Between Suicide and Shared Psychotic Disorder: A Socio- Cultural Analysis of the Burari Mass Suicide

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Abstract

Purpose: The Burari deaths of 2018, presents a unique case of ritualistic mass hanging, in which eleven members of an Indian family perished inside their Delhi home. While the case is legally recorded as mass suicide, it is difficult to categorize this fatal event based on the psychiatric analyses, which indicated that the family members enacted mass suicide under the influence of shared psychotic disorder (SPD) or folie à famille, with the dominant member's delusions shaping the collective behavior. This paper argues that an integrated approach is necessary to understand the interplay between psychiatric vulnerability and cultural frameworks in analyzing cases like Burari mass suicide.

Methods: This paper situates the Burari case at the intersection of psychiatry and cultural psychology. The analysis employs a qualitative, case study approach and the study is conducted through a close reading of the case details as reported in the official media sources. It draws upon Sudhir Kakkar's Inner World, to explore the symbolism of the banyan tree ritual within the Indian cultural imagination and the hierarchical, collectivistic family structures that facilitates the delusions and obedience. Further, a comparative review of select SPD cases from India indicates the psychiatric vulnerability within the collectivist households and situates Burari deaths within the broader psychiatric literature.

Results: The analysis reveals that the case cannot be fully explained by psychiatric diagnosis alone. The findings demonstrate that the delusions and the collective enactment of the act of suicide were deeply shaped by socio-cultural factors. The comparative review of SPD cases suggest that collectivist households can create vulnerability, where individual delusions become shared as a family reality. Conclusion: The paper argues that integrating psychiatric literature with socio-cultural frameworks is crucial in analyzing mass suicide in collectivist communities where the boundaries between ritual, beliefs and psychopathology remain permeable.

Keywords: *Burari Deaths, Shared Psychotic Disorder, Mass suicide, Cultural Psychology*

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Introduction

In Northern India, spirit possession and mediumship operate on an often-contested axis between authenticity and madness. As Sharabi (2021) notes, when spirit possession aligns with prevailing cultural scripts, it is accepted, but when it challenges the orthodoxy or disrupts the hierarchies, it maybe pathologized as mental illness. This politics of madness s is the primary driver in the Burari collective deaths (2018) that happened in Delhi, India. The case presents a disturbing case of familial mass suicide in which Lalit, a young patriarch assumed the role of the spiritual guide, possessed with the deceased grandfather's soul leading the family into a state of shared delusional disorders. This case offers a unique perspective into the rituals, shared psychosis, family structures and charismatic authority. The fatal event happened on July 1st, 2018, when ten family members of the Chundawat family was found hanging at their residence in Burari, Delhi. A mass hanging method was used with eyes taped, hands tied, and mouths gagged which offers critical insights into the ritualistic nature of the deaths. The investigation team did not identify any signs of struggles involved, which suggested a voluntary compliance. But the eldest member of the family, grandmother

was found dead in another room, the investigation officers revealed that she was strangled to death. The investigation reports revealed that the incident was orchestrated by the young patriarch of the family, Lalit Chundawat, who had delusional beliefs, and believed that his dead father Gopal Singh was communicating with him. His apocalyptic visions, which are actively documented in the eleven diaries discovered from the crime scene- devised mass suicide as a channel for the family's "rebirth", blending Hindu ritual symbolism Pti (2018). It was later revealed by the Forensic Psychiatrists that the Lalit was suffering from Delusional disorder. In Lalit's case, he was successfully running a family business, appeared composed to his relatives and neighbours. Further, he convinced his family members that his deceased father was communicating with him and guiding the family for a collective ritual. In Delusional disorder family members often recognise the problem before the individual but in the case of the Chundawat family, they adopted to Lalit's delusions, resulting in a shared psychotic disorder within the family. Tragically, the Chundawat family showcases the dynamics of Shared Psychotic Disorder (Folie a Famille). Lalit assumed the role of the patriarch after the death of his father Gopal Singh. Lalit, the young patriarch and primary figure imposed his delusional beliefs on his family, the secondary individuals. Lalit held the position as the young patriarch and a spiritual guide. His delusions about communicating with his deceased father persisted inside the family, gradually the family members internalising his delusional beliefs. The diary entries recovered from the family home revealed the fatal rituals they followed and how the family members assimilated Lalit's Psychosis (American Psychiatric Association, 2022). This case showcases how a hierarchical family structure can reinforce shared psychosis when the authority is within the primary source.

