

Understanding the Social Stigma Surrounding Mental Health and Suicides in District Ghizer, Gilgit-Baltistan, Pakistan.

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Abstract:

The mechanism of society to adopt discredit, disgrace, condemn, and disown any individual for an undesirable status is termed as a stigma. Stigma significantly impacts individuals through various stages like social isolation, self-hatred, guilt, shame hopelessness, and burden on others, leading to suicidal thoughts and self-harm. In Ghizer, the prevailing stigma of suicide, mental illness, love affair, and failure contributes to the soaring suicide problem and is a barrier to suicide prevention. The present study is aimed to analyze the process of stigmatization, the nature of various social stigmas, their contribution toward suicide, and their hindrance in suicide prevention. A qualitative research approach was used with particular reference to case-based sample selection in convenient sampling; for selecting respondents (family members and community members), suicide cases were collected from police and hospital reports. An in-depth interview tool was administered for data collection. Data were analyzed through thematic analysis through themes extracted through literature, then described in narrative form. The study concluded that self-stigma combines loss in academic life, stigmatization of love affairs, and mental illness, which forces individuals into self-vulnerability and then suicide ideation. A culturally appropriate study is suggested to channel the social institution(s) for saving the lives of community members and strengthening their mental health.

Keywords: stigma and suicide, mental health stigma, love affair stigma, failure in education.

Introduction

World Health Organization characterizes suicide as "the demonstration of purposefully executing oneself." It is one of the leading causes of death; almost 800,000 people commit suicide annually, and much more are involved in self-harm. Suicide, although it is an individual act, was widely considered a result of psychological issues. However, now it is a fact that individuals' extreme step because of the compromised psyche has roots in the social system, which means such psychological issues result from some social phenomenon. Social cohesion and integration provide protective cover against suicide; however, social disorganization, lack of integration, and cohesion lead to rising suicide rate (Durkheim, 1952). Suicide is a complex phenomenon because of biological contribution, personal history, family history, detailed events, religion, socio-cultural environment, and historical and socio-economic context (Souza et al., 2006). Like many other factors, social stigmatization is critical to the soaring suicide problem and a barrier to suicide prevention. Stigma is a mechanism based on the social construction of identity (Goffman, 1963). Such identity labels an individual so society discredits, condemns, and disowns that individual to an undesirable social status.

Moreover, stigma is conceptualized as a social process that happens to be in the broader socio-cultural sphere, which brings structural and institutional discrimination (Link et al., 1989) (Yang & Kleinman, 2008). The researchers identified three approaches that explain the contributions of stigma toward suicide. First is the stress-coping mechanism, in which stigma is considered a social stressor that generates adverse emotional reactions, social isolation, and hopelessness in individuals with mental illness. If the stigmatization and social rejection exceed an individual's coping capacity, it becomes suicidal (Schomerus et al., 2012). Second, for a person already experiencing mental illness, stigmatization causes alienation in parts by minimizing interaction and a sense of belonging with other society members. Thus, causing social isolation, which is believed to be a significant contributor to triggering suicide risk, discourages the desire to discuss one's problems with others (Schomerus et al., 2012). Third, social or public stigma is associated with an individual's self-stigma (Evans-Lacko et al., 2012). Studies indicated that public and self-stigma contributed to less willingness to seek help or treatment for mental illness (Schomerus et al., 2012).

In sociology, it is a matter of great interest, and a debate is going on the cultural meanings of suicide. Current theories of Suicide focus on how cultural meanings influence suicidality (Leong & M. Leach, 2008) (Iemmi et al., 2016). From a cultural perspective, the prevailing social norms and spiritual beliefs related to suicidal ideation, suicidal thoughts, and attempts to determine when and how a person may contemplate Suicide (Johnson, 2015). Suicide rates may vary due to under-reporting; in many countries, suicide is a social stigma and thus tend to be concealed. A comparative study has shown that suicide rates may reveal variations in cultural beliefs related to mental problems, suicide, failure in love or career shape the public or self-stigma (Iemmi et al., 2016). Moreover, suicide rates are different regionally within national boundaries and ethnic groups based on the diverse stressors, level of stigmatization, and how the community sees suicide as a cause of death (Schomerus et al., 2012). Different stressors may include the rupture in family structure, difficulty in adopting modernity, difficulty in remaining to comply with traditions, failure in competition, and poor socio-economic status, which can become a potentially suicidal combination (Pitman et al., 2017), (Park & Lee, 2016), (Pirkis et al., 2017).

