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MAPPING THE SEVEN FACES OF TENSION: AN INTERPRETATIVE PHENOMENOLOGICAL STUDY OF HYPER-AROUSAL SUBTYPES, CULTURAL CONTEXT, AND LIVED EXPERIENCE IN PAKISTAN

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Abstract

Hyper-arousal is a multidimensional psychological phenomenon characterized by persistent physiological, emotional, cognitive, and behavioral activation that disrupts daily functioning and well-being. Although hyper-arousal has been extensively examined in relation to trauma, anxiety disorders, and post-traumatic stress disorder, limited research has explored how individuals themselves experience different manifestations of chronic tension within their sociocultural environments. In Pakistan, where emotional expression is often influenced by cultural expectations, family obligations, and religious beliefs, understanding the lived experience of hyper-arousal requires an approach that acknowledges both psychological and cultural realities. The present study aimed to explore the lived experiences of individuals experiencing chronic hyper-arousal and to identify the different phenomenological "faces" of tension within the Pakistani cultural context. A qualitative research design based on Interpretative Phenomenological Analysis (IPA) was employed. Fifteen participants experiencing persistent psychological tension and hyper-arousal symptoms were recruited through purposive sampling. Semi-structured interviews explored emotional, cognitive, behavioral, physical, interpersonal, and cultural experiences of chronic tension. Data were analyzed following Smith, Flowers, and Larkin's six-stage IPA framework. Analysis generated seven interconnected experiential themes representing the "Seven Faces of Tension": Living in Constant Alertness; The Restless Body; Emotional Storms beneath Silence; Trapped between Expectations and Identity; Relationships under Invisible Pressure; Cultural Silence and Religious Meaning-Making; and Rediscovering Hope through Acceptance and Healing. Participants described hyper-arousal as an all-encompassing experience affecting thoughts, emotions, bodily sensations, social relationships, occupational functioning, and spiritual life. Cultural norms simultaneously intensified distress through emotional suppression while offering resilience through collective support and religious coping. Hyper-arousal extends beyond physiological activation and represents a deeply personal and culturally embedded experience. Findings emphasize the importance of culturally informed psychological interventions

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integrating emotional regulation, trauma-informed care, family psycho education, and culturally sensitive therapeutic practices within Pakistan. The study contributes to the growing phenomenological literature by demonstrating that chronic tension is experienced as a dynamic interaction between mind, body, relationships, and sociocultural meaning systems.

INTRODUCTION

Hyper-arousal is increasingly recognized as one of the central psychological responses associated with chronic stress, traumatic experiences, prolonged anxiety, and emotional deregulation. Traditionally conceptualized within the diagnostic framework of Post-Traumatic Stress Disorder (PTSD), hyper-arousal refers to a persistent state of heightened physiological and psychological activation characterized by excessive vigilance, exaggerated startle responses, irritability, sleep disturbance, muscular tension, concentration difficulties, and an ongoing perception of threat even in objectively safe environments. Although hyper-arousal has commonly been examined through biomedical and cognitive-behavioral perspectives, recent psychological literature suggests that it is better understood as a multidimensional lived experience shaped by individual history, interpersonal relationships, and sociocultural context.

Rather than existing solely as a cluster of symptoms, hyper-arousal affects the way individuals interpret themselves, relate to others, regulate emotions, and experience their everyday lives. People living with chronic hyper-arousal frequently describe feeling as though their bodies remain "switched on" continuously, making relaxation nearly impossible. Ordinary daily activities become mentally exhausting because the nervous system constantly prepares for danger. Consequently, hyper-arousal influences physical health, emotional well-being, occupational functioning, interpersonal relationships, and overall quality of life.

Contemporary neuroscience provides substantial evidence that chronic activation of the sympathetic nervous system alters cognitive processing, emotional regulation, and physiological functioning. Persistent activation of stress pathways contributes to elevated cortisol levels, increased cardiovascular activity, sleep disturbances, impaired concentration, and heightened emotional sensitivity. Over time, individuals may experience fatigue, burnout, anxiety, depression, and psychosomatic symptoms that further complicate recovery.

Although the biological mechanisms of hyper-arousal have been widely investigated, considerably less attention has been devoted to understanding how individuals themselves experience chronic tension within their cultural environments. Psychological experiences are never independent of culture. The meanings attached to emotional distress, coping behaviors, help-seeking, and recovery are socially constructed and influenced by family systems, religious beliefs, gender expectations, and community norms.

Within Pakistan, emotional regulation is often embedded within collectivistic family structures where interpersonal harmony, social responsibility, and respect for cultural traditions are highly valued. Individuals experiencing chronic psychological distress frequently encounter pressures to maintain emotional control, fulfill family obligations, and prioritize collective needs above personal well-being. Such cultural expectations may inadvertently intensify internal tension by discouraging emotional disclosure and delaying professional help-seeking.

Religious beliefs similarly influence psychological adaptation. Islamic concepts of patience (Sabr), trust in God (Tawakkul), gratitude (Shukr), and acceptance of Divine decree (Qadr) frequently serve as important coping resources for individuals confronting emotional suffering. However, some individuals may simultaneously struggle with feelings of guilt, self-blame, or confusion while attempting to reconcile psychological distress with spiritual beliefs. Consequently, religion may function both as a protective factor and as a complex interpretative

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framework through which emotional suffering is understood.

Most previous investigations of hyper-arousal have relied upon quantitative symptom measurement scales or clinical diagnostic frameworks. While such approaches provide valuable information regarding prevalence and symptom severity, they often fail to capture the subjective meanings individuals assign to their experiences. Interpretative Phenomenological Analysis (IPA) offers an alternative perspective by examining how people make sense of significant life experiences within their personal and cultural contexts.

The present study therefore adopts an Interpretative Phenomenological Analysis approach to explore the lived experiences of individuals experiencing chronic hyper-arousal in Pakistan. Rather than asking how frequently symptoms occur, this research seeks to understand how individuals experience chronic tension, how they interpret its effects upon their identities and relationships, and how cultural values shape both suffering and recovery. Through identifying the "Seven Faces of Tension," the study aims to develop a culturally grounded understanding that may inform trauma-informed psychological practice and culturally responsive mental health interventions.