While the existing literature largely examines Shared Psychosis within cults, there is indeed a gap in the analysis of shared psychosis within a family system, especially in non-western traditions. These studies with their western orientation tend to interpret mass suicides and collective deaths based on suicidal ambivalence, intention and social contagion. However, Burari deaths 2018, challenges these categories. Despite its significance the case has limited academic analysis and is largely focused in journalistic and clinical notes. More critically, there is a lack of scholarship addressing the socio-cultural aspects of collective suicides in the Indian context. While SPD is documented in psychiatric literature, there is a lack of accounts that integrate cultural psychology, family systems or ritual frameworks that shape behaviour in collectivist communities.

Catherine Wessinger (2000, p.54) reflects how prior studies were concentrated on mass suicides involving large groups like such the cases that fall under New Religious Movements such as the Branch Davidians (1993), Heaven's Gate (1997) or The People's Temple (1978). Moreover, these studies have framed these deaths under charismatic cult leadership, group isolation and apocalyptic belief systems.

The Burari mass suicides can be interpreted in a similar framework, every action of the members of the family were embedded in Lalit's visions on rituals and spiritual rebirth. Just as Wessinger suggests how the Branch Davidians and Heaven's Gate members surrendered their lives in the pursuit of transcendence, the Burari family adhered to collective suicide as a means of salvation and to reunite with their deceased kin.

Scholarly accounts often fail to review collective suicides in the light of social, cultural and relational mechanisms that results in collective suicides. This gap is crucial when we analyse cases like Burari mass suicide. Further, the movements

studied by Wessinger (2000) were highly visible incidents. The Burari family did not belong to any cult, but their suicide emerged from a highly integrated, domestic based kinship setting infused with rituals and shared delusional beliefs that with time acquired moral authority. While the case is looked through the framework of shared psychotic disorder, it is also important to highlight how family bonds, everyday religiosity, cultural and ritual scripts can transform into fatal self-destructive acts.

Existing studies like Joshi et al. (2006) examine cases of shared psychosis in family triads, such as their case study of three sisters, the literature overlooks cultural dynamics in the delusional transmission. The Burari deaths of eleven family members which appears to be an extended version of the documented case of shared psychosis of the three sisters, showcases compulsory bond which resulted in uncritical adaptation of the belief systems from the primary source. Small group models like (Folie a Trios) cannot explain how patriarchal figures like Lalit, induce psychosis across generations and ultimately made them commit mass suicide. Therefore, without addressing this gaps prevention and intervention strategies will remain limited to forensic analysis rather than identification of such risks in familial levels. Majority of the research on collective psychosis and related suicide focus on cults (Heaven's gate, Jonestown etc.) rarely families are studied as a unit of Shared Psychosis or Mass suicide. Burari deaths raises a critical question on how an ordinary family, without any form of external coercion collectively embrace a ritual suicide, this challenges all the existing notions on mass suicides.

Despite the increasing interest in the psychiatric interpretation in the Burari deaths, the existing studies is largely focused on the forensic investigations, journalistic narratives and clinical diagnosis. Further, Shared Psychotic Disorder has been actively recorded in the psychiatric literature, only limited attention has been given to social and cultural dimensions through which shared delusions gets collectively enacted with family systems. Additionally, existing literature in collective suicide is confined to new religious movements and cults and a very limited studies has explored how cultural aspects, rituals, symbols, patriarchal authority and family structures interact with psychopathology in domestic enclosures. This research gap limits the thorough reading of the Burari deaths and highlight the need for an analytical framework incorporating both psychiatry and socio-cultural aspects. To address this research gap, the study employs an interdisciplinary approach to analyze the Burari collective deaths through the framework of shared psychosis while incorporating the insights from social, psychological and cultural theory. Particularly, it focuses on how family structures rooted in hierarchy, charismatic authority, rituals and cultural beliefs interacted with psychopathology to foster collective familial deaths.