In Ghizer, Gilgit-Baltistan, the suicide rate is alarmingly high compared to other areas of the country (Khan et al., 2009). Ghizer society has unique characteristics; the community is experiencing various difficulties or stressors. The community lacks sufficient emotional, social, and financial resources because of the changing family structure, rapid social transformation, and remote geography. These factors lead to declining social cohesion and integration, which may increase the risk of suicidal behavior. The community is Muslim, and religiously committing suicide is a sin.

Moreover, mental health awareness is minimal; being in a love affair or love marriage is socially unacceptable, and failure in education or desired career is a social shame. Under such an impression, stated elements are the source of stigmatization, which not only contributes to the rising risk of suicidal ideation and suicide but also becomes a barrier to suicide prevention. The present study analyzed the stigmatization process, the nature of various social stigmas, their contribution toward suicide, and their hindrance in suicide prevention.

Methods

The study is carried out in the Ghizer district of Gilgit-Baltistan. A qualitative design of the study was used. A nonprobability sample technique was used by considering the characteristics of the community, e.g., small-scale communities living in scattered valleys. Also, case-based samples were selected, police and hospital reports were analyzed, and the area was selected based on higher suicide cases.

Ethical considerations were primarily focused on due to the sensitivity of the topic. Every respondent was interviewed after providing preliminary details about the research objectives. Thus, informed consent was taken for in-depth interviews, interview notes, and voice recordings. Interviews were conducted face-to-face in secured settings, e.g., at respondents' homes and previously specified offices or rooms. The anonymity and confidentiality of respondents were preserved.

Data is collected through in-depth interviews, and an interview guide is used. In-depth interviews were taken in Shina and Urdu language(s) and transcribed into English. Teachers have been selected from teaching institutes; four teachers have been interviewed in-depth after formal consent. Students of different age brackets, e.g., intermediate and Bachelor levels, were the focus while selecting the sample from youth; five students were interviewed (one found with suicidal ideation)—four health professionals who have dealt with suicide cases and two who worked as psychiatrists were interviewed. The most crucial segment of the sample was the suicide victims' family and friends, eight respondents were purposively sampled, and each one was interviewed logically while considering the emotional considerations.

Similarly, two religious scholars and two notable community members were interviewed. The overall sample represented every segment of society. Collectively, twenty-five respondents were interviewed.

Data is assessed under five emerging themes according to the dominant forms of stigma, e.g., the stigma of suicide, the stigma of mental illness, the stigma of the love affair, and failure in exam/career. Interviews were transcribed, analyzed through thematic analysis, and described according to the abovementioned themes. These central themes included insights from the data. They examined how stigmatization occurs, the impacts of stigma on individuals, stereotypes in the community, and phrases demonstrating stigma and stigma as a barrier in suicide prevention were discussed.

Discussions

Generally, it appeared that most respondents believe that suicide is against societal norms and values and said it is an unforgivable sin. The most repeated reasons noted by respondents behind suicide are mental illness, failure in love, and loss of education. There is much ambiguity in responses regarding stigmatization; some say it is a way of punishing parents. The individual deserves that attitude from society, and some say it is a negative notion that should not be attached to any individual as it brings more negativity to that individual. However, almost every respondent said that stigmatization leads to suicidal behaviors, and it is a significant barrier to suicide prevention. The themes were developed after analyzing the literature, and then interview schedules were made for in-depth interviews. Field data were analyzed, and results were also discussed.

Concept of Stigma

Anthropologists conceptualize stigma as a shared moral judgment, deliberating stigmatized individuals' morally ambivalent reputation (Reynders et al., 2014). A study conferred that stigma has a local definition and social roots for every community, so the impact on the individual depends on the beliefs that determine what "normal" and "stigma" is for that community (Kleinman & Hall-Clifford, 2009). In Ghizer, respondents conceptualize the stigma as an individual's act, behavior, habit, or situation, which makes that individual notorious, i.e., "*badnam*" (dishonored) in the community. Thus, community's response or behavior towards such an ill-reputed individual is full of hatred, disrespect, and unacceptability. A respondent said,

"Being dishonored in this community is like living in hell, where u have fewer options to survive and more thoughts to die." It is found that there is a great value attached to honor and self-respect; thus, to lose one's integrity is like a tragedy that further worsens the community. In most of the interviews, respondents reiterated that the ill-talks of people, bad looks received in a public gathering, taunting by peers, and mocking by family or relatives are all such public behaviors that cannot be easily tackled through general countering strategies like public sessions and religious seminars. Therefore, it is suggested by respondents that any attempt or intervention for countering stigma should have embedded in the social system that it targets. A research study also said that it is imperative to understand the distinct social and cultural mechanisms responsible for creating stigma (public or self) in the lives of stigmatized individuals, which should be taken as the primary focus of efforts and interventions to combat stigma (Kleinman & Hall-Clifford, 2009).

