and interpretive English translations. Translations prioritise conversational meaning and are not asserted to be linguistically unique or standardised.

Overview of the dyads

Dyad	Older adult	Caregiver	Language	Speaker concern	Pattern
D01	68, woman	Daughter, 38	Punjabi	Loneliness	Divergence
D02	72, man	Son, 42	Urdu	Financial dependence	Partial
D03	75, woman	Daughter-in-law, 45	Punjabi	Belonging	Partial
D04	64, man	Wife, 59	Urdu	Worry	Convergence

D05	81, woman	Son, 51	Punjabi	Conversation	Divergence
D06	69, man	Daughter, 36	Urdu	Being a burden	Partial
D07	63, woman	Husband, 66	Punjabi	Loss of motivation	Convergence
D08	78, man	Daughter, 48	Urdu	Emptiness	Divergence
D09	70, woman	Daughter-in-law, 33	Punjabi	Exclusion	Divergence
D10	82, man	Son, 54	Punjabi	Protective silence	Partial
D11	66, woman	Daughter, 40	Urdu	Loss of interest	Convergence
D12	74, man	Wife, 69	Punjabi	Uncertainty	Ambiguity
D13	79, woman	Son, 46	Urdu	Grief	Convergence
D14	61, man	Daughter, 35	Punjabi	Usefulness	Partial
D15	73, woman	Granddaughter, 25	Urdu	Conversation	Convergence

The classification comprised five convergence cases (D04, D07, D11, D13, D15), five partial-correspondence cases (D02, D03, D06, D10, D14), four divergence cases (D01, D05, D08, D09) and one ambiguous case (D12). These descriptive counts characterise the analysed dyads and are not population estimates.

Theme 1: Giving distress a bodily form

Several participants used bodily or spatial imagery to make an emotional concern communicable. In D01, an older woman stated, "دل تے بوجھ پیا رہندا اے" ("There is a weight on my heart"). Her paired explanation associates this weight with loneliness after everyday conversation has diminished. Her daughter, however, interpreted the expression as indicating tiredness. In D04, " دل کو سکون نہیں ملتا، دماغ ہر وقت الجھا رہتا ہے" ("My heart finds no peace; my mind remains entangled") is understood by the speaker as persistent worry and is recognised similarly by his wife. The juxtaposition demonstrates that metaphor does not, by itself, predict misunderstanding.

D08 extends the theme through the Urdu phrase "گھر بھرا ہوا ہے، مگر اندر خالی پن ہے" ("The house is full, but there is emptiness inside"). The daughter understands her father as preferring solitude, whereas he attributes the emptiness to a lack of emotionally meaningful contact. In D12, the expression "دل گھبراؤندا اے" ("My heart feels unsettled") remains uncertain even for the speaker: physical illness and worry are both plausible within the participant account. The analysis therefore retains ambiguity rather than imposing a psychiatric interpretation.

Theme 2: Protecting dignity through indirect expression

A second pattern involves statements about being needed, consulted or dependent. In D02, " ہر خرچے کے لیے بیٹے کی طرف دیکھنا دل کو اچھا نہیں لگتا" ("It does not feel right to look to my son for every expense") carries an emotional concern about autonomy; the son responds chiefly with reassurance that money is available. In D06, "میں کسی پر بوجھ نہیں بننا چاہتا" ("I do not want to be a burden on anyone") communicates apprehension about dependence, while the daughter understands it partly as a wish to retain independence. These are partial correspondences, not evidence of uncaring relatives.

D09 offers a sharper contrast. The older woman says, "میرے سامنے سب فیصلے ہو جاندے نیں، میرے کولوں کوئی پچھدا ای نہیں" ("Decisions are made in front of me, but nobody asks me"). She associates exclusion with diminished standing in the household. The daughter-in-law describes taking decisions to relieve her of responsibility. The same practical arrangement thus receives different relational meanings. D14 similarly frames retirement through the expression "ہن لگدا اے میری کسی نوں ضرورت ای نہیں" ("Now it feels as though nobody needs me"), while the caregiver understands a normal adjustment to leaving work.

