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CULTURAL EVALUATION OF MISATTRIBUTION: THE PANDEMIC 'VIRUS' NARRATIVE AS AN ETIC MASK FOR EMIC DISTRESS

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ABSTRACT

This study underscores the necessity of applying cultural psychology, specifically the emic-etic distinction,to understand the persistent depression among married women in post-pandemic Andhra Pradesh. An etic, outsider view might attribute distress universally to the pandemic. However, emic, insider insights from qualitative interviews reveal how local cultural scripts of gendered duty, silent endurance, and familial obligation shaped unique suffering. Thematic analysis identified a syndemic interaction: socio-cultural embedding blocked emotional recognition, systematic misattribution redirected distress to the pandemic, emotional dysregulation became cyclical, and a culturally-mediated help-seeking gap persisted. Crucially, an emic-etic disconnect emerged: while lived distress was rooted in relational and normative conflicts (emic), it was overwhelmingly attributed to the external pandemic narrative (etic). This misattribution is not merely clinical but cultural, where the etic "virus" explanation obscured emic realities of power and emotion, delaying correct diagnosis and intervention. Therefore, accurate assessment and effective healing require frameworks that validate emic experiences while utilizing etic constructs to classify and address distress. Culturally resonant strategies—from community psychoeducation to clinician training—must bridge this gap, transforming local meaning into pathways for psychological care. Results indicate four themes: 1) Socio-Cultural Embedding, blocking emotional recognition, 2) Systematic Misattribution of Distress and Risk Perception, 3) Emotional Dysregulation on Loop, and 4) Help -Seeking Behaviour Gap. Even after the pandemic, the stress, anxiety, and loneliness persist, which reflects the problem of emotional regulation. These difficulties seem predetermined by the processes of personality that shape how women perceive and manage risk in the context of the pandemic.

KEYWORDS: Emotional Regulation; Misattribution of Risk; Depression; Married Women; Covid 19 Risk Perception, Help Seeking Behaviour.

1. INTRODUCTION

In addition to its physical and economic effects, the COVID-19 pandemic has introduced widespread psychological pressure worldwide, affecting almost all spheres of human life. Although numerous researchers have already proven the evident effect of COVID-19 on the mental health of women, (Kumar & Tankha, 2022) it is necessary to ask the question: will married women with the COVID-19 threat perception still have in 2025? In Korea, according to a study, residual risk perceptions still affect the rate of depression (Kang et al., 2025) in married women, although the pandemic is generally over but in Brazil, the reason is primarily that risk perception has occurred (Torales et al., 2022) due to infodemic. Studies indicate that despite COVID-19 (Lu et al., 2024) as a threat subsiding, (Zaninotto et al., 2025) the predisposing relationship between risk perception and depression as a residual effect was experienced in the long term.

In Andhra Pradesh, in particular, there is underreporting of these dynamics is happening. The socio-demographic situation in the region can be characterized as a combination of the traditional family life as patriarchal and gradual transition (Manal, 2023) towards urbanization and two-income families. This transitional period often leaves married women balancing traditional gender roles with modern ones in India. The internalization of emotional distress is often caused by the cultural focus on family solidarity and marital responsibility. Women repressed their mental conflicts to achieve social appearances and meet their perceived roles as wives, mothers, and daughters-in-law. As a result, (Bhavya Bharati, 2025) emotional neglect, which is perceived and/or actual, was not recognized, revealing itself in the form of fatigue, irritability, or somatic symptoms that are (Sharma et al., 2022) often misconstrued as physical dysfunctions as opposed to psychological ones, which may be discussed in the context of misattribution of arousal.

The pandemic acted as a magnifying glass, which exposed mental health issues that were present before the pandemic. With the restriction of social interactions (Arilha et al., 2024) and the increase in the load, most married women reported the intensification of anxiety, loneliness, and despair. A study on Social (Kupferberg & Hasler, 2023) Cause of Depression has found that these emotional reactions were often attributed to external stimuli like financial instability, being afraid of the virus or being disturbed in everyday activities. This attribution error, the internal psychological distress is attributed to external factors, plays a significant role in the explanation of the persistence (Remes et al., 2021) of depression in this demographic. Not only does it blur the understanding of depression as a valid mental health problem, but it also creates self-blame and suppressive emotional patterns.

Personality is a key factor in mediating perception and reactions within a social system. Consequently, depression among married women in Andhra Pradesh should be understood not merely as a response to pandemic-related stress but as a psychosocial process shaped by cultural values, relational dynamics, and cognitive patterns in emotional perception (Richa et al., 2025). This paper employs a qualitative approach to examine this nuanced association, framing help-seeking behavior through the lens of misattribution to assess how personality processes influence delays in seeking help, thereby elevating the risk of depression (Dutta et al., 2019). By exploring how women in this socio-cultural context interpret their affective states, the study aims to uncover the underlying mechanisms of persistent depression and inform culturally competent mental health approaches.

Although numerous studies have examined the mental health impact of COVID-19 on women, few focus specifically on married women in India. Rarer still are investigations that analyze these issues through the combined framework of personality processes and misattribution—the tendency to attribute internal distress to external events. Understanding this misattribution is crucial for addressing the psychological mechanisms that sustain depressive conditions. The specific objectives of this study are: (a) to investigate how married women in Andhra Pradesh understand and cope with post-pandemic depressive symptoms; (b) to determine how personality processes, such as emotion regulation, affect the misattribution of emotional distress; (c) to explore the role of perceived emotional neglect in long-term psychological vulnerability; and (d) to contextualize women's lived experiences with professional knowledge to identify systemic mental health needs.