This study adopts a qualitative and interpretive case study design to analyse the Burari collective deaths (2018) through an interdisciplinary framework incorporating psychiatry, cultural psychology, and socio-cultural theory. Qualitative case study approach is implemented because the Burari collective deaths presents a complex psychological event that cannot be adequately examined through quantitative methods alone. Further, this study aims to generate a thorough understanding of how shared psychotic disorder (Folie à Famille) interacted with the cultural belief systems, family hierarchy, and rituals to produce collective suicidal behaviour. Primary data sources are limited due to the complexity of the case, the study is formulated entirely based on secondary sources. These include peer-reviewed psychiatric literature on shared psychotic disorder, cultural psychology, collective suicide and family systems and published case study reports on Folie à Famille from India. Further, forensic and investigative information sourced from

media reports documenting the incident and the Netflix documentary *House of Secrets: The Burari Deaths (2021)*. Additionally, descriptions of the diaries recovered from the residence are analyzed only through published secondary accounts rather than direct access to the original documents. These various sources were used to synthesize information regarding the event, psychiatric interpretations and socio-cultural contexts. Since the objective of this paper is focused on theoretical interpretation rather than forensic reconstruction, priority was given to peer-reviewed academic literature and media sources were used primarily to used to situate the case.

The analysis focuses on qualitative interpretive approach followed by a thematic analysis. Themes across the secondary sources like charismatic authority, shared delusional beliefs, rituals, family hierarchy and obedience were identified and analyzed using established theoretical frameworks. The theoretical interpretation draws primarily on Shared psychotic Disorder and Sudhir Kakar's cultural psychology of the Indian family structure, Max Weber's concept of charismatic authority, Catherine Wessinger's work on collective suicide and Mancinelli et al. Psychodynamic framework of endogenous mass suicide. The study incorporates between psychopathology and socio-cultural processes. The findings presented in this article should be understood as interpretive analyses grounded in existing theoretical literature rather than as clinical diagnoses or definitive forensic conclusions.

Charismatic Leadership and Cultural Psychology in the Indian Family System

Although Lalit Chundawat was not the leader of a large apocalyptic movement, his claimed communication with his deceased father and his influence over three generations of the Burari household closely mirrors what Max Weber envisions as charismatic authority operating within an domestic enclosure. Rather than drawing legitimacy from legal-rational or traditional norms of authority, Lalit's influence appears to have focused on the family's belief in his extraordinary spiritual abilities to act as a medium with a dead patriarch, enabling him to exercise immense control over the psychological and moral aspects within the domestic enclosure.

Lalit Chundawat showcases a domestic charismatic authority, exercising complete control over the family members. The influence exerted by Lalit through supernatural and spiritual channelling of the deceased father's orders closely aligns with Max Weber's concept of charismatic authority, a concept which defines the authority that stems from the beliefs in exceptional and supernatural qualities of a leader rather than the control exerted by traditions or law- but it was also reinforced by traditional patriarchal norms, as the family members were obeying a deceased patriarchal figure through the young patriarch acting as a medium.

The present analysis suggest that the interplay between patriarchal family structures and charismatic authority created conditions that fostered collective conformity with the rituals and instructions provided by Lalit.

The dynamics of patriarchy and charisma is observed in both apocalyptic and domestic mass suicides. From Jonestown (1978) to Branch Davidians (1993) and Heaven's Gate (1997), modern history has witnessed these dual dynamics of patriarchy and charisma that has led to fatal events of murders and suicides.

Moreover, the tragic collective death of eleven family members, serves as an extreme example on how traditional Indian family psychology can contribute to fatal collective behaviour. Sudhir Kakar's (1981) framework on the psychological functioning of the joint families in India *The inner world* helps in the analysis of underlying family dynamics that contributed to this ritualistic murder-suicide. Kakar emphasizes the authoritarian

kinship patterns in the joint families. He examines the role of the authoritarian kinship exerted by the father figure and the emotional and psychological dependence inside a joint family.