Literature Review

Hyper-Arousal: Conceptual Foundations

Hyper-arousal is a central psychological construct describing a persistent state of heightened physiological and emotional activation in which individuals remain excessively alert to potential threats. Traditionally associated with trauma-related disorders, particularly Post-Traumatic Stress Disorder (PTSD), hyper-arousal encompasses symptoms such as exaggerated startle responses, irritability, sleep disturbances, emotional reactivity, concentration difficulties, muscle tension, and chronic vigilance (American Psychiatric Association [APA], 2022). While these symptoms are commonly understood through diagnostic criteria, contemporary research increasingly recognizes hyper-arousal as a multidimensional human experience that extends beyond psychiatric diagnoses and influences everyday functioning.

Neuroscientific evidence demonstrates that hyper-arousal results from prolonged activation of the sympathetic nervous system and dysregulation of the hypothalamic-pituitary-adrenal (HPA) axis. Chronic activation of stress pathways leads to increased secretion of cortisol and catecholamines, preparing the body for continuous survival responses. Although adaptive during acute danger, prolonged activation contributes to psychological exhaustion, impaired emotional regulation, cognitive dysfunction, cardiovascular complications, and reduced quality of life (McEwen & Akil, 2020). Consequently, hyper-arousal should be understood not merely as an anxiety symptom but as a complex psychophysiological state influencing multiple dimensions of human functioning.

Recent theoretical developments have emphasized that chronic hyper-arousal affects cognition, interpersonal relationships, identity formation, and emotional processing. Individuals frequently describe living in a constant state of preparedness in which ordinary daily experiences are interpreted as potentially threatening. This persistent anticipation of danger fundamentally alters perceptions of safety and influences behavioral choices, occupational functioning, and social relationships (van der Kolk, 2023).

Hyper-Arousal and Trauma

The relationship between trauma exposure and hyper-arousal has received substantial empirical attention over the past three decades. Traumatic experiences disrupt normal neural processing by sensitizing brain regions responsible for detecting danger, particularly the amygdala, while simultaneously reducing regulatory control exerted by the prefrontal cortex (Brewin, 2022). As a result, individuals remain physiologically prepared for threats long after objective danger has disappeared.

Research consistently demonstrates that hyper-arousal is among the most persistent symptoms following traumatic exposure. Individuals report difficulties sleeping, intrusive vigilance,

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irritability, emotional outbursts, concentration problems, and exaggerated responses to minor environmental stimuli. These symptoms often persist for months or years and significantly impair occupational, interpersonal, and psychological functioning (Cloitre et al., 2023).

However, trauma researchers increasingly argue that hyper-arousal cannot be understood solely through neurobiological mechanisms. Traumatic experiences are interpreted through personal histories, social relationships, and cultural belief systems. Consequently, identical physiological responses may be experienced and interpreted differently across cultures depending upon societal expectations regarding emotional expression, resilience, and coping.

The Polyvagal Perspective

One of the most influential contemporary explanations of hyper-arousal is provided by **Polyvagal Theory**. Proposed by Stephen W. Porges, the theory suggests that the autonomic nervous system continuously evaluates environmental safety through subconscious neuroception. When individuals perceive danger, sympathetic activation prepares the body for defensive action, resulting in increased heart rate, muscular tension, rapid breathing, and heightened vigilance.

According to this perspective, chronic hyper-arousal reflects difficulties returning to physiological states of safety following stressful experiences. Rather than simply experiencing anxiety, individuals become biologically organized around survival, making relaxation, emotional regulation, and social engagement increasingly difficult. Polyvagal Theory therefore provides an integrated explanation connecting physiological activation with interpersonal functioning, attachment, and emotional well-being.

Recent research supports this framework by demonstrating associations between autonomic dysregulation and chronic anxiety, traumatic stress, emotional instability, and interpersonal difficulties (Dana, 2022). The theory also emphasizes that recovery requires experiences promoting safety, connection, and co-regulation rather than symptom reduction alone.

Hyper-Arousal as a Lived Experience

Although quantitative investigations have identified symptom patterns associated with hyper-arousal, qualitative research examining lived experiences remains comparatively limited. Interpretative phenomenological studies suggest that individuals often describe chronic tension using metaphors reflecting perpetual struggle, exhaustion, confinement, and emotional fragmentation. Rather than perceiving themselves as anxious, participants frequently describe their entire existence as dominated by constant alertness and anticipation.

Qualitative investigations conducted across Europe, North America, and Australia indicate that individuals experiencing chronic hyper-arousal commonly report feeling disconnected from their bodies, emotionally overwhelmed, socially isolated, and unable to experience genuine relaxation. Everyday activities such as attending social gatherings, sleeping, driving, or completing occupational tasks become psychologically demanding because the nervous system remains continuously activated (Smith & Osborn, 2021).

Furthermore, participants frequently report identity changes resulting from prolonged hyper-arousal. Many describe becoming "different people," losing confidence, withdrawing socially, and experiencing diminished self-worth. These findings suggest that hyper-arousal extends beyond physiological activation and becomes integrated into personal identity and self-understanding.

Cultural Context of Hyper-Arousal

Culture profoundly shapes emotional experience, symptom expression, coping strategies, and help-seeking behavior. Psychological distress is interpreted through culturally constructed belief systems that define acceptable emotional expression, family responsibilities, social roles, and expectations regarding resilience.

Pakistan represents a collectivistic society where interpersonal relationships and family obligations strongly influence psychological functioning. Emotional experiences are frequently managed

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within family networks rather than through professional mental health services. Individuals may prioritize family harmony over personal emotional disclosure, contributing to suppression of distress and delayed psychological intervention.

Gender norms further influence experiences of chronic tension. Women frequently encounter expectations related to caregiving, family responsibilities, and emotional self-sacrifice, whereas men may experience pressures to demonstrate strength, emotional control, and financial responsibility. Such expectations can intensify chronic stress while limiting opportunities for emotional expression.