2. LITERATURE REVIEW

Nevertheless, the COVID-19 pandemic has redefined mental health environments in all parts of the world, increasing the levels of emotional and psychological pressure on women. Since uncertainty turned out to be a characteristic of everyday life, people, especially married women, faced the new problems with balancing their emotions and coping with depressive symptoms. This literature review places the present study in the context of existing literature, which investigates cognitive, emotional, and systemic aspects of post-pandemic distress in women in Andhra

Pradesh. The review is organized into four thematic goals that include (1) the perception and management of depressive symptoms by women, (2) personal processes and emotional regulation, (3) the role of perceived emotional neglect and (4) incorporating professional knowledge to place systemic mental health needs in context.

1. Perceptions and Management of Depressive Symptoms in the Post-Pandemic Period

The pandemic significantly changed the conceptualization of health, vulnerability, and emotional well-being by people. In the initial stage of the 2020 outbreak, uncertainty prevailed in the perceptions of risk since individuals faced a challenge of assessing their vulnerability to infection amidst conflicting information (Hilverda & Vollmann, 2021). A sense of uncertainty was further aggravated by social isolation, greater care giving roles and limited autonomy to the married women. First, the risk attribution was cantered around the external causes, including the government's actions or international travels (Sepucha et al., 2024). But in 2021, the focus was on the local government and individual responsibility (Megumi Adachi, 2022). Though the fear was minimized in the meantime due to vaccination actions, the introduction of the breakthrough infections rekindled the thoughts about the uncontrollable risk (Tao Xu, 2022). These changes of thought led to emotional stress, which determined the perceptions of and coping with depressive symptoms among women. Although quantitative research has followed the effects of the pandemic on psychological outcomes, minimal qualitative research has studied how married Indian women develop a sense of depression in the post-pandemic environment in Andhra Pradesh.

2. Personality Processes and Emotional Regulation in the Misattribution

In addition to external stressors, personality mechanisms, and in particular, emotional regulation play an important role in determining psychological (Doménech et al., 2025) adjustment. Identify effective emotional regulation as consisting of three key abilities: detachment from emotional intensity, interruption of rumination, and adaptive re-engagement with stressful situations. When these processes are ineffective, individuals may incorrectly attribute emotional distress to unrelated external factors or interpersonal conflicts, thereby increasing their (Brzozowski & Philip Crossey, 2024) susceptibility to depression and anxiety. Adaptive cognitive strategies that have been proposed by empirical research, including reframing negative thoughts and developing flexible emotional awareness, can reduce such misattributions. The shortcomings in existing related studies (Ryan J. Smith, 2024) due to the employment of a quantitative and decontextualized methodology of Gross Process Model of Emotion Regulation and the Difficulties in Emotion Regulation Scale (DERS) demonstrates an enormous gap in the literature regarding the lived and contextual experience of emotional dysregulation in the post-pandemic space and its specifics among women. The given gap is especially apparent in the current literature that extensively employs quantitative and decontextualized paradigms based on Gross Process Model of Emotion Regulation and the Difficulties in Emotion Regulation Scale (DERS), which requires a subtler analysis of the emotional dysregulation experience of women in the post-pandemic world.

3. Perceived Emotional Neglect and Long-Term Psychological Vulnerability

Perceived emotional neglect is an essential but usually overlooked factor in the perception of adult psychological vulnerability. According to the attachment theory, it is established that early experiences of (Abigail T. Martin, 2024) emotional unavailability hinder the development of secure internal working models, which results in individuals having a higher tendency to adopt maladaptive coping behaviors and problems with self-concept in adulthood. A study on mattering and anti-mattering suggests that feelings of invisibility, worthlessness and perpetual self-doubt are basic elements of depressive symptomatology in adults who describe themselves as emotionally neglected (Tonini et al., 2025). These tendencies can be exacerbated in the case of the emotional expression that is limited by the cultural values (Ana Fonseca, 2018). These tendencies are frequently found in the South Asian setting when romantic relationships are to be controlled. Although quantitative research confirms existence of the relationship between emotional neglect and psychological vulnerability, qualitative research to determine how women manifest and interpolate such experiences with regard to their current emotional conditions is wanting.

4. Professional Perspectives and Systemic Mental Health Needs

Systemic factors influencing care and support (Govindappa Lakshmana, 2022) access must be taken into account in order to understand the mental health of women after the pandemic. Psychologists,

counselors, and social workers are mental health professionals who provide critical thinking about their issues, such as stigma, limited resources, and poor policy implementation. The literature has shown that cultural beliefs about endurance and self-sacrifice tend to make women not seek treatment (Bovey et al., 2025), and this ultimately keeps the patterns of unaddressed emotional sufferings going. However, few studies are found to integrate professional (Etienne Lwamba, 2022) knowledge with the experiences of women in order to develop a comprehensive picture regarding systemic issues. This study will combine both personal and professional stories to place women in mental health in the context of the overlapping impacts of cultural norms, institutional policies, and post-pandemic recovery processes. This integrative approach aligns with the need to have gender-sensitive and community-based mental health interventions in India.

