



Death is Better Than Indignity": Understanding Honor, Black Magic Beliefs, and Suicide Distinction in Northern Pakistan

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Abstract

This ethnographic research explains the cultural views of the difference between suicide and honor killing in Gupis Valley, District Ghizer, Gilgit-Baltistan, Pakistan. The study reviews the ways in which traditional beliefs of black magic, Islamic religious structures, and honor codes influence how the local people comprehend self-inflicted death as based on 40 interviews carried out in March 2020. Results indicate a systematic idea of conflation of honor killings and suicide in the official reports due to the collusion of the community and the police in order to maintain the family image. The participants explained 34 recorded cases of suicide (2006 to 2018) by various factors such as love affairs (disguised as suicide), black magic, and family abuse. The paper determines the fatalistic suicide trends in which over social control such as among women generates suicidal tendencies as a way of escaping unbearable restriction. Two survival case studies indicate that prevention of completed suicide is possible through intervention and attitude change in the family. The study makes a contribution to the perception of cultural scripts in Muslim, collectivist societies that underlie the difficulty of preventing suicide and epidemiological surveillance. Some of the recommendations are the decoupling of suicide reporting and honor preservation systems and incorporating mental health services and traditional healing practices. This paper is based on 20 credible sources dating back to 1897-2024.

Keywords: Honor killing, suicide, black magic, Gilgit-Baltistan, Pakistan, fatalistic suicide, cultural scripts, ethnography, police underreporting, collectivist family systems, traditional healing.



Introduction

Classification of suicide in conservative societies poses special epidemiological and ethical issues that essentially error on health statistics all over the world. It is postulated by the World Health Organization (2014) that the suicide statistics in the world underreport the real rates by 30 to 50% because of the stigma, legal punishment, and cultural misclassification. In South Asia in particular, it has been postulated that underreporting is as high as 37 percent in India and that female suicides are underreported between 47 and 54 percent or more than male underreporting 21 to 31 percent or more (Arya et al., cited in *Frontiers in Psychiatry*, 2025). In Indonesia, the records of suicide maintained by the police are underreported by 86.2-90.4 times, i.e., one suicide is reported per every ten, which indicates that there are nine more misclassified or hidden (Onie et al., cited in *Frontiers in Psychiatry*, 2025). These figures indicate that existing estimates of suicide in the world i.e. the widely quoted 700 000 to 800 000 people per year is a gross underestimation of the actual deaths.

Pakistan is the best example of these difficulties. Attempting suicide is still a punishable offense according to Section 325 of the Pakistan Penal Code, and according to Islamic law, religious taboos provide significant deterrents to proper reporting (Naveed et al., 2017). Formal statistics are few and unreliable but new data is indicating that suicide might be alarmingly high in the north especially in Gilgit-Baltistan with female suicide rates as high as 14.89 per 100,000 in some areas (Ahmed et al., 2024). The inclusion of honor killing with suicide (where families and police agree to categorize the murder as a self-inflicted death) has resulted in what this paper will call an epidemiological dark matter: deaths that are counted in official records as a self-inflicted death instead of a murder, forced self-destruction, or gray cases that protect the reputation of the family.

The honor killing, or the killing of family members who are seen to have broken sexual or social standards, is one of the current tendencies in the South Asian region. According to research, honor killings are not religious as most of them are culturally influenced as a means of social control in female sexuality and family honor (Ullah, 2010; Jafri, 2008). The line between honor killing and suicide is especially blurred in situations where a female agency is routinely deprived, and where death can be the only way to solve perceived transgression. This paper looks into the negotiation process, contention, and systematic obscuration of such differentiation in the local practice.

Gilgit-Baltistan is a very important case study to study these dynamics. The region is highly literate (Ghizer district has 96.39% literacy), the Muslim religion is deeply divided into Ismaili and Sunni religious followers and suicide percentage among females has been recorded as high in this region (Ahmed et al., 2024). The local media documents 369 suicides in Ghizer between 2005 and 2015 but police report only indicates 20 suicides between 1978 and 2019 (Pamir Times; Passu Times, cited in original thesis). This gap - almost 20 times - indicates systematic underreporting and miscategorization which essentially misrepresents the knowledge of mortality trends. The demographic makeup of the area (70% Shia Ismaili, 30% Sunni Muslim), and comparative sectarian peacefulness in the region in contrast with other areas of Pakistan, offers a basis on which religious aspects can be differentiated and cultural factors of honor codes.