Drawing on Kakar's framework, the present study examines the Burari case as demonstrating how, under extraordinary circumstances involving shared psychotic disorder and hierarchical authority, collective family identity may override individual judgement. (Kakar, 1981, p.112). Chapter two of Kakar's *The Inner World* deals with the Hindu cultural code of *Moksha* (Liberation). A metaphysical framework of transcendence of ego, dissolving boundaries and a reunion with the universal self. In the case of 2018 Mass suicide-murder of the Burari family, this cultural framework not only provides a background understanding, but also highlight the symbolic logic on which the family was operating and the collective delusion and ritualised deaths. Kakar explains in his text that, in the Hindu Psyche, the ultimate reality is not grasped through rational ego-based perception (*Maya* or illusion), but through a holistic, reversion to a more archaic and intuitions a process achieved through yoga, ascetic rituals or *samadhi* (a state of meditative consciousness). "The maintenance of ego boundaries-between 'inside' and 'outside', and between 'I' and 'others'-and the sensory experiences and social relations based on these separations, is the stuff of reality in Western thought and yet maya to the Hindus". (chapter 2, page 20)

In the Burari case, the banyan tree ritual suicide, still debated in forensic and psychiatric terms, in the light of Hindu psyche can be interpreted as a psychic attempt to transcend ego-bound existence. Particularly under the guidance of Lalit Bhaia, who assumed the role of the spiritual leader. Lalit's assumed voice of the dead patriarch (Grandfather) operated like the internalised superego, described by Kakar as a source of guidance and discipline merged with spiritual authority. The banyan tree hanging ritual, constituted of blindfolding, tying themselves and hanging in unison maybe interpreted as symbolising an erosion of individual ego boundaries consistent with Kakar's discussion of transcendence.

resonating with *moksha* ideals, as Kakar describes it, "a direct experience of the fundamental unity of a human being with the infinite (16). Additionally, the family's belief that they were enacting a sacred script under the guidance of spiritual authority resonating the patriarchal voice promising rebirth and liberation also mirrors Kakar's notion that Hindu mythic frameworks are internalised in the ego and becomes templates for psychic organisations and behaviour. Kakar (1981) observes that "myths not only convey communal versions of the repressed wishes and fantasies of early childhood… they also reflect the nature of an individual's interpersonal bonds within his culture" (p. 4). Accordingly, the present study suggest that behaviors clinically analyzed as results of shared psychotic disorder may also be understood as the pathological interpretation of culturally rooted symbolic frameworks. From this standpoint, psychiatric vulnerability and culturally rooted meaning systems should be viewed as interacting rather than analytically distinct explanations.

The Burari case also illustrates the paradox of the Indian family system as discussed by Chadda and Deb (2013): family can act as a protective framework and a source of pathology. In Burari mass suicide, we find the elements of strong collective orientation, loyalty and unchecked obedience to authority. These factors contributed to the spread of shared psychosis among the family, which ultimately led to mass hanging. Likewise, the case underscores the broader socio-cultural pressures highlighted in the Indian psychiatric literature. In this case there is a persistence of hierarchical traditional family structure, aided by a lack of family focused psychotherapy in India that left the

Burari family highly vulnerable (Chadda and Deb, 2013). As a whole, these observations support the argument that the Burari deaths cannot be effectively understood through psychiatric lens alone. Instead, they point towards an interaction between family structure, cultural rooted systems of meaning and rituals and psychopathology that together fostered the development of shared delusional system.

The Burari Case within Mancinelli's Framework of Endogenous Mass Suicide

According to Mancinelli et al (2002), Mass suicides can be defined as "the simultaneous suicide of all the members of a social group" and is further classified into hetero-induced and self-induced. Hetero-induced mass suicide results from the exogenous oppression like impending conquests, colonisation or enslavement. While endogenous factors are the major reasons for self-induced mass suicides, which includes psychotic delusions, isolation in sects and even the involvement of a charismatic leadership (Mancinelli et al., 2002, pp. 95–98).

There is no evidence of exogenous threat in the case of Burari deaths. The family lived a normal middle-class lifestyle with no external conflicts. Thus, exogenous factors are absent, ruling out the hetero-induced category of mass suicide. Moreover, Burari deaths highlight key features of endogenous mass suicides as defined by Mancinelli et al (2002). Lalit Bhatia, the young patriarch of the family exhibited delusional beliefs and dissociative symptoms, claiming to hear and channel his deceased father's voice. With the passing of time, these delusions rooted inside the family and eleven family members, consisting of three generations started to follow delusional beliefs and structured rituals which ultimately culminated in the banyan tree hanging ritual, marking their deaths. Mancinelli et al. (2002, p. 98) states that the risk of mass suicide could be predicted and evaluated, because it can only be achieved by a fusional or symbiotic organization under the guidance of a placental leader, drawing on the importance of charismatic leadership in such events. Lalit Bhatia's role as a "placental leader", in Burari deaths can be understood through the lens of his gradual transformation of his psychological delusions into a shared family belief system. Additionally, Lalit's psychotic symptoms remained unnoticed by the family members, which further aided in overtime, for the family members to follow his instructions, and which ultimately became the foundation of the structured belief system that governed the family's daily life and spiritual practices. Lalit's role as the young patriarch, in the absence of the dead father and even assuming the role of the spiritual guide, was the filter between the family and the outside world. Central to his psychological control was his use of diaries, through which he documented rituals and duties to be undertaken by each of the family members, which they believed were divine instructions from their deceased patriarch Gopal Singh. These notes outlined behavioral codes, professional advice, and ultimately the death plan, that was followed by the family members.