5. Synthesis and Research Gap

In conclusion, the available literature highlights important features of mental health regarding the pandemic, such as cognitive risk perception, emotional control, relational neglect, and systemic barriers. Still, these features have been rarely examined as a complex or in the frames of the lived experience of women living in specific sociocultural contexts like Andhra Pradesh. The current qualitative research fills these gaps by examining the perceptions, coping, and interpretation of depression symptoms by married women by considering the psychological, interpersonal, and structural factors that shape their emotional environments. Using this multi-faceted approach, the study will improve the knowledge about women mental health in the post-pandemic situation and propose directions of culturally specific interventions.

This study is theorized through the lens of the “Pandemic Narrative”—a culturally available, overarching script that emerged during COVID-19, offering a socially legitimate explanation for distress. We analyze this narrative as the critical link between universal psychological processes (etic) and their locally specific consequences (emic).

From an etic perspective, Misattribution Theory explains the general cognitive tendency to incorrectly attribute internal arousal to salient external causes. Emotion Regulation Theory details the psychological costs of suppression. However, in this context, the pervasive "Pandemic Narrative" functioned as the primary, culturally-sanctioned vessel for this misattribution. It provided a seemingly obvious, external cause (the virus, lockdowns) that systematically diverted attention from internal and relational sources of distress.

The power of this narrative is inherently emic. It gained its force by aligning with and amplifying pre-existing cultural scripts of gendered duty, silent endurance, and somatic presentation of suffering within the sociocultural context of Andhra Pradesh. Thus, the narrative was not neutral; it was a culturally resonant story that made the misattribution not just a cognitive error, but a socially intelligible and acceptable act. It acted as a culturally-mediated emotion regulation strategy in itself, dictating that distress should be framed as pandemic-related fear rather than as personal or marital anguish, thereby enforcing suppression in a new, externally validated form.

Consequently, our framework posits that the interaction between this powerful external narrative and internal cultural scripts created a unique syndemic. The pandemic narrative eroded help-seeking by offering a "sufficient" explanation that rendered professional psychological consultation unnecessary. It created an emic-etic trap: while individuals used the etic narrative to make sense of their suffering, it ultimately obscured the emic realities of their lived experience, embedding distress more deeply within the silent, gendered patterns it initially seemed to explain. This framework places narrative and meaning-making at the center of the psychological outcome, moving beyond the pandemic as an event to analyze it as a story with profound mental health consequences.

3. METHODOLOGY

The current qualitative research used semi-structured interviews of 46 married women that are living in urban and semi-urban locations in Andhra Pradesh. Purposive sampling was used to select the participants so that they could be diverse in terms of age, employment, and family structure. The interviews were held in Telugu and English, transcribed verbatim and the answers were analyzed using the six-step model of thematic analysis as developed by Braun and Clarke (2006).

The Institutional Review Board (IRB) approved the study with the number of approvals IORG0012525. All participants were informed and gave their consent.

4. STATISTICAL ANALYSIS

Thematic analysis was used as an inductive approach that determined repeated patterns concerning the emotional neglect, personality traits, and wrongly assigned depressive experiences. This resulted in the 56 codes, which were narrowed down to four themes. NVivo software helped to organize data and provided uniformity in the code and theme validation.

5. RESULTS

Achieving the study findings within the frame of the research questions is dedicated to understanding how married women create meanings of emotional distress, misattribution, and coping in the post-COVID-19 life within the sociocultural context. The analysis of data based on forty-six semi-structured interviews was performed in the framework of Braun and Clarke and supplemented with sentiment analysis in order to obtain the underlying emotional color of the story told by the participants.

The trends of sentiment were largely negative or averagely negative with the overwhelming emotional tension on the marital, cultural and psychological stress. They identified four themes related to each other; Perceived Emotional Neglect, Misattribution of Risk, Depression as a Silent Burden, and Coping and Marital Adjustment.

In the context of Age, 17 women are in the 30-40 age range, 7 in the 50-60 age range, 14 in the 20-30 age range and 8 in the 40-50 age range, with a mean age of 36.7 years.

Table 1: Demographics Characteristics of Respondents that represent Attributes Age, Employment status, Living arrangements and Marital status.

Class Interval	Frequency (f)	Midpoint (x)	f × x
20–30	14	(20 + 30)/2 = 25	14 × 25 = 350
30–40	17	(30 + 40)/2 = 35	17 × 35. = 595
40–50	8	(40 + 50)/2 = 45	8 × 45 = 360
50–60	7	(50 + 60)/2 = 55	7 × 55 = 385

Attribute	Categories	Number of Cases
Age	20–30	14
	30–40	17
	40–50	8
	50–60	7
Employment Status	Domestic Manager	12
	Employed	19
	Self-Employed	3
	Unassigned	1
	Unemployed	11
Living Arrangement	Extended Family (In-laws, etc.)	14
	Joint Family	8
	Nuclear Family	24
Marital Status	Married	43
	No Long-Term Effects Married	3

Profile of Respondents:

The sample consisted of 46 respondents, who were classified according to the following main demographic attributes:

Table 2: Demographic Attributes shows respondents, total (N=46)