Stigmatization

Goffman defined stigmatization as being disgraced by society and condemned to an unwanted social status. Stigma can have an emotional, cognitive, or behavioral effect. For instance, in self-stigma, individuals with mental illness internalize stigmatizing others' attitudes and beliefs (Evans-Lacko et al., 2012). Such individuals think of themselves as burdens and thus want to shun themselves and make themselves socially isolated. They believe this alienation is due to the undesirable social status with which they have been labeled. Therefore, such people do not seek mental health treatment (Reidy, 1993). Consequently, their problem goes on worsening, and they ultimately become suicidal. A respondent highlighted that,

"Such dishonored (stigmatized) individuals face the bitter and cold response from relatives and community, which makes them alienated and unable to fulfill the daily affairs of their life. He starts finding hideouts and situations to minimize facing the public; this makes him vulnerable to self-guilt or shame and depression, leading to suicidal thoughts."

Another respondent opined that Ghizer is a closed community; although physical barriers like mountains and rivers separate people; however, familial ties are shared even from distant places. These ties make almost every individual known to others; thus, an individual's actions and behavior are not in line with perceived social values, creating an antagonistic attitude, and people start gossiping about that individual. This stigmatization process makes that individual alienated and socially isolated, leading to a narrowing social space for his routine life, ultimately pushing him towards suicidal thoughts.

Suicide as social stigma

In anthropological research, distinct cultures relate specific meanings of suicide (Leong & M. Leach, 2008). In one culture, it may be believed that suicide is an unpardonable sin. In contrast, in other cultures, it may be viewed suicide is a socially acceptable resolution of pain, agony, grief, or the inevitable end of life (Lester et al., 2013). Studies have shown that suicide rates are not the same across societies; rural suicide rate is higher than in urban areas in various countries. Similarly, cultural variations, causes, the manifestation of stigma, and the perception of suicide vary in different social settings (Woo et al., 2012), (Maes, 1993), (Chew & McCleary, 1995), (Meares et al., 1981). Like any society, religious and cultural beliefs prevailing in Ghizer consider suicide an unforgivable sin and an unaccepted way of ending life. Respondents said it is believed that the soul of the suicide victim remains suspended; neither it die nor it lives and thus remains restless. Thus, the notion of “rest in peace” for every departed soul after death seems unattainable for a suicide victim. Therefore, attempting suicide is a stigma that is a discredited act. This stigma often hinders the suicide attempt from becoming socially normal; thus, once having a suicide history is considered a major risk factor for suicide.

Similarly, a family history of suicide is also a significant risk, as family members are very prone to suicide stigmatization. Members of suicide victims become vulnerable to the community’s questioning about their child’s socialization and home environment. It is said that relatives and neighbors fully participate in the death rituals of the deceased victim; however, after that, people hesitate to visit and make communal ties with the family of the suicide victim. A young girl having intense suicidal ideation reiterated that,

“Many times, I wanted to die, and I planned to commit suicide, but I just could not do it because of one thing: after my suicide, people would dishonor my parents, especially my father. It would be a great shame for my father that his daughter commits suicide, and my father will not withstand the bitter and disrespectful response of the community.” Thus fear of public stigma, in one way, prevents some individuals from committing suicide; however, most people with suicidal histories are vulnerable to the negative impact of stigma, which leads them to suicide.