Mancinelli et al. (2002, p. 98) observes that sects often serve the role of "a closed mass, a system that shuts itself in and renounces development, whose main worry is continuing to exist." Moreover, this parallels with the Burari family before their mass suicide. Over the few years, prior to the fatal event, the psychological and structural dynamics of the family was focused around the diary instructions mediated through Lalit. These beliefs grew rise to a rigid structure within the family that grew distant from the external world, fostering a wall between this structure and outside world that prevented psychological growth in the rest of the family members. Charismatic leader suffers from a chronic, delirious disorder: from a psycho-dynamic point of view, this represents an extreme defence mechanism against dissolution of the limits of the ego. The "I know with absolute certainty" of the paranoid patient

is the mask that just manages to hide the anguish of not seeing and not knowing something that others see and how (98). This psycho-dynamic description is particularly relevant in analyzing Lalit Bhatia. Following the death of his father, and a trauma from a near fatal incident, Lalit had developed dissociative psychotic disorder, which later made him believe that he was receiving spiritual instructions from his dead father. The diary entries retrieved from the cite affirms the certainty that was maintained in the messages. Likewise, what reinforced his beliefs is the compliance that he received from the family members, turning the delusions into a shared reality.

Burari in Context: Comparative Perspectives on Shared Psychotic Disorders in India

"Shared psychotic disorder (SPD), also known as folie à deux, is a rare psychiatric condition in which two or more individuals share the same delusion. Typically, one person – usually the dominant one – has a primary psychotic disorder, while the others adopt their delusions" (Galindo and Galindo, 2025, p.1). The phenomenon of Shared Psychotic Disorder offers a framework to analyse the case of Burari deaths. As described in the studies conducted by Galindo and Galindo (2025), SPD involves the transmission of delusional beliefs from a psychotic individual, the primary inducer to one or more psychologically dependent individuals in a closed sect or a socially isolated context. In their clinical case, involving a mother and a son, the primary inducer, the son suffered from schizoaffective disorder and substance abuse, and the mother reinforced his supernatural beliefs.

In Burari case, Lalit Bhatia assumed the role of the primary inducer with his dissociative symptoms and his alleged communication with the spirit of his deceased father. Similarly in the case presented by Galindo and Galindo (2025), there was intense emotional dependency, total submission to the rituals and belief systems and even social withdrawal.

A review of four cases of shared psychotic disorder in the Indian context offers the parallel and divergence between such events and Burari deaths. Srivastava and Borkar (2010) reports a case of folie à famille in a nuclear family, with the primary inducer being the father, with paranoid schizophrenia. He had persecutory delusions, which over time was adopted by his wife and three children. They were isolated from communities and withdrawn from schooling. Notably, in this case, isolation of the family from the primary inducer reduced the intensity of the psychosis. Pradhan, Sahu and Swain (2023), illustrates on a case involving folie à trois, a mother and her adolescent twin daughters. The mother, diagnosed with schizophrenia-imposed delusions of sexual persecution upon the twin daughters. Nevertheless, social stigma and lack of awareness regarding the condition, delayed their treatment for nearly two decades. In this case separation and pharmacotherapy eventually led to partial recovery. Madhukar and Kumar (1983) present a case of folie à deux in identical twins in a long and bitter family dispute. The younger twin, the primary inducer developed persecutory delusions, the elder twin gradually adopted to these delusions. In this case, contrast to recommended method of treating with isolation, both sisters were treated together in the same ward and had significant improvement. At the same time, this case points that genetic predisposition and shared living environment dictated the delusions, but not wholly with proper treatments.

