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IMPULSIVITY RELATED TRAITS, DISORDERED EATING, AND SELF-HARM IN THE PAKISTANI CONTEXT: A CRITICAL APPRAISAL AND A CULTURALLY ADAPTED THEORETICAL FRAMEWORK

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ABSTRACT

Negative urgency and related impulsivity traits are among the most robust transdiagnostic correlates of disordered eating and self-harm in Western research, yet their applicability to Pakistan remains untested, and this paper appraises the international and Pakistani evidence before proposing a culturally situated theoretical framework specifying which dysregulated behaviour a shared affective mechanism produces. A structured critical review was conducted across PubMed, PsycINFO, Web of Science, and PakMediNet to July 2026, with sources appraised against six criteria — construct specification, measurement invariance, sampling frame, temporal design, disclosure validity, and cultural situatedness — while theory construction followed emic–etic integration logic. The international literature supports negative urgency as the load-bearing facet across both outcomes, with sensation seeking consistently non-differentiating, but rests on cross-sectional, self-report, predominantly female samples; Pakistani disordered eating research reports at-risk rates between approximately 17% and 22.75% using instruments whose measurement invariance has never been examined in Pakistani populations, while Pakistani self-harm research is constrained by disclosure conditions that deteriorated when Section 325 of the Pakistan Penal Code was restored in May 2026, and no Pakistani study jointly models the three constructs. The Culturally Situated Urgency–Constraint framework is therefore proposed, holding the affective mechanism invariant while locating cultural variation in constraint and behavioural-selection layers, with detectability treated as a signed rather than uniformly avoided parameter, and eight falsifiable propositions together with a five-stage research agenda are specified.

I. INTRODUCTION

Two propositions approach consensus in contemporary clinical psychology. The first is that impulsivity is not unitary but a family of dispositions with distinguishable behavioural implications, among which negative urgency - the disposition to act rashly under negative affect - carries the broadest associations with psychopathology (Berg et al., 2015; Cyders et al., 2007; Whiteside & Lynam, 2001). The second is that disordered eating and self-harm, though diagnostically separate, are functionally related: both terminate aversive internal states, both are

negatively reinforced, and both co-occur far above chance (Chapman et al., 2006; Claes et al., 2015; Heatherton & Baumeister, 1991; Svirko & Hawton, 2007). Together these imply a clear research programme: impulsivity-related traits should operate as a shared vulnerability explaining why disordered eating and self-harm travel together. That programme has advanced substantially in Europe, North America, and Australia. In Pakistan it has not begun.

The gap is not merely geographic. Pakistan differs from the modal research setting on five dimensions that are theoretically load-bearing for these constructs. Bodily surveillance is familial and gendered rather than primarily individual, with weight and eating regulated by extended kin and marital prospects supplying a socially sanctioned rationale for weight control. The moral economy of izzat (honour) and sharam (shame) makes visibility a primary behavioural consideration; izzat is a reflected form of honour in which an individual's conduct bears directly on the standing of the whole family, and fear of bringing shame upon kin is a documented barrier to disclosure and to mental health service use among South Asian and Pakistani Muslim women (Gilbert et al., 2004; Gunasinghe et al., 2019; Sangar & Howe, 2021). Religious appraisal attaches sin attribution rather than only stigma to self-directed harm: self-harm and suicide are religiously as well as socially condemned in Pakistan, a condemnation clinician themselves identifies as shaping how such presentations are received and managed (Kiran et al., 2021). The legal environment is unstable and currently punitive: the Criminal Laws (Amendment) Act 2022 decriminalised attempted suicide by repealing Section 325 of the Pakistan Penal Code, and in May 2026 the Federal Shariat Court struck down that amendment and restored Section 325. Finally, specialist eating disorder services are effectively absent outside a few urban tertiary centres. Each is a candidate moderator rather than background context. This paper argues that they operate not by altering the underlying affective mechanism but by determining which behaviour that mechanism produces - a distinction developed as the paper's principal theoretical contribution.

Objective

The paper pursues three objectives: to appraise the international evidence, distinguishing robust findings from artefacts of a narrow methodological base; to appraise the Pakistani evidence base and characterise the gap at the intersection of the three constructs; and to propose the Culturally Situated Urgency-Constraint (CSUC) framework, derive falsifiable propositions, and specify the measurement work required to test them.