Recent Pakistani mental health research demonstrates that stigma surrounding psychological disorders continues to discourage help-seeking despite increasing awareness regarding mental health. Individuals frequently fear being perceived as weak, unstable, or spiritually deficient if they acknowledge emotional suffering. Consequently, chronic hyper-arousal often remains untreated until symptoms substantially interfere with daily functioning.

Religious Coping and Emotional Regulation

Religion occupies a central position within Pakistani society and significantly influences psychological adaptation. Islamic teachings emphasizing patience (*Sabr*), trust in Allah (*Tawakkul*), gratitude (*Shukr*), and acceptance of Divine decree (*Qadr*) frequently provide frameworks through which individuals interpret stressful experiences.

Numerous studies have reported positive associations between adaptive religious coping and reduced psychological distress. Religious practices including daily prayer, Qur'an recitation, remembrance (*Dhikr*), and community participation provide emotional regulation, hope, and meaning during periods of chronic stress.

However, scholars also acknowledge that religious interpretations may occasionally contribute to distress when individuals interpret psychological suffering as punishment, spiritual failure, or evidence of insufficient faith. Consequently, culturally sensitive mental health interventions should integrate rather than dismiss religious worldviews, recognizing both their protective and potentially complex roles in psychological adaptation.

Interpretative Phenomenological Analysis and Hyper-Arousal

Interpretative Phenomenological Analysis (IPA), developed by Jonathan A. Smith, is particularly appropriate for exploring experiences such as chronic hyper-arousal because it seeks to understand how individuals make sense of personally significant events. IPA recognizes participants as active interpreters of their experiences while acknowledging the researcher's role in interpreting participants' interpretations a process described as the double hermeneutic.

Unlike thematic approaches emphasizing shared patterns, IPA prioritizes depth, idiographic understanding, and meaning-making. Through detailed examination of participants' narratives, researchers can identify experiential themes reflecting emotional, cognitive, bodily, relational, and existential dimensions of lived experience.

Recent phenomenological studies investigating anxiety, trauma, chronic stress, and emotional dysregulation have demonstrated that IPA provides nuanced understanding inaccessible through standardized symptom measures alone. Participants' narratives reveal complex interactions between psychological symptoms, cultural identity, family relationships, spirituality, and social expectations. Although hyper-arousal has been extensively investigated using quantitative methodologies, several important gaps remain.

First, existing literature predominantly focuses on neurobiological mechanisms and diagnostic symptomatology while paying comparatively limited attention to subjective lived experience. Second, very few qualitative investigations have explored how individuals understand chronic tension within collectivistic societies such as Pakistan. Third, available research often conceptualizes hyper-arousal as a homogeneous phenomenon despite evidence suggesting multiple experiential patterns affecting

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emotional, physical, cognitive, interpersonal, and spiritual functioning.

Furthermore, no published interpretative phenomenological study has comprehensively examined the diverse "faces" of chronic tension among Pakistani adults by integrating cultural context, identity, family dynamics, and meaning-making processes. Addressing this gap may contribute to culturally responsive psychological assessment, trauma-informed clinical practice, and mental health policy within South Asian contexts.

Methodology

Research Design

The present study employed a qualitative research design using Interpretative Phenomenological Analysis (IPA) to explore the lived experiences of individuals experiencing chronic hyper-arousal within the Pakistani sociocultural context. IPA was selected because it provides an in-depth understanding of how individuals interpret, construct, and make meaning of significant life experiences (Smith, Flowers, & Larkin, 2009). Unlike quantitative methodologies that measure symptom frequency, IPA emphasizes participants' subjective experiences, allowing researchers to understand the personal meanings attached to chronic psychological tension.

The study adopted an interpretivist epistemological stance, recognizing that reality is socially and culturally constructed. Experiences of hyper-arousal are influenced by personal history, family relationships, religious beliefs, gender roles, and cultural expectations. Therefore, the purpose of the study was not to establish objective truths but to understand participants' interpretations of their own experiences.

Research Objectives

The present study aimed to:

1. Explore the lived experiences of individuals experiencing chronic hyper-arousal.
2. Identify different phenomenological manifestations ("Seven Faces of Tension") experienced by participants.
3. Understand how Pakistani cultural values influence experiences of psychological tension.
4. Explore coping mechanisms adopted by individuals experiencing persistent hyper-arousal.
5. Generate culturally informed recommendations for psychological interventions.

Research Questions

The study was guided by the following research questions:

1. How do individuals describe their lived experience of chronic hyper-arousal?
2. What meanings do participants assign to their experiences of persistent psychological tension?
3. How do Pakistani cultural beliefs and family expectations shape experiences of hyper-arousal?
4. What coping strategies facilitate or hinder recovery?

Participants

Fifteen participants experiencing persistent symptoms of psychological hyper-arousal participated in the study. Participants were recruited from counseling centers, university psychological services, and private clinical settings in Islamabad, Rawalpindi, Lahore, and Peshawar. Participants ranged in age from 22 to 45 years. Eight participants were female and seven were male. All participants reported experiencing persistent psychological tension for at least six months. The sample size was considered appropriate for Interpretative Phenomenological Analysis because IPA prioritizes depth of understanding rather than statistical generalization.

Inclusion Criteria

Participants were included if they were between 20 and 50 years of age, had experienced persistent psychological tension or hyper-arousal for at least six months. Participants were able to communicate experiences in Urdu or English

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and were willing to participate voluntarily and provided informed written consent.

Exclusion Criteria

Participants were excluded if they had severe psychotic disorders, had significant cognitive impairment, experiencing acute psychiatric emergencies and unable to provide informed consent.

Sampling Technique

A purposive sampling strategy was employed to recruit information-rich participants capable of providing detailed descriptions of chronic hyper-arousal. Purposive sampling is widely recommended for IPA because it enables researchers to recruit individuals who have directly experienced the phenomenon under investigation (Smith et al., 2009). Recruitment continued until data saturation was achieved and no substantially new experiential themes emerged.

Data Collection

Data were collected through semi-structured in-depth interviews. Each interview lasted between 60 and 90 minutes. An interview guide was developed following previous literature on hyper-arousal, chronic stress, trauma, and emotional regulation. Participants were encouraged to narrate their experiences freely while the interviewer used probing questions to explore emerging meanings.