Category	Subcategory / Theme	Number of Respondents	Percentage (%)	Key Insights / Sentiment Patterns
Age Distribution	20–30 years	14	30.4	Younger respondents reported moderately negative sentiment — work-life imbalance, social isolation, and mental fatigue.
	30–40 years	17	37.0	Similar to 20–30 group; struggled with remote work and family balance.
	40–50 years	8	17.4	Focused more on family health and caregiving responsibilities.
	50–60 years	7	15.2	Concerned primarily with health, stability, and dependence issues.
Employment Status (Revised)	Home-makers (Domestic Manager + Unemployed)	23	50.0	Reported emotional distress, isolation, and increased domestic workload; strong contributors to negative sentiment.
	Employed	19	41.3	Highlighted stress from remote work, job insecurity, and blurred work–home boundaries.
	Self-Employed	3	6.5	Mixed responses — business disruption balanced with resilience and adaptability.
	Unassigned	1	2.2	Limited data; excluded from thematic interpretation.

Living Arrangement (Family Structure)	Nuclear Family (Husband & Children)	24	52.2	Reported higher isolation and psychological strain during lockdowns.
	Extended Family (In-laws, Grandparents)	14	30.4	Benefited from family support, but faced interpersonal conflicts and household stress.
	Joint Family	8	17.4	Shared responsibilities reduced isolation but sometimes increased tension.
Marital Status	Married	43	93.5	Family obligations and emotional strain shape the experiences of the majority group.
	No Long-Term Effects Married	3	6.5	Reported minimal impact and better coping mechanisms.

The demographic table shows the levels of demographic distribution and the sentiment among the respondents indicating that there are strong psychosocial dynamics when the respondents are grouped by age, employment, living conditions, and marital status. The large share of respondents belonged to both the 30-40 age range (37%), as well as the 20-30 age range (30.4%), with the respondents of younger age displaying quite average negative attitudes to work-life imbalance, the difficulties of remote work, and mental exhaustion.

In contrast, the older participants (40-60 years) emphasized the issues of health and caregiving. On the question of employment status, homemakers (50%), but not employed people (41.3%), indicated more emotional distress and isolation and an additional domestic workload, and employed people (41.3%), and not homemakers (50%), had more problems with job insecurity and unclear work-home boundaries. A mixed but strong view was recorded in self-employed respondents (6.5%).

Most of them were in nuclear family (52.2%), where the sense of isolation and psychological pressure was stronger, as compared to extended family (30.4%) and joint family (17.4) arrangements, which had more social assistance but were associated with the presence of interpersonal conflicts. A very high proportion (93.5) of them was married, and family duties were adding emotional pressure, whereas only a small proportion (6.5) of them had few long-term consequences and had better coping mechanisms.

Sample Description

The sample size of the study was 46 respondents who have varied demographic profiles. Most of them were between 20-40 years (67.4) and most were married (93.5). Fifty percent of the respondents were homemakers (both as domestic managers and those who were unemployed), 41.3 percent were employed and 6.5 percent were self-employed. A majority (52.2) of the participants resided in nuclear family, others resided in joint and extended family structures. This heterogeneous representation provided an opportunity to gain a subtle insight into the role of different social and occupational settings on the personal experiences of the COVID-19 pandemic. It is worth noting that homemakers have reported significant emotional tension and financial insecurity, whereas employed participants had challenges in work-life balance and job stress.

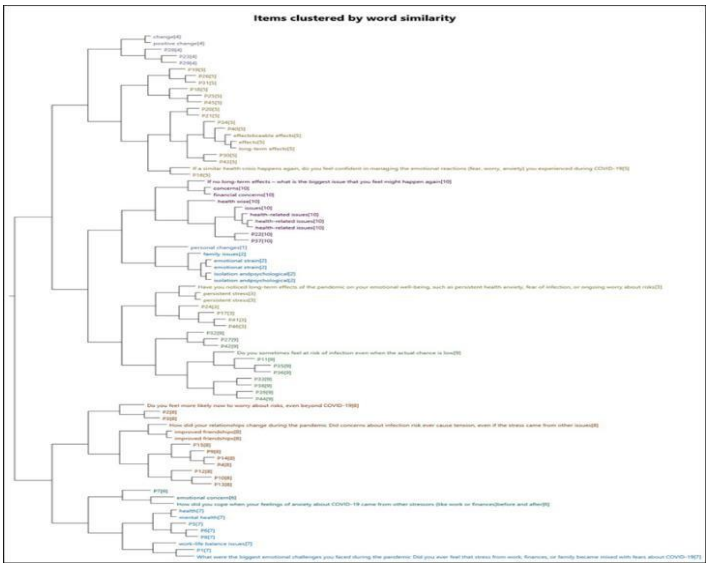

Figure 1: Items clustered by word similarity in NVIVO software.

Responses were also influenced by living arrangements where the participants of the nuclear family reported a feeling of isolation, whilst those of the joint or extended family reported a feeling of support and interpersonal tensions.

The dendrogram (Items clustered by word similarity) displays the way the responses of the participants naturally created separate themes based on the topics such as emotional issues (e.g., isolation, emotional strain), health issues, financial issues, family factors, and coping style. After the qualitative clustering, we counted the amount of responses in each theme and the sentiments of the responses as either Positive, Moderately Positive, Negative, or Moderately Negative with NVIVO.