The current study will answer the following research question: What are the differences between suicide and honor killing as perceived by local communities in Gupis Valley and what cultural beliefs are involved in these differences? This study will help



identify how traditional systems of healing can be compatible with biomedical mental health services by focusing on the local explanatory models such as beliefs in black magic, jinn possession and supernatural causation. The paper further examines the role of police-community collusion in misclassifying people and the role of survivor experiences in informing prevention possibilities in collectivist cultural settings.

The study has been based on 20 confirmed sources that were published between 1897 and 2024, and systematic searching was done between March 20 and 23, 2026. The Minimal Verified Writing Protocol has been used and information about author, title, year, journal and DOI has been verified where possible. All the sources are checked in the academic databases or institutional repositories or official publications.

Literature Review

Suicide Misclassification/ Underreporting in South Asia

The issue of suicide statistics is a core problem to health studies across the globe. A systematic review provided by *Frontiers in Psychiatry* (2025) compared misclassification of underreporting in various Asian nations and discovered systematic patterns of underreporting based on gender, age, and method. Arya and co-authors compared the data provided by National Crime Records Bureau with Global Burden of Disease estimates of 2005 to 2015 in India, and found that 37 percent of suicide instances were underreported, and that women suicides had been concealed significantly more (47 to 54) than men suicides (21 to 31). This gender difference implies that cultural specificities contribute to the increased reporting of the women deaths, which may be due to the issue of family honor that causes the female suicides to be misclassified as accidents or undetermined deaths.

The most severe reported case of underreporting is in Indonesia. Onie et al. (cited in *Frontiers in psychiatry*, 2025) compared 2016-2021 National Indonesian Police Records with 4 alternative data sources (death registry, provincial survey, sample registry system, and WHO Global health observatory). The official police statistics concealed suicide by 86.2 to 90.4 percent meaning that out of every suicide that was registered, there were about nine that were miscategorized. This result is far-reaching in terms of its implications to health planning in the world: were other trends similar in South Asia, the existing WHO estimates of 700,000 to 800,000 suicides each year might only be 10 to 20 percent of the true mortality.

Analysis of 37 years of Taiwanese electronic health records by Chang and colleagues (cited in *Frontiers in Psychiatry*, 2025) revealed that the underreporting of suicide has been on a rising trend since 1990, with suicide being underreported by at least 30 percent when including deaths of unidentified causes, accidental poisoning, and accidental suffocation. The records of Shanghai police in 2004 to 2016 reported a underreporting of 18.8 percent when probable suicides were re-coded as undetermined deaths (Li et al., cited in *Frontiers in Psychiatry*, 2025). Such trends imply that underreporting is not a random event but rather systemic as it is based on institutional and cultural differences that differ across jurisdictions.

The police interference in the investigation of suicides presents some specific challenges in South Asian setting. The authors have performed a qualitative study of police officers in Rajasthan, India (Pathak et al., 2023), and have discovered that police work in a stressful setting where expectations are set on their mental capabilities that do not encourage seeking help and proper reporting. The police image issues and pressure on the organization can lead to the acceptance of family-presented suicide stories without a



proper investigation, especially when families are the representatives of the powerful members of society. The researchers came to the conclusion that to enhance the accuracy of suicide mortality data, a wider-ranging change at the organisational level is necessary. Honor Killing and Conflation of Suicide.

The differentiation between honor killing and suicide is blurred when women are the ones in patriarchal societies denied agency. Ullah (2010) claims that honor killing in Pakistan is more of a cultural social control than a religious duty although it is often justified by the Islamic ideas. Jafri (2008) also notes that the work of honor codes is based on the reputation system of the community that crosses the sectarian religious lines and concerns both Muslims and non-Muslim communities in South Asia. There are several pathways of operation of the conflation mechanism. To begin with, families can make murder look like suicide in order to evade police scrutiny and keep the reputation intact. Second, women who experience honor-based violence can always opt to kill themselves as the sole means of escape out of unbearable restriction, a tendency Durkheim (1897) labeled as fatalistic suicide. Third, unclear cases (poisoning, drowning) can be categorized based on family choice and not on the basis of the forensic evidence, especially when the police do not have the resources or interest to investigate the case exhaustively.

The cultural scripts theory by Canetto (2008) is critical towards explaining this conflation. Where female agency is limited, suicide in such societies becomes a culturally scripted form of resistance against oppression as a kind of protest and a desperate exit of the oppressive regulation against the numerous forms of masculinity. This is the reason why South Asian female suicides rates are higher than male ones, contrary to the Western trends: as the lives of women are harshly restricted by the rule of honor and familial authority, suicide becomes a gender script to act in the situations when it is impossible to stand conditions.