Sample interview questions included:

- Can you describe what living with constant tension feels like?
- How has this experience affected your daily life?
- What changes have you noticed in your body?
- How has chronic tension influenced your relationships?
- How does your family understand your experiences?
- What role do religion and culture play in coping with your distress?
- What does recovery mean to you?

Interviews were audio-recorded with participants' permission and later transcribed verbatim.

Data Analysis

Interview transcripts were analyzed using the six stages of Interpretative Phenomenological Analysis proposed by Smith, Flowers, and Larkin (2009).

Stage 1: Reading and Re-reading

Each transcript was read multiple times to achieve immersion in participants' narratives while maintaining closeness to their lived experiences.

Stage 2: Initial Noting

Detailed exploratory notes were made regarding descriptive content, linguistic expressions, emotional tone, metaphors, and conceptual observations.

Stage 3: Developing Emergent Themes

Meaningful experiential statements were transformed into concise psychological themes reflecting participants' interpretations.

Stage 4: Searching for Connections across Themes

Related themes were clustered into broader conceptual categories through abstraction and contextualization.

Stage 5: Moving to the Next Case

Each participant's transcript was analyzed independently to preserve idiographic integrity before identifying shared experiential patterns.

Stage 6: Looking for Patterns across Cases

Common experiential themes across participants were integrated into seven overarching phenomenological themes representing different manifestations of chronic tension.

Trustworthiness

To enhance credibility, transferability, dependability, and conformability, the study followed Lincoln and Guba's (1985) criteria.

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- Credibility was strengthened through prolonged engagement with the data and member checking.
- Transferability was achieved through rich descriptions of participants' experiences.
- Dependability was maintained through an audit trail documenting coding decisions.
- Conformability was ensured through reflexive journaling to minimize researcher bias.

Ethical Considerations

Ethical approval was obtained from the relevant institutional ethics review committee prior to data collection. Participants received detailed information regarding:

- study objectives
- voluntary participation
- confidentiality
- anonymity
- right to withdraw
- Secure storage of data.

Written informed consent was obtained before interviews commenced.

To protect participants' identities, pseudonyms (P1–P15) were used throughout the analysis. Participants experiencing emotional distress during interviews were offered referrals for psychological support.

Table 1

Demographic Characteristics of Participants (N = 15)

Participant	Gender	Age	Marital Status	Occupation	Duration of Hyper-arousal
P1	Female	23	Single	Student	2 years
P2	Male	29	Married	Engineer	4 years
P3	Female	31	Married	Teacher	3 years
P4	Male	26	Single	Banker	2 years
P5	Female	35	Married	Lecturer	5 years
P6	Male	42	Married	Businessman	7 years
P7	Female	28	Single	Psychologist	3 years
P8	Male	24	Single	Student	2 years
P9	Female	37	Married	Nurse	6 years
P10	Male	33	Married	Software Engineer	4 years
P11	Female	27	Single	Research Scholar	3 years
P12	Male	40	Married	Government Officer	8 years
P13	Female	30	Married	Clinical Psychologist	5 years
P14	Male	45	Married	Teacher	9 years
P15	Female	25	Single	Social Worker	2 years

Results

Interpretative Phenomenological Analysis of the fifteen interviews generated seven interrelated major themes representing participants' lived experiences of chronic hyper-arousal. Rather than existing as isolated experiences, these themes illustrate how psychological tension permeates emotional, cognitive, physical, interpersonal,

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cultural, and spiritual dimensions of life. Together, these findings constitute the "Seven Faces of Tension," revealing hyper-arousal as a dynamic and culturally embedded phenomenon within the Pakistani context. The seven major themes were generated; Living in Constant Alertness, The Restless Body, Emotional Storms beneath Silence, Identity Trapped between Expectations and Self, Relationships under Invisible Pressure, Culture, Faith, and Silent Suffering, Rediscovering Safety and Healing.

Table 2
Themes, Subthemes, and Initial Codes Identified through Interpretative Phenomenological Analysis

Major Theme	Subthemes	Initial Codes
Living in Constant Alertness	Feeling Unsafe Everywhere	Hyper vigilance, scanning surroundings, anticipating danger
	Fear Without Clear Cause	uncertainty, excessive worry, anticipation
	Loss of Inner Peace	inability to relax, constant mental activity
The Restless Body	Sleep Disturbance	insomnia, nightmares, interrupted sleep
	Physical Tension	muscle pain, headaches, fatigue
	Somatic Responses	rapid heartbeat, sweating, trembling
Emotional Storms Beneath Silence	Hidden Emotional Pain	suppression, crying alone, emotional overload
	Irritability	anger, frustration, emotional reactivity
	Emotional Exhaustion	burnout, hopelessness, emptiness
Identity Trapped Between Expectations and Self	Losing Sense of Self	confusion, low confidence, self-doubt
	Living for Others	family pressure, social expectations
	Internal Conflict	personal needs versus cultural obligations
Relationships Under Invisible Pressure	Withdrawal	isolation, avoiding people
	Communication Difficulties	misunderstanding, emotional distance
	Burdening Loved Ones	guilt, fear of judgment
Culture, Faith, and Silent Suffering	Emotional Suppression	"stay strong", cultural silence
	Religious Coping	prayer, Qur'an, Tawakkul, Sabr
	Mental Health Stigma	shame, delayed help-seeking
Rediscovering Safety and Healing	Professional Support	therapy, counseling, psycho education
	Self-Acceptance	emotional awareness, self-compassion
	Hope and Growth	resilience, meaning-making, recovery

Theme 1: Living in Constant Alertness

The first theme captured participants' continuous experience of being psychologically "on guard." Participants described living as though danger could emerge at any moment, even in objectively safe environments. Hyper-arousal was experienced not simply as anxiety but as a persistent state of survival in which the mind constantly searched for possible threats.

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Feeling Unsafe Everywhere

Nearly every participant described remaining alert regardless of the situation.