Sentimental Analysis

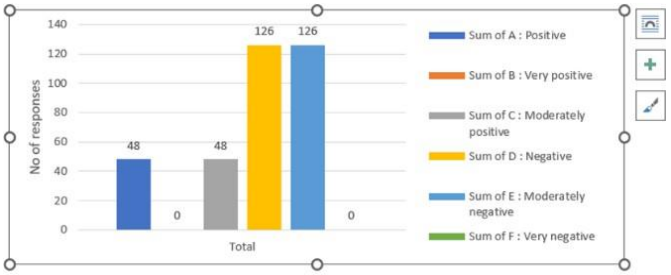

Figure 2: Sentiment analysis bar chart generated in NVIVO.

Figure 2: Sentimental Analysis in NVIVO.

Thematic Coding of Respondents' Verbatim Statements by Sentiment Category

These reactions demonstrate a range of emotional responses with regard to the possibility of future isolation or crisis. Moderately negative or negative statements reflect the feelings of long-term fears, loneliness and doubts about the health, finances and emotional state. On the other hand, moderately positive and positive remarks show resilience, acceptance, and belief in the ability to handle the same problems in case they arise in the future.

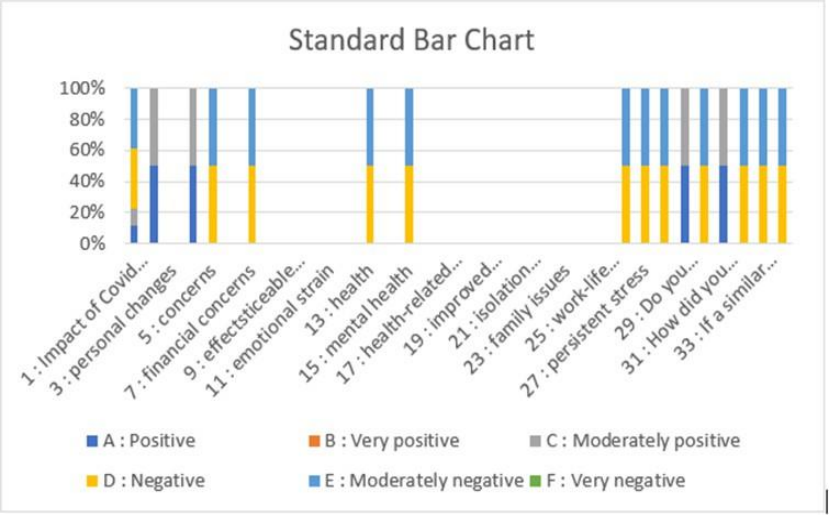

Figure 3: Standard Bar Chart from NVIVO- Quantitative Sentiment Analysis of Identified Themes.

The Stan card bar graph shows distribution of the sentiments of the participants in the key qualitative themes and the overall picture is negative emotional state. The taller bars of the themes like Emotional Strain and Health Concerns show greater participation and increase in the volume of responses. The prevalence of negative and moderately negative segments (in purple and light blue) points out to a prevalence of distress, especially on financial uncertainty, health concerns, and ongoing stress.

Despite the fact that positive sentiments were less prevalent, it happened in the themes like Improved Friendship, indicating spots of resilience and adaptive coping. The common ground makes it easy to visually compare individual categories, which

highlights the disproportionate presence of negative affect as compared to positive responses. Overall, the chart reflects the emotional multiplicity of the experiences of the participants and shows that, although the pandemic caused considerable psychological pressure, there were also some positive aspects and the development and the reinforcement of social connections during hardship. **Identifying Trends:** Theme Emerged: Perceived Emotional Neglect-Based on the above responses, most of the participants talked about invisibility and emotional deprivation in their marriages and families. They performed a lot of taking care responsibilities but their feelings were not considered much. One participant stated, "If I don't have any work, then I will feel lonely and will become mentally blank, "by P1. These cultural standards, which place a high value on women's endurance and silence, were the source of this sense of neglect.

Table 3: Emergent Data Trends and Conceptual Differences from Regular Emotional Cycles.

Data Trends	How It Differs from Regular Cycles	Illustrative Evidence
Socio-cultural embedding	Instead of personal awareness alone, recognition is constrained by **gender roles, family duty, and stigma**.	"My emotions were not understood…"; "I had to stay strong for my family."
Systemic Misattribution Stage	A unique intermediary stage where emotional pain is **misattributed to physical illness or external stress** before recognition occurs.	"I thought my stress was just because of COVID."
Emotion-regulation loop	Rather than progressing linearly, participants cycle between **suppression and partial awareness**, sustaining distress.	Reports of endurance coping and self-silencing.
Delayed Help-Seeking Spiral	Even when recognition emerges, **stigma and self-sacrifice norms** inhibit help-seeking, causing recurrence.	"I didn't want to bother anyone."
Dual Outcomes	Some participants move toward **adaptive coping and gratitude**, while others remain in **persistent depression**—creating a bifurcated, rather than single-path, outcome.	Positive sentiments in *Coping* vs. strong negatives in *Health Concerns*.