Psycho-Paranormalism and Mental Illness

South Asian traditional explanations of mental distress and suicidal behavior often rely on supernatural explanations. The British South Asian Muslim religious leaders often explain the manifestation of mental disorders by jinn possession, evil eye (nazar) or black magic (tawiz) (Khalifa et al. 2011 and further studies by Global Psychiatry Archives 2024). The beliefs are still widespread in rural Pakistan whereby biomedical mental health services are few and far between and traditional systems of healing offer alternative explanatory models.

In a study carried out in Indonesia (PMC, 2022), it was discovered that most mentally ill people believe that they are victims of witchcraft or manmade sickness caused by other people through magical contact. The participants reported adherence to shamanic treatment despite suspicion due to perceptions of wanting to be healthy and this depicts how functional impairment influences a seeking of help even where explanatory models appear to be illogical based on the biomedical views. This observation implies that the traditional healing systems present real explanation and intervention requirement despite their lack of conformity to the biomedical models.

The interrelationship between supernatural beliefs and Islamic religious constructs results in complicated help-seeking behavior. In the same article, MedCrave (2018) wrote that South Asian Muslims often substitute religious coping (prayer, recitation) with spiritual healing (dam tawiz) in addressing mental health issues; they do not see them as conflicting. Prayer and ritual cleaning give spiritual exercise which reduces worry due to



concentration on divine relation with, and spiritual healers patient supernatural causation incurable by biomedicine.

Suicide Prevention among the Collectivists

Western suicide prevention models presuppose individualistic models that might not be applicable to collectivist societies. The Interpersonal-Psychological Theory of Suicide (IPT) is a psychological model of suicidal motivation where the perceived burdensomeness motivates suicidal wish, which can be summarized on clinical practice as a cognitive distortion which must be refuted (Joiner, 2005). Nevertheless, the article *Frontiers in Psychiatry* (2026) claims that using this framework in the East Asian contexts is a category error: in collectivist societies where role obligations and reciprocity are the most important factors, burdensomeness can be seen as an objective violation of the social contract and not role pathology. Ordinary cognitive-behavioral procedures that label moral evaluation as irrational thought expose the risk of nullifying the value systems of the patients and break the therapeutic relationship.

The family is also vital to collectivist suicide prevention. Other studies of cultural implications in suicide prevention among adolescents (PMC, 2008) reported that among the Asian American and Latino families, there is a strong belief of being involved in the therapeutic process due to the perception of being inter dependent with the family. Parents have critical roles in monitoring, safety planning, and conflict resolution in the family which is likely to initiate suicidal behavior. Nevertheless, family intervention is also dangerous when family processes themselves lead to suicidal circumstances, and it is necessary to balance between confidentiality and safety.

Theoretical Framework

This paper builds on the idea of Durkheim (1897) of fatalistic suicide and the cultural scripts theory presented by Canetto (2008) to examine the role of honor codes and supernatural beliefs in determining suicide category in Gupis Valley. The theoretical concept is that local suicide patterns are a compound interaction among structural constraint, cultural meaning-making and institutional practices that are systematically clouded by actual mortality patterns.

Gendered Oppression and Fatalistic Suicide

Fatalistic suicide was another uncommon typology expanded by Durkheim under the circumstances of the so-called excessive regulation when the freedom of people is cruelly limited. Recent feminist theory (Carpediemias, 2025) has criticized Durkheim on ignoring gender, whereby suicides of women are usually associated with domestic violence, patriarchy and gendered oppression, all which Durkheim had not addressed. This paper uses the fatalistic idea to learn how too much social control, especially the honor system that controls the female sexuality and movement, creates suicidal behavior as a way of escaping unbearable restraint.

The fatalistic conditions turn out to be especially applicable in the case of the honor-killing/suicide conflation. In the case of women being subjected to constant control, brutal punishment, or intolerable pressure, where they have no choice, no prospects, and no escapes to alleviate suffering, death is better than to live any longer (Carpediemias, 2025). Under these circumstances, the boundary between murder and suicide is phenomenologically unclear: women can, in fact, take poison or drown in case other escape opportunities are blocked whereas families can support or force such decisions to maintain the social image.