One participant explained:

"Even when I am sitting in my own room, my mind keeps checking if something bad is about to happen. I cannot convince myself that I am actually safe." (P3)

Another participant stated:

"People tell me to relax, but they don't understand that my brain refuses to relax." (P9)

Participants described continuously monitoring sounds, people's facial expressions, surrounding environments and possible future events.

Fear without a Clear Cause

Several participants emphasized that their fear often had no identifiable trigger.

One participant explained:

"Sometimes nothing has happened, yet my body behaves as if an emergency has already started." (P6)

Another participant reported:

"I wake up already worried without knowing what I am worried about." (P12)

This persistent anticipation of danger created chronic psychological exhaustion.

Loss of Inner Peace

Participants consistently described losing the ability to experience relaxation.

One participant shared:

"I cannot remember the last time I truly felt calm." (P1)

Another participant stated:

"Silence is difficult because my thoughts become louder." (P10)

For many participants, peace was described as something remembered rather than experienced.

Theme 2: The Restless Body

Participants repeatedly emphasized that hyper-arousal affected not only the mind but also the body. Many described feeling physically exhausted while simultaneously unable to rest.

Sleep Disturbance

Sleep difficulties emerged as one of the most frequently reported experiences.

One participant explained:

"My body is tired, but my brain refuses to sleep." (P5)

Another participant stated:

"I wake up several times every night because I feel something bad might happen." (P8)

Participants described insomnia, nightmares, frequent awakenings, and non-restorative sleep.

Physical Tension

Chronic muscle pain and bodily discomfort were common.

One participant noted:

"My shoulders are always tight. It feels like I have been carrying something heavy for years." (P2)

Another participant stated:

"The tension starts in my neck and spreads throughout my whole body." (P14)

Many participants initially sought medical treatment before realizing their symptoms were stress-related.

Somatic Responses

Participants described physiological symptoms including:

- rapid heartbeat
- trembling
- sweating
- stomach discomfort
- chest tightness
- headaches

One participant explained:

"My body reacts before my mind even understands what is happening." (P7)

These bodily reactions reinforced participants' beliefs that danger was imminent.

Theme 3: Emotional Storms beneath Silence

The third theme illustrates the intense emotional experiences that participants concealed from others. Although many appeared calm externally, they described an internal world characterized by emotional chaos, persistent worry, frustration, sadness, and exhaustion. Participants repeatedly emphasized that cultural expectations often discouraged open emotional expression, leading them to suppress their feelings rather than seek support.

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Hidden Emotional Pain

Participants described concealing their emotional suffering to avoid burdening others or being perceived as weak.

One participant shared:

"Everyone thinks I am okay because I smile, but inside I feel like I am constantly breaking apart. I have become an expert at hiding my pain." (P4)

Another participant explained:

"I cry only when I am completely alone. I never want my family to see me because they will think I am weak." (P13)

Many participants viewed emotional suppression as a learned coping strategy reinforced by family and societal expectations.

Irritability and Emotional Reactivity

Participants reported becoming increasingly irritable despite recognizing that their reactions were disproportionate.

One participant stated:

"Small things make me explode. Afterwards I feel guilty because I know people did nothing wrong." (P8)

Another participant reflected:

"Sometimes even a simple question feels like an attack. I react first and regret it later." (P2)

Participants interpreted these reactions as consequences of living in a prolonged state of physiological tension.

Emotional Exhaustion

Emotional fatigue emerged as a profound consequence of chronic hyper-arousal.

One participant explained:

"Being alert all the time is exhausting. Even when nothing happens, I feel completely drained." (P11)

Another participant remarked:

"I am tired of being tired. My mind never gets a chance to rest." (P6)

Participants frequently described feeling emotionally numb after prolonged periods of psychological activation.

Theme 4: Identity Trapped Between Expectations and Self

Participants described chronic tension as gradually altering their sense of identity. They frequently questioned who they had become and expressed grief over losing previous aspects of themselves. Cultural expectations regarding responsibility, success, and emotional control often intensified these struggles.

Losing Sense of Self

Participants described feeling disconnected from the person they once were.

One participant stated:

"Before all this started, I was confident and happy. Now I hardly recognize myself." (P5)

Another participant explained:

"Sometimes I wonder whether this anxious version is the real me or whether I have forgotten who I used to be." (P1)

Many described diminished confidence, self-doubt, and feelings of inadequacy.

Living for Others

Participants frequently reported prioritizing family expectations above their own psychological needs.

One participant reflected:

"I keep fulfilling everyone's expectations while ignoring my own emotional needs." (P9)

Another participant stated:

"In our culture you keep sacrificing yourself because family always comes first." (P15)

Participants perceived this continuous self-sacrifice as contributing to persistent internal tension.

Internal Conflict

Participants experienced ongoing conflict between personal well-being and cultural obligations.

One participant explained:

"I want to take care of myself, but I also feel guilty whenever I put myself first." (P3)

Another participant shared:

"There is always a battle between what I need and what others expect from me." (P12)

This conflict often intensified feelings of helplessness and emotional exhaustion.

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Theme 5: Relationships under Invisible Pressure

Participants consistently described chronic hyper-arousal as affecting their relationships with family members, friends, colleagues, and spouses. Many experienced increasing emotional distance despite longing for connection.

Social Withdrawal

Participants described intentionally distancing themselves from social interactions.

One participant explained:

"I avoid gatherings because pretending to be okay is exhausting." (P10)

Another participant remarked:

"I stopped answering phone calls because I do not have the energy to explain how I feel." (P7)

Withdrawal was often interpreted as a means of conserving emotional energy rather than rejecting others.

Communication Difficulties

Participants reported difficulty explaining their experiences to others.

One participant stated:

"People ask what is wrong, but I cannot find words that explain what is happening inside me." (P14)

Another participant explained:

"Unless someone has lived through this, they cannot understand how exhausting it is." (P6)

Participants frequently felt misunderstood by family and friends.

Fear of Becoming a Burden

Many participants avoided discussing their struggles because they feared burdening loved ones.

One participant reflected:

"I already feel guilty for struggling, so I keep everything to myself." (P13)

Another participant stated:

"I don't want my family to worry, so I pretend everything is fine." (P2)

Such emotional concealment further contributed to social isolation.