Shailaja et al. (2021) offer a case series of shared psychotic disorder in three dyads (mother–daughters, married couple, mother–son). This case study offers varying degrees of delusions, somatic hallucinations to delusions of poverty. In each of these cases, delusions originated in one dominant person and spread with the rest. Further, these people had close

proximity with each other and shared stressors as facilitators.

Mapping these cases against Burari deaths, reveals striking similarities, Lalit Bhatia assuming the role of the dominant psychotic inducer in the family. Lalit passed with delusions with the rest of the family members through the diaries, he channelled his beliefs through diaries. The delusional content in all these events is uniform and coherent. In all these cases, the individuals involved are dependent personalities. Moreover, the available literature suggest a high level intra-familial compliance, similar to the Burari deaths, where the authority of Lalit was never challenged.

Drawing on Wexler's (1992) analysis of psycho-social factors in shared delusions, the Burari incident reflects key factors like presence of a dominant inducer, sociological ambivalence and extreme dependency between family members. Additionally, this case aligns with Wexler's observation that the inducer consolidates the family's inner fears into shared delusions, often during the times of psychological crisis. The family's complete adherence to ritualistic practices and their ignorance of the outside world also reflects sociological ambivalence. "The family with a high propensity for folie à famille is chock full of sociological ambivalence insofar as it fails to develop and socialize its members to play acceptable social roles" (Wexler, 1992, p.171). Several family members involved in the Burari deaths were highly educated. They all appeared highly socially integrated, their collective decision to engage in the rituals suggest a deep internal conflict between societal expectations and family loyalty. With a belief system stemming from Lalit, the family was isolated from the social world, even when they all seemed like they were interacting with the outside world. The dominant inducer, Lalit, in this case, encouraged them to interpret all the life events through a supernatural and spiritual lens. This internalisation of rules to view the world is what Wexler identifies as core features of such families. The Burari deaths, and the rituals culminating in the fatal event showcases how sociological ambivalence can manifest in such brutal and tragic events overriding the social reality.

There is a case similar to Lalit, that is mentioned in the studies by Wexler (1992), the case of Ralph offering a haunting parallel to the events of Burari deaths. Ralph, a charismatic and authoritative figure, who believed himself to be God, exerted extreme control over his family. After his suicide the rest of his family members, absorbed in his delusions, followed a coordinated act of group suicide (Wexler, 1992, p.163).

Acting as spiritual intermediary both Ralph and Lalit gained psychological control over their respective families, culminating in their collective deaths. Both Lalit and Ralph functioned as inducers in the family. Wexler notes that, "the inducer is capable often at an unconscious level of summing up the family fears and suspicions and encapsulating them in a palatable and acceptable manner…" (Wexler, 1992, pp.166–167). In both cases, folie à famille developed with social isolation and rigid hierarchical structures induced by the primary person.

The Burari family operated a neighbourhood grocery store and appeared socially functionable but there was an unseen psychological and emotional distance between them and the community. As revealed by the neighbours and relatives of the family in the Netflix documentary *House of Secrets: The Burari Deaths (2021).* The social functionality of the Burari family concealed an inner dynamic. Over the recent years pertaining to their grandfather's demise, they had become increasingly secretive, they never shared Lalit's visions and the rituals with the outside community. According to police reports, Priyanka, the eldest daughter of Bhuvesh Bhatia, was engaged and was about to get married, shortly before the fatal ritual. Moreover, there is an evident

contradiction in the psychological analysis and sociological interpretation of the event. It is very unlikely, that an individual on the verge of a social transition, like marriage would take part in a collective suicide, unless this act was framed through a delusional system. This paradox is resolved when the possibility of this act is viewed through the light of a spiritual ritual, a pathway to salvation and rebirth. This reframing of suicide into something spiritual or supernatural is a core feature of shared psychosis (folie à famille). The family's behaviour on the day preceding their suicide displayed normalcy, the CCTV footages of them, displayed no signs of visible distress. Notably there was no suicide notes discovered and only instructions in diary entries, highlighting the instructions and rituals to follow to attain spiritual salvation. These notes lacked any fatalistic tone, suicidal ideation or individual motive regarding suicide. Suicide is generally associated with personal psychological distress but in Burari case, eleven individuals across different age groups, from adolescence to the elderly participated in the collective suicide. The progression of the Shared Psychotic Disorder within the Burari family is shown in Figure 1.