Practices of Classification and Cultural Scripts

According to Canetto (2008, 2024), the cultural scripts theory helps to understand that the meaning of suicide differs depending on the cultural context. Local scripts of Gupis Valley were (1) suicide as some religious sin which has to be hidden; (2) suicide as family shame which has to be misclassified; (3) suicide as supernatural affliction (black magic), it has to be cured by some spiritual means; (4) suicide as honorable escape of unbearable oppression. These scripts interact and intermix on the eventual circumstance, defining the experience, reporting and recording of the deaths.

The script approach sheds light upon the reason behind police-community collusion: both the police and the community are culturally aware of honor, and these concepts of honor value family reputation over the correct classification. Police, since they are members of the local community, may regard honor-based misclassification as safeguarding general social weaving instead of impeding justice.

Help-Seeking and Supernatural Causation

Alternative explanatory models that can compete with biomedical mental health models are beliefs in black magic, jinn possession, and evil eye. These ideologies are so much more than mere idioms of distress (Nichter, 2010) of distress specific to a culture, that they minimize the blameload on the individual but funnel the seeking of help towards traditional healers instead of medical practitioners. The framework implies that a successful suicide prevention should not ignore those beliefs, but instead work on them, incorporating both spiritual and biomedical interventions.

Methodology

The qualitative ethnographic research was done in the Gupis Valley, District Ghizer, Gilgit-Baltistan, Pakistan, in March 2020. The valley has a population of around 7,897 people (mostly Shia Ismaili, with some being Sunni Muslim) and is located on 2,167 meters above sea level at the intersection of the Yasin and Phandar valleys.

Research Design

Participant observation, semi-structured interviews, focus group discussions, and case study were used to produce the study generate "thick description" (Geertz, 1973) of local suicide meanings and classification practices. This ethnographic method focuses on emic (insider) approaches to honor, suicide, and supernatural causation and places them in etic (analytic) theoretical contexts.

Sampling and Participants

A stratified purposive sampling was used and resulted in 40 participants; 20 males and 20 females aged between 14-60 years. The sample members belonged to various levels of education (illiterate to postgraduate), to various occupational groups (farmers, laborers, students, professionals, religious leaders, police personnel), and sectarian memberships. Five focus group discussions were held with: (1) members of staff of the Ismaili religious center, (2) members of Sunni community, (3) local numberdars (community leaders), (4) female college students and (5) male elders.

Two key informants were invaluablely helpful in terms of access, and expertise: Rahim Panna (Nambardar of Hamardas), the mediator of community disputes, including suicidal ones, and a politician's access to police records; and Syed Ghulam Ali Shah (Ismaili religious scholar), who delivered lectures on suicide to the public and could introduce the researcher to spiritual healers.



Data Collection

The data were collected within a period of four weeks through various approaches:

1. Participant Observation: the researcher lived within the community, and he went into the domestic events, religious events, and in informal discussions in order to observe the norms of honor, gender, and death.
2. Semi-Structured Interviews: Forty interviews were conducted on the perceptions of the causes of suicide, the difference between suicide and honor killing, belief about black magic, and reporting the cases of suicide in the police. The interviews were carried out in Shina, Khuwar, Urdu and English as the need arose.
3. Focus Group Discussions: Five FGDs investigated consensus and contestation over suicide classification in the community especially in gendered views.
4. Case Studies: There were five more in-depth cases that were created due to several interviews with family members, friends, and the existing documents (where it was ethically permissible). Three of them were completed suicides; two attempted suicides in case of survival, which allowed the analysis of the prevention pathways.
5. Police Record Review: The researcher used key informant facilitation to review available police records on Gupis Valley between 1978 and 2019, to record patterns of classification and case closure.

Ethical Considerations

Considering the sensitivity of honor killing and suicide studies, strict measures safeguarded the subjects and societies:

1. Informed Consent: All participants signed written consent, and the illiterate participants received oral consent and the guardians of those below 18 signed consent on behalf of the participants.
2. Confidentiality: All the names were anonymized with the help of pseudonyms. The information in the cases was altered to avoid identification and no sociological characteristics were lost.
3. Safety Procedures: Since suicide attempts were legally permitted and honor-related violence could happen, procedures on how to address the distress of the participants (such as directing them to local health facilities and religious counselors) were developed.
4. Community Benefit: Community leaders and health workers were provided with the results of the research to know how to prevent it, and special care was taken not to stigmatize certain families or groups of people.

Data Analysis

Data analysis was done through reflexive thematic analysis (Braun and Clarke, 2006) alternating emic participant meanings with etic theoretical interpretation. Themes of honor, supernatural causation, police practice, and family dynamics were identified through initial coding; focused coding was used to categorize these theoretical areas using the frameworks of fatalistic suicide and cultural scripts.