Theme 6: Culture, Faith, and Silent Suffering

Participants consistently emphasized that cultural and religious contexts profoundly influenced how they experienced, interpreted, and coped with chronic tension.

Emotional Suppression as Cultural Strength

Many participants described growing up with messages encouraging emotional restraint.

One participant shared:

"Since childhood we were taught that strong people do not complain." (P8)

Another participant explained:

"Whenever I tried to express my anxiety, people told me to be grateful instead of worrying." (P4)

Although intended to promote resilience, these messages often discouraged emotional disclosure.

Religious Coping

Religion emerged as one of the strongest protective factors.

Participants described prayer, Qur'an recitation, remembrance (Dhikr), and trust in Allah as sources of comfort.

One participant stated:

"Whenever my mind becomes overwhelming, I pray. It reminds me that I am not carrying everything alone." (P5)

Another participant reflected:

"Reading the Qur'an slows my thoughts and gives me hope that this suffering has meaning." (P1)

Participants viewed faith as promoting acceptance, hope, and emotional regulation.

Mental Health Stigma

Participants repeatedly identified stigma as a major barrier to recovery.

One participant explained:

"People think seeing a psychologist means you are crazy, so many suffer silently." (P11)

Another participant stated:

"I delayed therapy because I was afraid of what relatives would say." (P9)

Participants believed greater public awareness could reduce stigma and encourage early intervention.

Theme 7: Rediscovering Safety and Healing

Despite prolonged suffering, participants described gradual movement toward healing

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through therapy, self-awareness, supportive relationships, and spiritual growth.

Professional Support

Participants consistently described counseling as helping them understand their experiences.

One participant stated:

"Therapy helped me realize that my body was protecting me, not betraying me." (P7)

Another participant explained:

"For the first time someone listened without judging me." (P3)

Psycho education reduced self-blame and increased emotional understanding.

Self-Acceptance

Participants reported learning to acknowledge rather than suppress emotions.

One participant reflected:

"Healing began when I stopped fighting my emotions and started listening to them." (P15)

Another participant shared:

"I learned that accepting my anxiety does not mean giving up it means understanding myself." (P10)

Self-compassion emerged as a significant aspect of recovery.

Hope and Post-Adversity Growth

Although hyper-arousal remained challenging, participants described developing resilience and renewed purpose.

One participant stated:

"I still have difficult days, but now I believe healing is possible." (P6)

Another participant concluded:

"This journey changed me, but it also taught me strength I never knew I had." (P12)

Participants emphasized that healing involved gradual growth rather than complete elimination of tension.

The findings demonstrate that chronic hyper-arousal is a multidimensional phenomenon extending beyond physiological activation. Participants described hyper-arousal as an experience influencing their bodies, emotions, identities, relationships, and cultural lives. The seven themes collectively illustrate that recovery requires more than symptom management; it involves reconstructing a sense of safety, identity, interpersonal connection, and meaning within one's cultural and spiritual context.

Discussion

The present study explored the lived experiences of individuals experiencing chronic hyper-arousal within the Pakistani sociocultural context using Interpretative Phenomenological Analysis (IPA). The findings revealed that hyper-arousal is not merely a physiological stress response but a multidimensional psychological phenomenon affecting emotional regulation, bodily experiences, identity, interpersonal relationships, and cultural meaning-making. The seven emergent themes; Living in Constant Alertness, The Restless Body, Emotional Storms Beneath Silence, Identity Trapped Between Expectations and Self, Relationships Under Invisible Pressure, Culture, Faith, and Silent Suffering, and Rediscovering Safety and Healing collectively illustrate the complexity of chronic tension and its interaction with cultural values and personal meaning systems.

Living in Constant Alertness

The first theme, living in Constant Alertness, reflects participants' continuous perception of threat despite the absence of objective danger. Participants described persistent vigilance, constant anticipation of negative events, and an inability to experience psychological safety. These findings closely align with contemporary conceptualizations of hyper-arousal, which describe heightened sympathetic nervous system activation as one of the defining characteristics of chronic stress and trauma-related disorders (American Psychiatric Association, 2022).

Participants' descriptions of continuously monitoring their surroundings are consistent with Polyvagal Theory proposed by Porges (2011). According to this theory, the autonomic nervous system constantly evaluates environmental safety through a process known as *neuroception*. When neuroception repeatedly detects danger, individuals remain physiologically prepared for defensive responses, even in objectively safe environments. This ongoing physiological

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activation explains participants' descriptions of feeling unable to relax despite recognizing that no immediate threat existed.

Recent neurobiological research further supports these findings. van der Kolk (2023) argued that trauma fundamentally alters the brain's ability to distinguish between safety and danger, leading to persistent hyper vigilance and exaggerated stress responses. Similarly, Cloitre et al. (2023) reported that individuals experiencing chronic hyper-arousal frequently describe everyday environments as psychologically unsafe, regardless of actual circumstances.

Within the Pakistani context, continuous exposure to occupational stress, economic uncertainty, family responsibilities, and sociocultural expectations may further reinforce perceptions of chronic threat. Collectivistic societies often place considerable emphasis on fulfilling social obligations, maintaining family harmony, and protecting family reputation. These responsibilities may contribute to persistent cognitive vigilance, particularly among individuals already experiencing heightened stress sensitivity.

The Restless Body

The second theme, The Restless Body, demonstrates that hyper-arousal is experienced not only psychologically but also physically. Participants described chronic muscle tension, sleep disturbance, headaches, gastrointestinal discomfort, rapid heartbeat, and persistent fatigue. These findings reinforce the inseparable relationship between psychological stress and physiological functioning.

McEwen's concept of allostatic load provides a useful theoretical explanation for these experiences. Prolonged activation of stress-response systems produces cumulative physiological wear and tear that affects multiple organ systems. Over time, chronic sympathetic activation contributes to muscular tension, cardiovascular changes, endocrine dysregulation, and immune dysfunction. Participants' descriptions of bodily exhaustion despite psychological alertness closely reflect this biological mechanism.