Mental health; as social stigma

Individuals with mental illness often face stigmatization through stereotypes, discrimination, and prejudice. Using mental health services is a primary source of being labeled as mentally ill and stigmatized (Rüsch et al., 2005). Mental illness stigma brings various negative results in an individual’s life, including an unwillingness to help-seeking, social isolation, low self-esteem, hopelessness, and shame or burden leading to impaired life quality (Link et al., 1989). Mental illness, inadequate social resources, and high stigmatization contribute to suicidal ideation (Pirkis et al., 2017), (Keller et al., 2017). It is found that the perception of being mentally ill is considerably different for labeled compared to unlabeled. The fear of social rejection is likely to develop in labeled individuals. They tend to adopt coping strategies, one of which is to conceal their mental illness to avoid stigma, thus unwilling to seek mental health treatment. Even families covered the situation by relating it to the influence of “jinns” (supernatural) and fairies. It is revealed that instead of consulting a psychiatrist, people approach religious and spiritual healers (shamans).

The analysis of various qualitative and quantitative studies has shown that stigma negatively impacts help-seeking behavior (Schomerus et al., 2012). Respondents said that “being mentally ill” is a term no one wants to be known for. People with anxiety, depression, or any other mental illness do not go to the hospital; they tend to get the medicine on

their own to stabilize their mental health. Drug stores provide them with these medicines without a prescription, which is another public health concern.

A girl said,

"There is no professional psychiatrist available here, and we cannot share our mental problems with doctors or even with a psychiatrist as this healthcare personnel are locals and, most of the time, are our neighbors. Thus seeking help from them puts us in trouble by exposing our situations to our parents and relatives, which would make us questionable, and that is not the better solution. Then this circulates in the whole community, and ultimately we can be infamous as mentally ill."

Love affairs as a social stigma

Every society has unique norms and values defining love, intimate relationships, and the marital system. In many traditional organizations being in a relationship before marriage or teenage love affairs are highly discouraged and unacceptable. Previously, in traditional associations, transgression from norms brought severe punishments, including banishment from the community (Bleek, 1981). Presently, such penalties take new forms, and stigmatization is one of them; the level and severity of stigma depend on the socio-cultural context. Adolescents, especially girls, who engage in premarital affairs, risk being stigmatized, negatively affecting life, and leading to suicidal ideation (Yardley, 2008). Such stigma can be called a blemish of an adolescent's character or tribal stigma, as societal norms and values determine it (Sawyer et al., 2012). Similar to these studies, the Ghizer community also has a particular set of norms that do not allow such a relationship with the opposite gender. Families have zero tolerance towards such teenage relationships, especially for girls. A teenage girl said that.

"I planned to commit suicide to avert the stigma after disclosure of such a relationship. The boy was blackmailing me into continuing the relationship; otherwise, he would disclose my telephonic chit-chat with him. I was so afraid of my family and community's response after this disclosure that I decided to die. Fortunately, I shared my problem with a social worker who handles the issue of blackmailing, and I gave up the idea of committing suicide."

Furthermore, she emphasized that *"everyone makes mistakes, but the family should support their girls in such matters of blackmailing and fake relationships so that girls can avoid stigmatization."*

In societies guided by norms and values, adolescents are expected to avoid such relationships, and parents decide their marriages. Respondents said that Ghizer society also follows the traditional marriage fixing practice, which such decisions are taken by parents, not by the marrying individuals. It was revealed that there were cases of suicide where premarital pregnancy was the cause of suicide. For such cases, public stigma is so intense that suicide is preferred as the better option over public stigma. It is also found that being in a relationship with any boy, or refusal from a marriage of parent's choice or choosing their partner is considered deviant. The stereotypical phrase "bad-chalan" (characterless) is used for such girls. Being mocked and stigmatized by such stereotypes, girls cannot tolerate and often commit suicide.

Failure as a stigma

Everyone thrives on success; however, life also challenges achieving the desired goals. Social setups, like community perceptions, family expectations, and peer competition, set the goals in education and career that determine an

individual's success. Thus, failure to achieve such goals brings a self-stigma for individuals, which develops a fear of facing the community, feeling a burden for the family, and shame of failure among peers.

It is found that success in the educational field is an essential feature for advancing to higher school, university, and career in life. At the same time, it offers significant aid to the individual associated with future career plans. Failure in education may have internal school problems or external factors. Whatever the reasons, the consequence of educational failure remains to continue in school, when school is left, after graduation, and through the various career stages. The study also supports these findings that failure in education is a reason for stigmatization and a risk factor for suicidal behavior (Yaylaci, 2015). Suicidal behavior is affected by school performance and the stress triggered by examinations (Sharp, 2013). Respondents highlighted that when the result of matric and F.Sc is released, it triggers many suicide cases. Students who fail to achieve their desired outcomes are often mocked by parents, taunted by peers, and criticized by teachers. Moreover, failing their ambition of becoming a doctor or engineer makes them self-stigmatized, and some students cannot overcome such a situation of mocking, criticism, and stigma and commit suicide. Similarly, a significant correlation was established in a study between examination pressure, embarrassment, and shame because of failing.