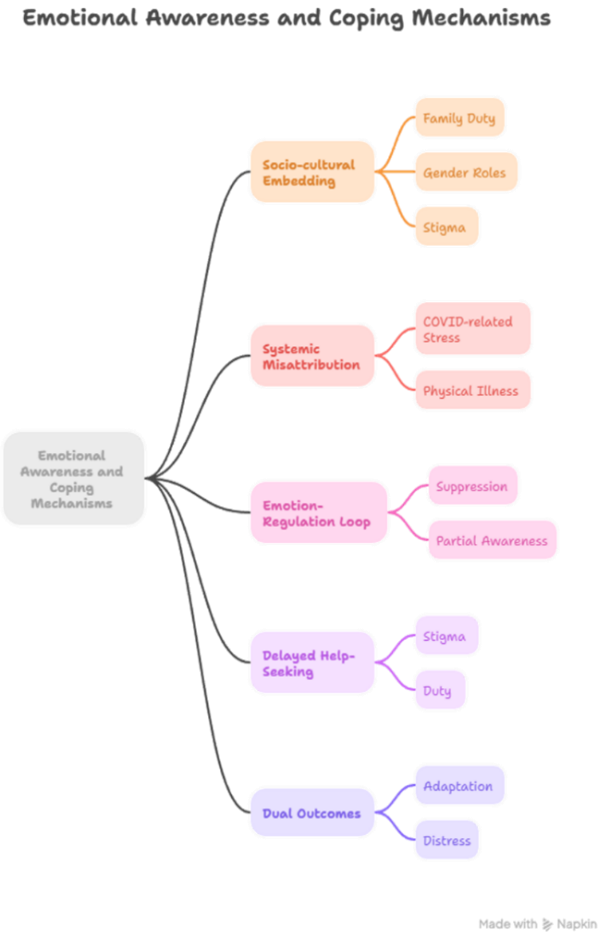

Figure 4: Emotional Awareness and Coping Mechanisms from Napkin ai.

Interpretation and Integration of Findings: This step synthesizes the thematic clusters and overall sentiment analyses to develop rich meaning in these married women's mental health experiences during the post-COVID-19 phase and beyond. The integration clarifies complex interrelations between emotional neglect, misattribution of distress, family and community expectations for women to manage stress and pain, and coping strategies.

The findings suggest emotional difficulties are not independent conditions, as they are nested within socio-cultural and family contexts that shape how women view their mental health concerns and how and when they express their concerns. The misattribution of psychological distress as physical or situational stress is a major driver in a woman's ability to recognize her distress and seek help. This is further complicated by emotional regulation either compulsive suppression or cultural norms that promote a physiological response to stress is shaped by personality traits or cultural expectations of silence or endurance.

These themes underscore the need for cultural awareness in interventions aimed at addressing not only the symptoms of emotional distress but also the relational and systemic circumstances that contribute to and perpetuate such difficulties.

1. Socio-cultural embedding

Commonly, Socio-cultural embedding refers to emotional recognition, is not just an individual process; instead, it is filtered through external expectations like gender roles, family duty, and stigma. When the following question was asked:

Question: What were the biggest challenges you faced emotionally during the pandemic?

Response: Participant 1. "My Emotions were not understood."-This shows that others' expectations blocked recognition of distress. The participants' feelings were minimized or dismissed because the cultural context did not validate emotional expression

Response: Participant 2. "I had to stand strong for my family."-Here, the individual suppresses personal awareness of distress because of being overpowered by family responsibilities.

Question: How did your relationships (family, friends, or partners) change during the pandemic?"

Response: Participant 3. "I have to manage my responsibilities alone, and I feel Isolated and lonely," and my family expected me to cope silently."

The experience reflects how socio–cultural embedding shapes relationships during the pandemic. Family expectations of Silenet coping reinforced isolation, leaving emotional needs unmet.

Interpretation

Relationships are normally reshaped by the socio-cultural embedding of silence. Family expectations reinforced isolation, leaving emotional needs unmet. Social Neglect and emotional dysregulation are closely associated because of a decrease in external validation and support. Socio-Cultural Embedding is blocking emotional recognition, thereby leading to Misattribution.

Systemic Misattribution Stage

Question: "Have any of you noticed long-term effects of the pandemic on your emotional or psychological well-being?

Response: Participant 18: "Little difficulty in socializing now," "Health worries still exist,"

Response Participant 19: "Got more distant from certain family members because of COVID-19, we could not attend certain important events like funerals is so painful and that strained our family relationships, which I still carry."

Response Participant 20:"I lost my closest friend, support, and now I'm leaving alone, even my daughter is staying nearby, I feel I've lost and am not able to come out of it, and I'm still having dreams and am sleepless."

From the above, the experiences are directed from socio-cultural embedding to blocking of recognition and leading to misattribution.

Interpretation

From the responses, we can see that, at first, cultural embedding reflecting in emotional experiences during and even in 2025 were consistently shaped by cultural scripts, family duty, silent coping , and health concerns; they reflected how distress was expressed or suppressed.

Because cultural expectations give priority to silence, strength, and external explanations, the emotional pain (anxiety, loneliness) was not validated. Instead, the participants reframed the suffering in socially acceptable terms, such as health concerns, missed rituals, and difficulty socializing.