Theme 3: Interpretive distance within shared relationships

Dyadic comparison reveals differences obscured by a single interview. D03 expresses diminished belonging—"ہن ساڈی کی لوڑ اے، سارے اپنے کمّاں وچ مصروف نیں" ("Who needs us now? Everyone is busy with their own affairs")—while the daughter-in-law interprets the statement primarily as difficulty adjusting to altered roles. The older adult in D10 explained, "ہر بات دَس کے پُتر نوں پریشان نہیں کرنا" ("I do not want to worry my son by telling him everything"); his son reads limited disclosure as a preference for privacy. The accounts share observable behaviour but diverge over its purpose.

The interpretive categories are not grades of caregiver performance. Convergence describes resemblance between reported meanings, partial correspondence a shared element with a consequential difference, divergence substantially different explanations,

and ambiguity the absence of a sufficiently settled account. They are provisional interpretive devices, not validated clinical measures.

Theme 4: Being cared for without necessarily feeling understood

D05 makes the distinction between instrumental provision and emotional recognition explicit: " روٹی پانی سب مل جاندا اے، پر گل کرن والا کوئی نہیں" ("Food and water are provided, but there is nobody to talk to"). The son describes ensuring that everyday needs are met. His account does not negate his mother's concern; it answers a different question. By contrast, D15 says, " مجھے کسی سے لمبی بات کرنے کا دل چاہتا ہے، صرف خیریت پوچھنا کافی نہیں ہوتا" ("I want to have a long conversation; asking if I am fine is not enough"). Her granddaughter recognises the request for sustained engagement and describes responding with conversation.

The contrast illustrates a possible gap between the presence of care and the form of support an older adult wishes to receive. It does not imply that conversation is always preferable to practical help or that either form is sufficient for everyone.

Theme 5: From recognition to response

The cases also vary in what follows interpretation. In D07, an older woman's "ہن دل نئیں کردا کسے کم نوں ہتھ پاواں" ("I no longer feel like beginning any task") is understood by her husband as loss of motivation; his response is patient engagement. In D11, " پہلے جن چیزوں میں دل لگتا تھا، اب أن میں بھی دلچسپی نہیں رہی" ("Even things I once enjoyed no longer interest me") prompts the daughter to consider a medical consultation. D13 associates household silence with bereavement—"اس کے جانے کے بعد گھر کی خاموشی بہت محسوس ہوتی ہے" ("Since the loss, the house feels very quiet")—and the son recognises the grief.

These accounts describe recognition and response, not treatment outcomes. Recognition need not lead to professional help in every case; nor does the contemplation of help prove the presence of a diagnosable condition. The analytically relevant relation is between attributed meaning, caregiver understanding and the action each person describes.

A closer paired-case comparison

D01 illustrates the value of preserving both voices. The older speaker links heaviness to isolation; the daughter links it to physical tiredness. A single-speaker account could document either loneliness or caregiving attentiveness, but it would not show the interpretive gap between them. D04 functions as a contrasting case: an equally figurative expression of unrest is interpreted in broadly similar terms by both parties. Taken together, the cases prevent a simplistic explanation in which figurative language inevitably causes failure of recognition. **Discussion**

Language as a situated account of suffering

The analysis brings cultural concepts of distress into dialogue with dyadic interpretation. Kohrt et al. (2014) and Kaiser et al. (2015) caution against equating familiar idioms with universal symptom categories; Mumford et al. (2005) show why local idioms matter in Pakistani assessment. The paired examples add a conceptual question: even when a phrase is culturally recognisable, does the particular caregiver attach the meaning that the speaker intends? D01 and D04 show why the answer cannot be deduced from metaphor alone. Semino et al. (2017), although studying cancer discourse rather than older adults in Pakistan, supports the narrower point that metaphors serve different communicative purposes in context.

This approach also complicates assumptions about translation. English renderings such as "heavy heart" or "emptiness" may convey part of the meaning while obscuring pragmatic nuance, kinship positioning or the force of indirectness. As Squires (2009) and van Nes et al. (2010) argue, cross-language research requires active reflection on what is preserved and transformed. In this study, original-language extracts were retained alongside interpretive English translations to preserve contextual meaning.