It is found that besides education, the stigma of failure also affects those who fail to get desired or high-positioned jobs. Forgetting to achieve career goals makes an individual depressed and anxious; combined with the community's constant questioning about career plans, criticizing for being unproductive, and mocking of failure, this becomes a deadly pattern for suicide.

Stigma and suicide prevention

Stigma, either social or self, with its diverse types, is a contributing factor behind suicide and proved to be a barrier in suicide prevention. Individuals with mental health problems avoid help-seeking to avert fear of stigmatization. Stigma in the target community's context, to design effective suicide prevention strategies, must be analyzed. Respondents said that some foreign and non-regional organizations came and gave one or two-day sessions on suicide prevention outside of community settings. Making people sit is insufficient to listen to hours of foreign content during such sessions. It might seem helpful for some time, but effective and practical interventions are needed in the long term. Similarly, in a study, it is contended that suicide prevention methodologies are predominantly Eurocentric in their design, ignoring native, communal behaviors of knowing (Walters & Campbell, 2002).

Researchers highly suggested that incorporating native ideas and views in suicide prevention programs is imperative to get valuable results (Link et al., 1989), (Walters & Campbell, 2002), (Mugisha et al., 2011). It is found that suicide prevention also needs stigma-reduction programs, having a comprehensive approach that meets each unique community's requirements. Moreover, it is emphasized by respondents that cultural strengths like family values, religious beliefs, spirituality, traditional healing practices, and communal identity attitudes are needed to be incorporated in devising suicide prevention programs.

Conclusion

The data description showed a clear picture regarding the elements that boost suicidal ideation. Mental illness, love affairs, and failure in educational development was the significant stigmas prevailing in the Ghizer community. The study's results supported the prior research studies indicating that stigma has contributed to suicide. It was

documented that mental health-related stigmas prevail more due to limited available psychiatrists (only one at the district headquarters hospital Gakuch) and mental health practitioners. Another critical factor highlighted during the research is that being professional and keeping patients' confidentiality is the ethical duty of healthcare professionals, they should maintain secrecy, and a breach of privacy could bring stigmatization, which worsens the patient's mental health instead of treatment. If the government wanted to recruit other staff in this regard, it was documented that the trust of the patients is a must; if the psychiatrist came from the same community or the area, they might be the reason for the spread of the news (respondent has health issues) which add the fuel in the fire.

Five themes were identified after data collection, all attached to suicidal ideation and the self-stigma developed from surrounding. Mental illness is the basis of self-stigma, the failure of academic development and disappointment in love affairs or loss of affection from one party under the influence of the normative structure of the community is the fundamental reason for mental illness, e.g., anxiety, self-declination, and idealism that leads to towards suicidal ideation. Durkheim's conceptualization of suicide ideation and suicidal thoughts works here in another way round scenario: the community is intact, and they have strong bonds and ties. Their bondage and fear of dishonoring family through ill-social-behaviour motivated individuals towards suicidal thoughts and stigmatization associated with external factors adding fuel to the fire. Mental health is just a health issue, but the meanings associated with this sickness control the health-seeking behaviors of the community members. The study also found that if social stigma, e.g., related to love affairs and other social evils, may spread under the impression of Muslim-conduct-of-life, it worked as a barrier to suicide ideation, e.g., suicide is a religious sin. Such tactics may be utilized to lessen the inclination of youth towards this ideation.

The last study concluded that cultural approaches should be incorporated into suicide prevention strategies, and help from social institutions, e.g., family, religion, and education, must work together to cope with this issue. The socialization process is a joint venture of social institutions, and with anthropologists' help, social institutions should act immediately to overcome suicidal thoughts among community members.

Limitation of Study

The limitation of the study was the seeking of consent for interviews because of the nature of the topic; suicide, mental illness, love affairs, and failure are topics that are not openly discussed in the community. Another limitation was the difference in language. Although the translation is as close as possible to the original narration; however, the risk of data loss existed during transcription from Shina and Urdu to English.

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