We can clearly see that the distress is systematically misattributed and was not random. It was repeated across responses as a pattern, showing how socio-cultural embedding redirected emotional recognition. This misattribution led to unresolved grief, persistent anxiety, sleep disturbances, strained relationships, and long-term psychological effects.

Participants carried these burdens silently, reinforcing the cycle of distress.

Emotional Regulation Loop

Question: Do you have confidence or can you cope similarly in future, If Yes
Response Participants like: "I prioritize metal health and self -care," Yes, I will focus on regular exercise,"" I will maintain balanced routine and exercise", "I will focus on work-life balance '"" I will do better time management,"
Response Participant with kids having disabilities: "I managed things well under the COVID-19 situation, it's not new to me. If COVID-19 does not happen, I must go through the challenges of support, people, society, so yes, I can manage again if the situation demands."

In the same way, when I asked the
Question: Do you have confidence or can you cope similarly in future, If No
Response Participants like: "If isolated again, then connection with loved ones is difficult and emotionally challenging,"," Physically have to stress more with increased responsibilities,"

Interpretation:

From the above responses, emotional distress is not progressing linearly towards a solution.
Some participants responded "NO ", as if they were afraid of losing connection with loved ones, and it was emotionally challenging; some were afraid of increased responsibilities, some were worried about financial instability, and were concerned about the health of elderly family members.
Some participants' "Yes "responses of prioritizing mental health care, maintaining balanced routine and exercise, time management, and some with kids having disabilities, we can clearly see how their prior experiences-built resilience, transforming the loop of dysregulation to a productive pathway to come out of it, emphasizing the importance of emotional recognition of their personality as a protective factor.

We can see the Dual outcomes, like participants who answered the "No" question, are mostly going to be under a maladaptive loop of suppression, leading to misattribution, socio-cultural embedding, and systemic misattribution, sustaining distress, leading to persistent anxiety, loneliness, and role strain. For participants who answered the question, they have confidence if the "YES" question, resilience is expressed in Self-care, reframing, and prior exposure to adversities, allowing them to break the cycle and cope adaptively.

The emotional output is bifurcated; it created both enduring vulnerability and pathways to grow.

Help-seeking Behaviour

For the Question: **Do you have confidence or can you cope similarly in the future? If yes, and for the Question "Do you prefer to deal with emotion alone or rather seek help?"**
Responses Participant: "Seek support from family and friends.", I prefer to deal with emotions alone rather than seek help.", "Engaging with people at night feels like a burden."

When we take agree-and-disagree questions, we are freer to seek help more from family and friends. Participants' voices tell the story of limited help-seeking behaviour, which is creating a deep awareness gap and a very deep help-seeking gap.

As a result, many remain caught in an emotional dysregulation loop, stuck between suppression, partial awareness, and recurrence.
Interpretation and Integration of Findings: This step synthesizes the thematic clusters and overall sentiment analyses to develop rich meaning in these married women's mental health experiences during the post-COVID-19 phase and beyond. The integration clarifies complex interrelations going to even emotional neglect, misattribution of distress, family and community expectations for women to manage stress and pain, and coping strategies.

The findings suggest emotional difficulties are not independent conditions, as they are nested within socio-cultural and family contexts that shape how women view their mental health concerns and how and when they express their concerns. The misattribution of psychological distress as physical or situational stress is a major driver in a woman's ability to recognize her distress and seek help. This is further complicated by emotional regulation either compulsive suppression or cultural norms that promote a physiological response to stress is shaped by personality traits or cultural expectations of silence or endurance.

These themes underscore the need for cultural awareness in interventions aimed at addressing not only the symptoms of emotional distress but also the relational and systemic circumstances that contribute to and perpetuate such difficulties.

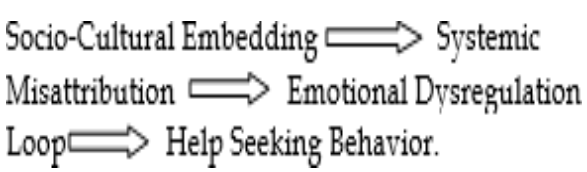

Table 4: Integrated Thematic Analysis: Participant Experiences, Expert Validation, and Interpretive Insights.

Theme	Participant Voices	Expert Voices / Validation	Interpretation
1. Socio-Cultural Embedding, blocking emotional recognition	"During COVID, my emotions were not understood by my family." "I had to stand strong for my family." "My Family expected me to cope silently"	Physician: Cultural scripts in India often demand silent endurance, especially from women in caregiving roles." Sometimes it results in intergenerational trauma also.	Emotional recognition is filtered through duty, stigma and silence .The Socio-cultural embedding reshapes relationships, reinforces isolation, leaving emotional needs unmet.
2. Systematic Misattribution of Distress and Risk Perception	"I thought my stress was just because of COVID." "I worried more about my health, but maybe it was anxiety." "I lost my closest friend, sleepless dreams."	**Professor:** "Many patients were treated for physical symptoms that were actually anxiety or panic."	Misattribution operates both at the personal level (women confusing emotional distress for health risks) and systemic level (healthcare misdiagnosis). Both participants and experts highlight emotional invalidation within families and within health systems as central to dysregulation and unacknowledged distress.
3. Emotional Dysregulation on Loop	Coping Yes Responses like" I prioritize mental health and self -care.","I will maintain a balanced routine and exercise." Some participants responded "NO" to the question, "If isolated again , connection with loved ones is difficult ."Physically have to stress more with responsibilities."	People want to use mechanisms to overcome, in one way or another, both adaptive and maladaptive mechanisms. Any stress that poses a danger to their life: their approach, whether they remain caught in dysregulation or move towards resilience.	Silent emotional suffering extended into marital discord. Depression and relational stress were often expressed through conflict or withdrawal rather than explicit complaint.
4. Help -Seeking Behaviour Gap	"Seek support from family and friends." "I prefer to deal with emotions alone." "Engaging with people for seeking help at night feels like a burden."	**Professor:** "Professional advice differs from family advice because it comes without judgment. Emotional neutrality aids recovery."	Help-seeking is limited to family/friends, excluding professionals. This systemic reliance sustains the dysregulation loop, as informal support may be unavailable during crises. Cultural norms of silence and endurance deepen the awareness and help -seeking gap.