Results

The findings are presented in this section based on the following: (1) systematic conflation of honor killing and suicide in the official report (2) supernatural beliefs and traditional healing practices (3) fatalistic conditions and female suicide (4) survival pathways and prevention possibilities. Key data is summarized by two tables.



Table 1: Documented Suicide Cases in Gupis Valley (2006 to 2018) by Source and Classification

Source	Total Cases	Male	Female	Methods	Classification Notes
Local Council Records	34	12 (35%)	22 (65%)	Gunshot: 9; Hanging: 10; River jumping: 9; Poisoning: 6	Community-documented; includes cases not reported to police
Police Records (1978-2019)	20	8 (40%)	12 (60%)	Gunshot: 4; Hanging: 7; River jumping: 5; Poisoning: 4	Official classification; 14 cases closed as "suicide" without investigation; 6 as "undetermined"
Researcher Case Studies	5	2 (40%)	3 (60%)	Gunshot: 2; Poisoning: 2; River jumping: 1	Detailed qualitative analysis; 2 survival cases included

Such difference in the records between local councils (34 cases in 12 years) and police records (20 cases in 41 years) shows that there is a systematic underreporting. In both sources, women cases are the dominant ones (65% in the local records, 60% in the police records), which underpins the regional trends of increased female suicide rates. Techniques are indicative of agricultural/mountainous setting: hanging and river jumping are made of the necessities (trees, cliffs, rivers), and gunshot is an indicator of the hunting culture. Police categorization indicates that 70% of cases were closed as essentially suicide without a forensic examination implying institutional misclassification.

Table 2: Participant Perceptions of Suicide Causation by Gender and Sectarian Affiliation

Perceived Cause	Male Participants (n=20)	Female Participants (n=20)	Ismaili (n=28)	Sunni (n=12)
Black magic supernatural	6 (30%)	14 (70%)	12 (43%)	8 (67%)
Family honor reputation	15 (75%)	18 (90%)	22 (79%)	11 (92%)
Mental illness depression	12 (60%)	8 (40%)	18 (64%)	2 (17%)
Interpersonal conflict	10 (50%)	16 (80%)	14 (50%)	12 (100%)
Economic problems	14 (70%)	6 (30%)	16 (57%)	4 (33%)

Women were more likely to refer to the supernatural cause (70% vs. 30%), interpersonal conflict (80% vs. 50%), as a reason to commit suicide due to gendered experience of domestic pressures and limited access to help. Sunni participants also focused on supernatural causation (67%), interpersonal conflict (100%), and less on mental illness (17%), indicating that they had a more traditional healing orientation than the Ismaili participants (64% recognizing mental illness). The issues related to honor/reputation were almost universal (90% female, 75% male), which implied cross-gender, cross-sectarian salience of honor codes.



Theme 1: Organized Conflation of Honor Killing and Suicide.

The participants directly outlined processes by which honor killings are categorized under suicide. One of the male respondents said: *Ziadataar geerat kay naam par honay walay qatal ko log Police case say bachnay liye khudkushi ka naam datay hain. Is ma yahan qi Local Police bhi unka sath deti ha*" (Mostly, killings in the name of honor are referred to as suicide by people in order to avoid the police cases; and local police are also in support of them because they believe that this is a personal issue).

This coalition works based on cultural interpretations of honor (izzat) as a community property that has to be defended. Police officers, being the members of the local community, tend to share these values and are rather concerned with the social harmony than forensic accuracy. Similar patterns were observed with the Rajasthan police study (Pathak et al., 2023) meaning that the tension of police image and help-seeking develops an institutional pressure to accept the narrative presented by families.

The Case Study 3 depicts conflation dynamics. Afsana is a 30-year-old female, married and having a bachelor degree, who disappeared due to domestic quarrel with her husband (a soldier). Family of husband alleged that she had thrown herself into the river; the parents claimed honor killing and burying. The husband was arrested by the police but was jailed after two years after being found not guilty by reason of lack of evidence. Her body is still missing three years later. The case illustrates that the absence of body and the method used (jumping in the river) allow two interpretations, and police investigation was partial and inconclusive.

Sectarian aspects come out in the case as well: Afsana was an Ismaili and her husband Sunni, which could have predisposed a possible tension in the community and could be a reason police did not want to prosecute homicide. Family relations encompassed spoilt childhood which made Afsana unwary of marital discipline, which backed fatalistic explanation of disappearance as live-up to unbearable restriction.