The present findings are also consistent with recent research demonstrating strong associations between chronic hyper-arousal and somatic symptom development. Duffy and Wild (2023) reported that individuals experiencing prolonged hyper-arousal frequently misinterpret bodily sensations as indicators of imminent danger, creating a reciprocal relationship between physiological activation and psychological anxiety. Participants in the present study similarly described how rapid heartbeat, sweating, trembling, and muscular tension reinforced their perception that something dangerous was about to occur.

Importantly, several participants initially sought medical rather than psychological treatment because they interpreted their symptoms as purely physical illnesses. This observation reflects broader findings from South Asian mental health literature suggesting that psychological distress is frequently expressed through somatic complaints due to cultural norms surrounding emotional expression.

Emotional Storms Beneath Silence

The third theme highlights the hidden emotional burden carried by participants. Although many appeared calm externally, they described overwhelming internal experiences characterized by sadness, irritability, frustration, emotional exhaustion, and suppressed distress. This discrepancy between external appearance and internal experience reflects what Gross (2015) describes as emotional suppression, an emotion regulation strategy involving inhibition of emotional expression while emotional activation remains unchanged.

Participants' narratives suggest that emotional suppression may provide temporary social acceptance while simultaneously increasing long-term psychological distress. Individuals frequently concealed their emotions to avoid burdening family members or appearing emotionally weak. Such suppression prevented emotional processing and contributed to chronic internal tension.

These findings correspond with recent evidence indicating that emotional suppression predicts anxiety, depression, burnout, and reduced

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psychological well-being. Aldao and colleagues (2022) found that individuals relying heavily on emotional suppression experience greater physiological activation during stressful situations than those using adaptive regulation strategies such as emotional acceptance or cognitive reappraisal.

Within Pakistani society, emotional restraint is frequently associated with maturity, resilience, and social responsibility. Participants described learning from childhood that expressing distress publicly was discouraged. While such cultural values may strengthen perseverance during adversity, they may also discourage early psychological intervention and contribute to prolonged emotional suffering.

Identity Trapped Between Expectations and Self

One of the most distinctive findings of the present study concerns participants' descriptions of identity disruption. Chronic hyper-arousal affected not only emotional functioning but also participants' perceptions of themselves. Many described losing confidence, questioning personal identity, and struggling to balance individual needs with family expectations.

These findings strongly support Identity Process Theory, which proposes that prolonged psychological stress threatens continuity, self-esteem, and self-efficacy. Participants repeatedly described feeling disconnected from the person they had once been, suggesting that chronic tension alters not only emotional functioning but also personal identity.

Interpretative Phenomenological Analysis emphasizes understanding how individuals make sense of significant life experiences. Participants did not simply report symptoms; they described profound changes in self-understanding. Hyper-arousal became integrated into their identities, influencing how they viewed themselves, interpreted their capabilities, and imagined their futures.

Cultural expectations further complicated this process. Many participants described prioritizing family responsibilities above personal well-being, often experiencing guilt when attempting self-care. Within collectivistic societies such as Pakistan, personal identity is closely connected to family roles and social responsibilities. Consequently, chronic tension may emerge not only from individual psychological factors but also from conflicts between personal needs and cultural obligations.

Relationships under Invisible Pressure

The fifth theme demonstrates that hyper-arousal substantially affects interpersonal functioning. Participants described withdrawing from social activities, experiencing communication difficulties, and fearing that they had become burdens to family members. Despite desiring connection, many intentionally isolated themselves to conserve emotional energy or avoid misunderstanding.

These findings align with Attachment Theory, which suggests that chronic stress disrupts individuals' capacity to experience interpersonal safety. Persistent physiological activation may reduce emotional availability, increase interpersonal sensitivity, and contribute to social withdrawal.

Recent studies indicate that chronic hyper-arousal significantly predicts relationship dissatisfaction, interpersonal conflict, and loneliness. Participants' accounts of avoiding conversations, declining invitations, and concealing emotional struggles illustrate how hyper-arousal gradually erodes social connectedness.

Within Pakistan's collectivistic culture, social relationships represent primary sources of emotional support. Ironically, participants often withdrew from precisely those relationships that might facilitate recovery. Fear of judgment, misunderstanding, or burdening others created cycles of isolation that maintained psychological distress.

Culture, Faith, and Silent Suffering

The sixth theme highlights the profound influence of cultural and religious contexts on participants' experiences. Culture simultaneously functioned as both a source of resilience and a contributor to psychological suffering. Participants described cultural expectations

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encouraging emotional restraint, perseverance, and self-sacrifice, while also emphasizing the protective influence of religious beliefs.

Religion emerged as one of the strongest coping resources identified in the study. Participants frequently described prayer, Qur'anic recitation, remembrance (*Dhikr*), and trust in Allah (*Tawakkul*) as promoting emotional regulation, hope, and acceptance. These findings correspond with Meaning-Making Theory, which proposes that individuals recover more effectively when stressful experiences are integrated into coherent belief systems.

Islamic concepts of *Sabr* (patience), *Shukr* (gratitude), and *Qadr* (Divine decree) enabled many participants to reinterpret suffering as meaningful rather than meaningless adversity. Such interpretations appeared to reduce hopelessness while strengthening resilience.

However, participants also highlighted continuing mental health stigma. Many delayed seeking professional support because they feared being judged as weak or "mentally ill." These findings correspond with Pakistani mental health research demonstrating that stigma remains one of the most significant barriers to psychological treatment.

Rediscovering Safety and Healing

The final theme illustrates participants' gradual movement toward recovery. Rather than describing healing as complete symptom elimination, participants emphasized developing self-awareness, emotional acceptance, healthier relationships, and renewed hope.

Professional psychological support emerged as an important facilitator of recovery. Participants consistently described therapy as providing validation, psycho education, and opportunities to reinterpret their experiences without self-blame. This finding supports trauma-informed therapeutic approaches emphasizing safety, empowerment, and emotional regulation.

Participants also emphasized self-compassion as a significant turning point. Learning to accept rather than fight emotional experiences reduced internal conflict and promoted psychological flexibility. These findings correspond closely with recent research demonstrating that self-compassion enhances resilience and reduces chronic stress symptoms.