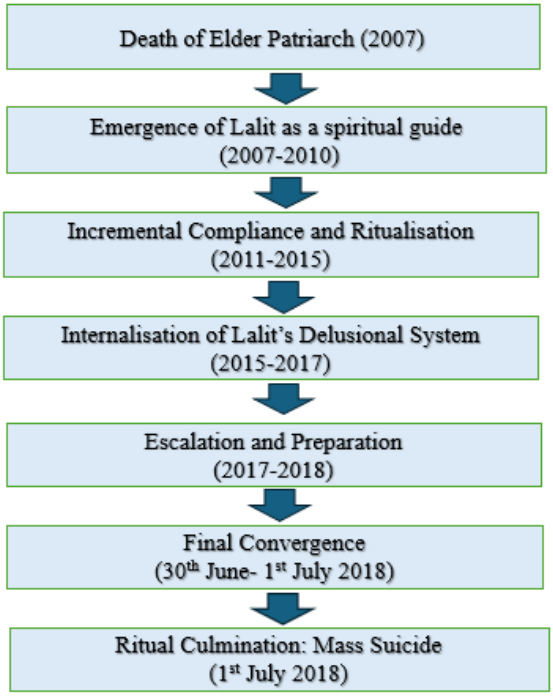

Figure 1. Timeline of the Shared Psychotic Disorder in Burari Mass Suicide

Divergence from Shneidman's Ambivalence Paradigm

The critical divergence in Burari deaths comes in the outcome of all these events. In the reviewed literature, the induced psychoses were readily interrupted by psychiatric interventions. In the Burari case, the symptom resolution was not possible. In the Burari deaths, delusions interweaved with rituals were promising a post-ritual survival. The combination of shared psychosis and culturally embedded fatal ritual coordinated by Lalit, distinguishes the case as a rare instance in which folie à famille, escalated into a mass suicide. Burari deaths, highlight the lethality of shared psychotic disorders, entrenched with ritualistic frameworks. This case also challenges the sociological theories on suicide that places suicide as a conscious act. The Burari family might have perceived the act as a sacred transitional ritual, not as an act of suicide. Additionally, this circumvents the notion of suicidal ambivalence, as stated by Shneidman, he states that suicidal ambivalence is the common cognitive state "that occurs in almost every case of suicide" (Shneidman, 1996, p.129)). And studies by Evans and Farberow (1988) refer to suicidal ambivalence as "perhaps the single most important psychological concept in our understanding of suicide" (p.12).

In Burari deaths overt ambivalence is lacking. The coordinated hanging was framed within a shared delusional system, a life preserving, rebirth ritual rather than a life ending ritual, with instructions they believed to be originating from a deceased patriarch. The ambivalence in this case of suicide can be classified into the axis of obedience and disobedience, rather than the life-or-death axis. This divergence challenges the universality of Shneidman's concept. There

is a displacement of ambivalence in this case. This addresses the need of theoretical adaptions while analysing cases which are culturally embedded and psychologically mediated mass suicides. In Burari case, the available evidence like diaries and behaviour before mass suicide suggest that the banyan tree hanging ritual was a passage to spiritual upliftment rather than death. Further, this emphasize that there was no inner conflict regarding death. Oldest member of the family, Narayani Devi was found strangled to death, likely because the orchestrator of the act found it difficult to involve Narayani Devi in the banyan tree hanging ritual due to her age.

There is a psychiatric overlay in this fatal event, the folie à famille inside the Burari family and the delusional system superseded the normal life preservation axis to the point where Shneidman's common cognitive state is masked or functionally absent. "In the context of suicidality, ambivalence refers to the experience of being torn between a wish to die (WTD) on the one hand and a wish to live or fears of dying or being dead, on the other hand" (Teismann *et al*., 2024, p. 803). In the Burari case participants appeared not to have perceived themselves as dying in a conventional suicide structure but rather as obeying divinely sanctioned rituals. As a result, the core conflict between the wish to live and wish to die as described by Teismann et al. is absent or displaced.

Conclusion

Burari mass suicide can be reinterpreted through Abrutyn and Mueller's (2016) reworking of Durkheim's notion of the level of integration and regulation in analyzing suicide. The Burari family showcased a highly integrated and regulated family unit. The three generations of family members identities were fused with their roles inside the family. Additionally, the interviews that came after the incident focusing on the relatives and neighbors confirmed that their alternative ties were severely limited. Within this cultural settings, Lalit's delusional beliefs formed a ground for vulnerability rather than protection in the group's integration.