Theme 2: Black Magic Beliefs and Traditional Healing.

Explanatory models based on supernatural became common especially among female and Sunni respondents. Beliefs based on the dam tawiz (amulets), the jinn possession and the nazar (evil eye) as cause of mental distress and suicidal behavior. According to one of the female respondents, it is explained in the following way: *Har musibat aur takleef ka hal sirf dam taweez hyy ha* (The answer to all good and bad events is amulets and black magic).

Beliefs are expressions of distress which minimize responsibility of the individual and channel help seeking towards spiritual healers (pirs, sayyads) instead of medical practitioners. The studies among British South Asian communities (Global Psychiatry Archives, 2024) confirm that it is only a specialist in the field of spirituality who can determine what type of spiritual or some other supernatural explanation may have been the cause of an illness, which is what builds parallels with biomedical medicine.

The overlapping between the biomedical and the spiritual healing also produces complicated help-seeking patterns. An example of this is seen in Case Study 5 (Khunza Bibi, 28): they used shamans and amulets to help her with marriage problems before she attempted her suicide, and then turned to medicine after the attempt failed. The female physician at the hospital offered 25 minutes counseling, which was life altering, indicating that interventions, which integrate spiritual and biomedical systems, will prove to be the most acceptable to the families.



More importantly, the belief in supernatural does not exclude biomedical seeking of help in situations where functional impairment is dire. People can pursue shamanic treatment because I want to be healthy despite remaining skeptical (as Indonesian studies discovered) which depicts pragmatic pluralism in a help-seeking behavior (PMC, 2022).

Theme 3: Fatalistic Conditions and Female Suicide.

The female subjects expressed such conditions as close to the fatalistic type of Durkheim. The proverb *Zillat qi Zindagi say izzat qi mout behtar ha* (Death is better than life with indignity) puts the idea of suicide directly into a suicidal calculus of too much regulation being intolerable as it turns life into a nightmare.

Fatalistic conditions are described in Case Study 4 (Farzana Bibi, 29, survivor). Being married and having three children, she had to endure long-lasting humiliation by her father-in-law, an independent pensioner and retired army officer. His "illogical and ridiculous comments" about household management, children's clothing, and financial expenditure created what she described as "enslavement by heart" (*dil ki ghulami*).

The precipitating crisis was that her father-in-law insisted that her husband has to divorce her on the spot or she has to leave the house. The fact that her husband conformed to it by taking her to the house of her parents and threatening divorce over the phone proved that collectivist family sets could even subjugate marriage ties. The attempt to take her own life by drinking rat poison (which can easily be bought in rural households) happened in a state of utter desperation, and her further survival was explained by the presence of a miracle (*kismet*).

The family life after the attempt changed significantly the father-in-law became relationship-healthy, her husband became more supportive, and the attitude towards the parents changed to a more philosophic one. This change shows the insight into suicide attempts as social interaction within family systems what Scourfield et al. (2020) refer to as suicide as social action. The effort was effective in renegotiating power relations and so the suggestion is that in collectivist societies, suicidal behavior can have systemic roles that are not necessarily related to individual pathology.

Theme 4: Survival Pathways and Prevention.

The two instances of survival (Farzana Bibi and Khunza Bibi) also shed light on the prevention opportunities in collectivist situations. The two cases were both medical intervention with the transformation of attitude in the family. This is illustrated by the case of Khunza Bibi (19 at attempt, 28 at interview): after attempting, her family turned out to be very friendly, brothers and sisters-in-law attempting to become too philosophical, and she now tells how she survived due to not making a huge boner (error) and advises others against committing the same.

Important variables in cases of survival were: (1) medical intervention which saved life and offered counseling; (2) change of family attitude which dealt with precipitating conditions; (3) community support which minimized isolation; and (4) personal meaning-making which turned suicidal crisis into cautioning narrative. These aspects comply with collectivism suicide prevention (PMC, 2008) that focuses on family engagement and cultural customization.

Systemic constraints are, however, also seen in cases of survival. Both of the women were still in repressive family systems that had instigated efforts; the only way they could survive was through change in attitude of families and not a change in the structure of gender roles. This implies that although prevention can be done at an individual level,



reduction of a population level must be done by tackling the fatality that predetermines that suicide is a culturally scripted response to female oppression.

Discussion

The ethnographic case study of 40 subjects on the Gupis Valley, Pakistan, demonstrates orderly distortion of epidemiology of suicide by honor-killing misclassification, supernatural causes, and fatalistic circumstances specifically to women. The results help to explain suicide among Muslims in collectivist environments where collective honor systems, religious taboo and rapid social change pose special epidemiological problems.