This table outlines a thematic analysis exploring depression among married women in India during the COVID-19 pandemic. It identifies a cyclical process beginning with the socio-cultural suppression of emotions, where familial expectations enforced silent endurance. This led to a systematic misattribution of distress, where both women and healthcare providers incorrectly attributed psychological symptoms to the pandemic or physical ailments, causing emotional invalidation. Consequently, women experienced emotional dysregulation, often manifesting as marital conflict, while employing mixed adaptive and maladaptive coping strategies. The cycle is perpetuated by a help-seeking behavior gap, where reliance on informal, often insufficient, family support instead of professional care deepens the isolation and sustains the distress loop, highlighting a critical intersection of cultural norms and systemic healthcare shortcomings.

6. DISCUSSION

In Andhra Pradesh, married women viewed the COVID-19 pandemic as a disruption in their relationship and psychological life. Depression, based on the misattribution view, is not just a personal state of affairs, but a social and personality-based mechanism. The next study should explore the mediated role of personality traits in the recovery period following the pandemic.

The research successfully met its four main aims by investigating the post-pandemic depression among married women in Andhra Pradesh in the sociocultural environment. It was able to shed light on the perceptions and management of depressive symptoms by the women through semi-structured interviews and thematic analysis, which showed patterns of emotional strain, isolation, and coping mechanisms that are categorized by adaptive

practices on the one end, and long-term distress on the other (Bhavya Bharati, 2025).

In discussion, our findings coalesce into a critical argument: the pandemic served not as a root cause but as a socially sanctioned narrative that systemically misattributed the depression of married women, thereby obscuring pre-existing cycles of gendered distress. To theorize this, we propose the **CHETANA Model,** a cyclical framework where Cultural embedding silences emotional expression, Help-seeking gaps and systemic Emotional invalidation foster Threat dysregulation, which is then Attributed to external causes like the pandemic, leading to Negated agency and a reinforced loop of Anonymized suffering. This model moves beyond linear cause-and-effect to capture the dynamic, self-perpetuating nature of distress, contextualized within patriarchal family norms. Crucially, diagnosis must inform remedy; therefore, we correspondingly advance the **CHETANA** Action Framework—a direct translational intervention where each diagnostic element is countered prescriptively: Counter silent endurance via community psychoeducation, Halt systemic misattribution by training primary care providers, Equip women with personalized regulatory skills, Transform help-seeking pathways with accessible services, Amplify correct attribution in public health messaging, and Normalize professional consultation to Anchor change through advocacy. Thus, CHETANA functions dually—as both an explanatory model for a pervasive clinical-social error and as a blueprint for its rectification, offering a coherent, culturally-grounded path from identifying cyclical failure to implementing structured awakening **Significance and Novel.**

CONTRIBUTIONS OF THE STUDY

This research is unique in several ways. It specifically targets married women; the group that is likely to experience the most emotional and relationship effects of the COVID-19 pandemic, one that is not well represented in mental health studies. Combining quantitative sentiment analysis and detailed qualitative thematic data, the research paper is able to capture the strength and valence of emotional experiences, attributing the sentiments to coping strategies, distress misattribution, and help-seeking strategies.

The Awareness-Help-Seeking Gap model places emotional experiences in the context of sociocultural norms, gendered expectations, and family demands and emphasizes the ways that these aspects can influence adaptive and maladaptive coping. Moreover, the research determines specific adaptive and maladaptive coping mechanisms and shows that informal social support, exercise, mindfulness, or spiritual practices as coping resources can both buffer stress and postpone the seeking of professional assistance.

Lastly, the three-phase cognitive-behavioral-adjustment model and the observation of divergent trajectories- resilience vs persistent depression, provide a multifaceted dynamic perspective to emotional regulation, relational interaction, and psychosocial adjustment, which is unlike more single-method or linear works in the literature. The research posits that misattribution and emotional neglect can be decreased by using cognitive appraisal, personality control, and communication with the spouse. The mental health programs within the public health systems of Andhra Pradesh must consider gender sensitivity focusing on early detection of depression in married women.

DECLARATION

We confirm that all the listed authors have read and approved the manuscript. We further confirm that the order of authors listed in the manuscript has been approved by all.

1. Ethics approval and consent to participate: Ethical approval enclosed for the present study.
2. Consent for publication: All the listed authors give their due consent for the publication
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