Dignity, autonomy and the moral meanings of care

Indirect statements about burden, usefulness and consultation can communicate more than practical needs. Kleinman's (1988) attention to the moral world of suffering provides one route to understanding these accounts. Lloyd et al. (2014) similarly explore identity and dignity in advanced age, while Ryan and Deci (2000) distinguish autonomy, competence and relatedness as important psychological needs. These frameworks do not license automatic coding of every dependence-related statement as an autonomy deficit. They instead invite questions about the significance of choice, contribution and recognition in a given relationship.

D09 is instructive because the caregiver's apparent intention to protect and the older adult's sense of exclusion are not mutually impossible. Care can be sincerely offered and differently experienced. Pakistani caregiving scholarship makes this especially worth examining, while also warning against generalising from one family arrangement to all households (Shekhani, 2024).

Care provision and emotional understanding

Research distinguishes loneliness from objective isolation (Donovan & Blazer, 2020; National Academies of Sciences, Engineering, and Medicine, 2020). The D05 and D15 cases apply a related distinction to everyday caregiving: the presence of instrumental assistance does not establish that the recipient experiences emotional recognition. Uchino (2009) offers a useful theoretical basis for distinguishing received from perceived support. However, practical and emotional support can reinforce one another, and no hierarchy between them is justified by the cases.

Dyadic correspondence without assigning blame

Eisikovits and Koren (2010) show the analytical value of examining paired accounts as a relational unit. Our four correspondence patterns avoid reducing caregivers to either "accurate" or "inaccurate" readers of distress. Partial correspondence may be especially informative: a caregiver may recognise a problem while understanding its implications differently. Even apparent divergence is not proof of negligence. Interview accounts are retrospective and situated, and an older adult's present explanation need not perfectly reproduce what was explicit during an earlier exchange.

The conceptual value lies in tracing how distinct meanings coexist within a relationship. Further longitudinal research could extend this by observing actual interactions and returning to the dyads over time to examine whether interpretations are negotiated or revised.

Recognition is not diagnosis

The qualitative accounts do not permit clinical classification. Expressions of chest discomfort, fatigue, reduced motivation or loss of interest may require physical, psychological or combined assessment. The Cultural Formulation Interview literature supports eliciting patients' own explanatory contexts rather than imposing an interpretation from terminology alone (Lewis-Fernández et al., 2017). This is particularly important where caregivers provide collateral accounts: their observations may be useful, but should not automatically replace the older adult's account or justify a psychiatric label.

Implications for Future Research and Practice

The framework suggests three areas for investigation: whether asking speakers to explain the meaning of culturally familiar expressions improves mutual understanding; whether separate caregiver and older adult interviews reveal differences that ordinary clinical assessment misses; and whether communication-focused caregiver education is feasible and acceptable. These are research propositions, not interventions validated by this manuscript. Further research should attend to socioeconomic variation, language practices, caregiver relationship, gender, bereavement, and the possibility that practical constraints shape responses independently of recognition.

Limitations

The study's qualitative sample limits transferability to other families and settings. The dyadic classifications are interpretive rather than validated clinical measures, and retrospective accounts cannot directly establish what occurred during prior interactions. Translation choices and researchers' assumptions may influence interpretation. No causal pathway from expression to caregiver response was established. Findings should be evaluated in light of these methodological boundaries.

Conclusion

The dyadic linguistic framework brings together culturally situated distress expressions, older adults' explanations, caregivers' interpretations and the responses associated with those interpretations. Its central proposition is that the provision of care and the recognition of emotional meaning are related but non-equivalent, and that metaphorical or indirect communication need not invariably produce misunderstanding. The dyads show how convergence, partial correspondence, divergence and ambiguity could be investigated without treating either family member as inherently unreliable or deficient. Larger, independently replicated empirical research is necessary before any claims can be made about prevalence, mechanisms or consequences in Pakistani families.

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