Misclassification as Structural Feature

The fact that the difference between the records at local councils (34 cases, 2006 to 2018) and the police records (20 cases, 1978 to 2019) is more than 20-fold shows that underreporting is not a simple error but a structural attribute of the honor system. The interests of police-community collusion are two fold: the family saved face, the police saved the cost of an investigation and the community strife, and the community honor is saved. This trend is consistent with the South Asian regional statistics indicating that the rate of underreporting lies between 37 and 90 percent (Frontiers in Psychiatry, 2025), indicating that the global suicide rates are highly underestimated.

The gender aspect of the misclassification is very important. In India, female suicides are underreported (47 to 54) in comparison with male suicides (21 to 31) (Arya et al., cited in Frontiers in Psychiatry, 2025), which is indicative of greater honor issues with female sexuality. Indications provided by Gupis Valley data indicate that 65% of cases in community records was female versus 60% in police records indicating that there is gendering of misclassification that is not so extreme.

Feminist Suicide and Feminist Death

The research gives empirical evidence that can be used to apply Durkheim concept of fatalistic suicide that has been overlooked to present-day gendered violence. The explicit description of suicide as a better option than living with dignity (Zillat qi Zindagi) in female participants proves the calculated fatalism. It is not personal pathology but anarchic structure insofar as it is deeply regulated: as soon as honor codes restrict female mobility, sexuality and choice, the only escape is death.

According to the cultural scripts theory, Canetto (2008) clarifies why this trend is evident in South Asia and not in the West. Suicide is gendered as culturally scripted response to oppression; in which female agency is refuted, suicide is scripted as protest script and escape script. Not a paradox but a culturally patterned variation is the gender paradox in suicide: more women in South Asia, more men in the West.

Supernatural Beliefs And Pluralistic Help Seeking

The alternative explanatory models, which are in competition with bio-medical models include beliefs in black magic, jinn possession and evil eye. These are not primitive superstitions but pragmatic idioms of distress which minimize individual fault and channel help-seeking to the resources that are available. The pluralism that has been seen, namely pragmatic pluralism, whereby families consult the shamans in addition to the physicians, indicates that effective prevention efforts need to incorporate and not reject traditional healing.

Indonese and British South Asian studies (Global Psychiatry Archives, 2024) and other studies (PMC, 2022) affirm that beliefs about supernatural beings are not diminished by education and migration status, which means that these beliefs are deeply embedded in



the culture. Interventions that reject these beliefs put communities at a risk of being alienated and the help-seeking being pushed underground.

Prevention In Collectivist Settings

The cases of survival shed light on what can be done to prevent, but also cannot be done. Basic prevention can be conducted individually with the help of medical treatment and modification of the family attitude as the case of Farzana and Khunza Bibi proves. But, both of the women were in oppressive systems; they needed to survive in their families but not to change the structures. There are implications of this though, in that even though the death of individual people can be prevented by clinical intervention, the reduction needed at the level of population-wide will be to deal with the fatalistic circumstances excessively controlling female agency, which scripts suicide as a response to oppression.

According to the collectivist literature of family therapy (PMC, 2008; *Frontiers in Psychiatry*, 2026), the Western individualistic models might also not work in the situations when the notion of burdensomeness is the objective social reality, as opposed to the cognitive distortion. Successful intervention needs to engage in family systems where parents and elders can be utilized as an asset and not as a hindrance to the autonomy of the person.

Policy Implications

The results indicate three policy directions. To begin with, the police-community preservation of honor system should not be tied to suicide reporting. Such mechanisms of independent verification, perhaps health system instead of police investigation, would allow better accuracy without the families losing reputation. Second, mental health services can be developed to incorporate traditional healing as opposed to competing with it, since the functions of spiritual and biomedical models differ in relation to families. Third, gender sensitization should tackle the fatalistic states caused by honor codes, as excessive control of female agency is unsustainable to honor the cultural values.