Abrutyn and Mueller (2016) identifies a set of three socio-cultural dynamics in integration and regulation that transforms the axis into suicide. These are disruptions, contagion of negative emotions and cultural scripts. The Burari family had to undergo the loss of the patriarch Gopal Singh, the family's bereavement and Lalit's psychological decline disrupted the family structure. The visions and descriptions from Lalit, who they had assumed to have come of the psychic episodes now acted as a guiding force and bonded the emotional currents within the family. Nevertheless, the introduction of the suicide script through diary entries became a mode of self-destruction framed as a pathway to salvation and rebirth. Within the family, before the mass hanging ritual, the way of life of each family member was based on Lalit's visions. The entire family was based on shared values, obligations and affective bonds that left no space for a dissent. Additionally, excessive integration and regulation framed through Lalit's divine instructions created an environment in which compliance became morally binding and existentially necessary. Thus, the Burari deaths illustrates a case in which the ties like family, rituals and shared beliefs that is said to conventionally protect one from suicide can become fatal when saturated with excessive integration and toxic cultural and ritual scripts.

Burari deaths offers a unique case study for examining the dynamics of shared psychosis in a familial setting and the fatal outcome of mass suicide. Further, Lalit's role in the ritual suicide reflects not only individual psychopathology, transmission of delusions but also the role of cultural expectations that reinforce apocalyptic beliefs and results in fatal outcome. Existing literature on shared psychosis in family settings are largely focused on clinical dimensions, and there is a lack of focus on the cultural and religious contexts

that shape collective meanings of shared delusions.

Drawing on Sudhir Kakkar's *The Inner World,* the Burari mass suicides reflect how notions of moksha, ritual purity and Hindu ideals of transcendence was deeply embedded in the family psyche that self-annihilation was sanctioned by three generations as spirituality and rebirth. Further, this fatal event, falls under the category of endogenous mass suicides as per the axis put forth by Ignia Mancinelli, the type of mass suicide which is marked by culturally rooted logics that determine such acts over pure pathological logic. In the Burari mass suicide, the usual axis of life and death impulses is seemingly absent. Moreover, these impulses are masked by the collective obedience towards the ritual ideals. As Chadda and Dep (2013), highlight that family is a site of resilience and risk. Burari mass hanging can be understood as a need for a proper culturally sensitive family-oriented interventions that address the hierarchy and boundary formation in the Indian family systems. This case is not only a clinical anomaly but a reflection of the limitations of family based therapeutic interventions.

Wexler's analysis of psycho-social aspects of shared delusions, further highlight the role of emotional interdependence, reinforcement and secrecy that operates inside in intimate settings. Particularly in this case, there was a lack of external intervention which further strengthened Lalit's authority over his family and aided in reinforcing his delusions over time. The result was a closed cognitive system, inside which there was a complete coherence in shared beliefs, even leading to collective suicide. Therefore, the Burari case challenges the universality of western-derived models in the study of suicides and calls for a rethinking of shared psychosis and collective suicide. Comparatively, Indian case studies on shared psychotic disorders reveal a similar pattern of delusions rooted in culturally embedded logic of honour, salvation, which further draws on the importance to situate events of shared delusions and collective deaths within cultural frameworks.

The Burari deaths can be situated in an ambiguous category between ritual induced deaths and mass suicide. The case is legally recorded as suicide, but while examining the psychiatric aspects, the involvement of shared delusional beliefs and the family members belief in renewal and rebirth emphasis on the ambiguity.

Several limitations must be acknowledged in the analysis of this case. Primarily, all the sources upon which the case is analyzed is secondary sources, media reports and psychiatric data. And importantly, there is a lack of a first-person account that prevents the understanding of how the family members responded to the internalization of the belief systems. Future studies should focus on the ethnographic and psychological studies of mass suicides in Indian and Non-Western contexts, where cultural meanings significantly shape the frameworks of self- annihilation. Further, systematic documentation of such cases can help establish Burari deaths, as a unique case or inside an axis of a broader cultural pattern. The findings underscore the need of integrating psychiatric, psycho-social and cultural perspectives when analyzing collective psychopathology within collectivist societies.

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