Finally, many participants described experiencing personal growth despite ongoing challenges. Their narratives illustrate that recovery involves reconstructing meaning, rebuilding identity, and developing new relationships with oneself and others rather than returning to a previous state of functioning.

Taken together, the findings demonstrate that hyper-arousal is a deeply personal, relational, and culturally situated experience. Participants' accounts support the view that chronic tension cannot be adequately understood through physiological or diagnostic frameworks alone. Instead, it represents a complex interaction among biological stress responses, emotional regulation, identity development, family relationships, cultural expectations, and spiritual beliefs.

The present study extends existing literature by identifying the Seven Faces of Tension, providing a culturally grounded phenomenological framework that captures the multifaceted nature of hyper-arousal within Pakistan. The findings emphasize the need for culturally responsive interventions integrating trauma-informed care, family psycho education, emotional regulation strategies, and respectful incorporation of religious and cultural values. Such approaches are likely to improve therapeutic engagement and contribute to more meaningful and sustainable psychological recovery.

Conclusion

The present study explored the lived experiences of individuals experiencing chronic hyper-arousal within the Pakistani cultural context using Interpretative Phenomenological Analysis (IPA). By examining participants' personal narratives, the study identified seven interconnected experiential dimensions that collectively constitute the Seven Faces of Tension: Living in Constant Alertness, The Restless Body, Emotional Storms beneath Silence, Identity Trapped Between Expectations and Self, Relationships Under Invisible Pressure, Culture,

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Faith, and Silent Suffering, and Rediscovering Safety and Healing.

The findings demonstrate that hyper-arousal extends far beyond physiological activation or anxiety-related symptoms. Participants described chronic tension as a pervasive condition that reshaped their emotional experiences, bodily functioning, interpersonal relationships, self-identity, and understanding of the world around them. Constant vigilance, emotional suppression, physical exhaustion, identity disruption, and social withdrawal emerged as recurring aspects of participants' daily lives. These experiences were further influenced by cultural expectations emphasizing emotional restraint, family responsibility, and collective well-being.

Religious beliefs emerged as an important source of resilience. Islamic practices such as prayer (*Salah*), remembrance of Allah (*Dhikr*), recitation of the Holy Qur'an, *Sabr* (patience), and *Tawakkul* (trust in Allah) provided many participants with emotional comfort, hope, and meaning. Nevertheless, participants also reported that cultural stigma surrounding mental health frequently delayed professional help-seeking and encouraged silent suffering.

The findings suggest that recovery from chronic hyper-arousal should not be conceptualized merely as symptom reduction but rather as a gradual process of rebuilding psychological safety, reconnecting with one's identity, strengthening supportive relationships, developing adaptive emotional regulation, and reconstructing personal meaning. Healing involved increased self-awareness, self-compassion, professional psychological support, and culturally meaningful coping strategies.

The study contributes to qualitative psychology by providing a culturally grounded phenomenological understanding of hyper-arousal within Pakistan. By introducing the concept of the Seven Faces of Tension, it offers an integrative framework illustrating how biological, emotional, interpersonal, cultural, and spiritual dimensions interact to shape the lived experience of chronic psychological tension.

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Figure 1

Practical Implications

The findings have several important implications for clinical psychology, counseling practice, public mental health, and future research;

- Adopt culturally sensitive and trauma-informed approaches for assessing and treating chronic hyper-arousal.

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- Provide psychoeducation to individuals and families to improve understanding of hyper-arousal and reduce stigma.
- Screen patients with persistent physical symptoms for underlying psychological distress in healthcare settings.
- Promote mental health awareness and counseling services in schools, colleges, and universities.
- Encourage early help-seeking through community mental health awareness campaigns.
- Integrate culturally and religiously appropriate coping strategies into psychological interventions when suitable.
- Strengthen collaboration between healthcare providers and mental health professionals for timely referrals.
- Expand accessible and affordable mental health services, particularly in underserved areas. Develop national policies that support trauma-informed care and mental health promotion.
- Encourage future research to develop culturally appropriate interventions and assessment tools for chronic hyper-arousal.

Limitations

Although the present study provides valuable insights into the lived experiences of chronic hyper-arousal, several limitations should be acknowledged.

First, the study involved a relatively small purposive sample of fifteen participants. While appropriate for Interpretative Phenomenological Analysis, the findings are intended to provide depth of understanding rather than statistical generalization.

Second, participants were recruited from urban regions of Pakistan. Experiences of individuals residing in rural communities or remote provinces may differ because of variations in cultural traditions, socioeconomic conditions, educational opportunities, and access to mental health services.

Third, the study relied upon participants' retrospective narratives. As with all qualitative research, recollections may be influenced by memory, current emotional states, and personal interpretations.

Fourth, cultural diversity within Pakistan is considerable. Although common cultural themes emerged, experiences may differ across ethnic groups, languages, religious minorities, and socioeconomic backgrounds.

Finally, the researcher inevitably played an interpretative role throughout the IPA process. Although reflexive practices were employed to enhance trustworthiness, complete elimination of researcher interpretation is neither possible nor consistent with the philosophical assumptions of Interpretative Phenomenological Analysis.

Future Research Directions

The present findings provide several directions for future investigation.

Future studies should:

- explore hyper-arousal experiences among adolescents and older adults;
- compare hyper-arousal experiences across different provinces and cultural groups within Pakistan;
- examine gender differences in emotional regulation and chronic tension;
- investigate hyper-arousal among healthcare professionals, teachers, military personnel, and first responders;
- develop culturally adapted therapeutic interventions specifically targeting chronic hyper-arousal;
- evaluate the effectiveness of mindfulness-based therapies, Acceptance and Commitment Therapy (ACT), Compassion-Focused Therapy (CFT), and trauma-focused Cognitive Behavioral Therapy (TF-CBT) within Pakistani populations;
- examine longitudinal recovery processes to understand how hyper-arousal changes over time;
- investigate interactions between religious coping, family support, resilience, and post-traumatic growth;

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- Develop culturally validated assessment instruments measuring different dimensions of chronic hyper-arousal.

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