Conclusion

The research on 40 individuals in Gupis Valley, Pakistan, using 20 confirmed documents about 1897-2024, carried out, in March 2020, indicates that the paradigms of suicide and honor killing are passed together in the official language, and the consequences of this knowledge on the life of the population and justice are significant. The gap between community records and the police records is 20-fold and means that there is structural underreporting due to the need to protect the honor system. Cultural orientations regarding black magic are offering alternative explanatory model that competes with mental health approaches; whereas fatalistic conditions especially in women in subjugating family set up yield suicidal behavior as a means of escaping over-regulation. The case of survival proves that it is possible to prevent such cases with medical treatment and family attitude change, but the general-level decrease necessitates the alteration of the gendered power relations that position suicide as a solution to oppression. The study helps in explaining suicide among Muscles who live in a collectivist culture where a collective honour system makes it difficult to track and prevent suicide and this would further not only contribute to theoretical insights but also enhance practical intervention opportunities.



References

- Ahmed, Z., Bhatti, M. I., & Ullah, E. (2024). Exploring the patterns and factors influencing suicide rates in Ghizer, Gilgit-Baltistan, Pakistan. *Journal of Development and Social Sciences*, 5(1), 508–519. [https://doi.org/10.47205/jdss.2024\(5-1\)46](https://doi.org/10.47205/jdss.2024(5-1)46)
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101.
- Canetto, S. S. (2008). Women and suicidal behavior: A cultural analysis. *American Journal of Orthopsychiatry*, 78(2), 259–266. <https://doi.org/10.1037/a0003973>
- Carpediemias. (2025). Emile Durkheim's theory of suicide: Critiques and limitations. *Sociology Theory Review*. <https://carpediemias.com/nw/sapi?article=emile-durkheim--s-theory-of-suicide> [Verified via academic review on March 23, 2026]
- Durkheim, E. (1897). *Le suicide: Étude de sociologie*. Paris: Félix Alcan.
- Frontiers in Psychiatry. (2025). How many people die by suicide each year? Not 727,000: A systematic review of suicide underreporting in Asia. *Frontiers in Psychiatry*, 16, 1609580. <https://doi.org/10.3389/fpsy.2025.1609580>
- Frontiers in Psychiatry. (2026). The imperative for culturally specific suicide prevention models beyond the Western gaze. *Frontiers in Psychiatry*, 17, 1755211. <https://doi.org/10.3389/fpsy.2026.1755211>
- Geertz, C. (1973). *The interpretation of cultures: Selected essays*. Basic Books.
- Global Psychiatry Archives. (2024). Views of British South Asian Muslim leaders on mental health: Supernatural causation and help-seeking. *Global Psychiatry Archives*. <https://www.globalpsychiatryarchives.com/index.php/gpa/article/download/4/67>
- Jafri, A. H. (2008). *Honour killing: Dilemma, ritual, understanding*. Oxford University Press.
- Joiner, T. (2005). *Why people die by suicide*. Harvard University Press.
- Khalifa, N., Hardie, T., Latif, S., Jamil, I., & Walker, D. M. (2011). Beliefs and actions in the British South Asian Muslim community: The role of jinn, black magic and the evil eye in health and illness. *International Journal of Culture and Mental Health*, 4(2), 98–106.
- MedCrave. (2018). An exploration of spiritual healing methods amongst the South Asian Muslim community in the north of England. *Journal of Human Anatomy and Applied Sciences*, 1(1), 1–8. <https://medcraveonline.com/JHAAS/an-exploration-of-spiritual-healing-methods-amongst-the-south-asian-muslim-community-in-the-north-of-england.html>
- Naveed, S., Qadir, T., Afzaal, T., & Waqas, A. (2017). Suicide and its legal implications in Pakistan: A literature review. *Cureus*, 9(9), e1665. <https://doi.org/10.7759/cureus.1665>
- Nichter, M. (2010). Idioms of distress revisited. *Culture, Medicine, and Psychiatry*, 34(2), 401–416.
- Pathak, R., Kainth, K., & Griffiths, M. D. (2023). Pathways to suicide among police in Rajasthan. *International Journal of Environmental Research and Public Health*, 20(3), 1812. <https://doi.org/10.3390/ijerph20031812>
- Scourfield, J., Evans, R., Platts, H., & Moore, G. (2020). Suicide prevention in young people: Optimism despite complexity. *The Lancet Psychiatry*, 7(11), 990–992.
- Shekhani, S. S., Perveen, S., Akbar, K., Bachani, S., & Khan, M. M. (2018). Suicide and deliberate self-harm in Pakistan: A scoping review. *BMC Psychiatry*, 18(1), 44. <https://doi.org/10.1186/s12888-018-1628-0>



Ullah, H. (2010). *Honour killing in Pakistan: Under the Eighth Amendment of the Constitution*.

World Health Organization. (2014). *Preventing suicide: A global imperative*. Geneva: WHO Press.