Terminological Commitments

Impulsivity-related traits denote the multidimensional space operationalised by the UPPS-P model: negative urgency, positive urgency, lack of premeditation, lack of perseverance, and sensation seeking (Cyders et al., 2007; Whiteside & Lynam, 2001; Whiteside et al., 2005). Disordered eating denotes clinically significant but sub-threshold attitudes and behaviours, whereas eating disorder is reserved for diagnosed syndromes; Pakistani prevalence studies routinely measure the former while reporting the latter, and this paper treats that slippage as a finding. Self-harm is the superordinate term for intentional self-injury or self-poisoning irrespective of intent, while non-suicidal self-injury (NSSI) is used only where a source has specifically excluded suicidal intent. This paper concerns mechanisms, measurement, and theory. It does not describe or compare methods of self-harm, since method-level detail carries documented iatrogenic potential and is not a legitimate object of descriptive reporting.

II. METHOD

Research Design

A structured critical review was conducted and is reported as such, to avoid the common misrepresentation of narrative synthesis as systematic evidence. The appraisal target included the quality distribution of the Pakistani corpus itself rather than only its findings.

Search Strategy

Searches were run to July 2026 across PubMed/PMC, PsycINFO, and Web of Science, supplemented for regionally published and inconsistently indexed material by PakMediNet and Google Scholar. Terms combined impulsivity descriptors (impulsivity, urgency, UPPS, UPPS-P, Barratt) with outcome descriptors (disordered eating, eating attitudes, binge eating, self-harm, NSSI, deliberate self-harm) and, for the regional strand, geographic descriptors (Pakistan, Urdu, South Asia). Reference lists of retrieved articles were hand-searched. Legal and policy sources

were identified separately through legislative records and national press archives. Selection privileged meta-analyses and systematic reviews, studies with clinically ascertained samples, and all identifiable Pakistani primary studies regardless of methodological quality. Screening was conducted by a single author without duplicate assessment, and yield counts at each screening stage were not formally recorded - a departure from systematic review standards that limits reproducibility and is acknowledged in Section 4.4.

Appraisal Criteria

Sources were appraised against six criteria (Table 1). Criteria C5 and C6 are not standard appraisal dimensions and were added on the argument that in this topic area and setting they carry greater inferential weight than the conventional four.

Table I: Appraisal criteria applied to all sources

Code	Criterion	Question asked of each source
C1	Construct specification	Is impulsivity treated as multidimensional, and is the facet theorised in advance?
C2	Measurement invariance	Has the instrument been shown to measure the same construct in the study population?
C3	Sampling frame	Who is included, who is structurally excluded, and what does exclusion do to the estimate?
C4	Temporal design	Can the design support the causal or mechanistic claim actually made?
C5	Disclosure validity	What are the social, legal, and moral costs of truthful reporting for this participant, on this topic, in this setting?
C6	Cultural situatedness	Are cultural variables theorised as mechanisms, or appended post hoc?

Theory Construction

Framework development followed emic-etic integration logic: the etic mechanism was retained as a falsifiable hypothesis, while emic variables were specified as moderators and selection parameters. Scaffolding was drawn from the Ecological Validity Model and its eight dimensions of language, persons, metaphors, content, concepts, goals, methods, and context (Bernal et al., 1995), from adaptation frameworks developed with South Asian input (Rathod et al., 2019), and from conceptual work on adapting scalable interventions (Heim & Kohrt, 2019). Procedural discipline for instrument work follows Beaton et al. (2000).

Ethical Approval

The Ethical Review Board of the Institute of Clinical Psychology of University of Karachi and the Advanced Studies and Research Board of the University of Karachi gave their approval to the study. All participants were informed by way of a written consent.

III. RESULTS

The International Evidence

Negative Urgency as the Load-Bearing Facet

Meta-analytic work parsing the heterogeneity of the UPPS dimensions places negative urgency at the centre: across a wide span of psychopathology, it produces the largest correlational effect sizes of the five pathways, with positive urgency behaving similarly but less strongly (Berg et al., 2015). Within the eating domain, meta-analytic comparison of dispositions to rash action found negative urgency related to bulimic symptoms with moderate-to-large effects while remaining dimensions produced small effects (Fischer et al., 2003, 2008). The pattern extends across the impulsive-restrictive spectrum. In a clinical comparison, binge-eating/purging patients scored higher on negative urgency, positive urgency, lack of premeditation, and lack of perseverance than restrictive-type patients

and healthy controls, while sensation seeking did not differentiate the groups (Claes et al., 2005, 2015). This non-differentiation is informative: what matters is rash action under affect rather than appetite for novelty. It is the most theoretically portable finding in the corpus, because it specifies a mechanism rather than a correlation.

The Same Facet, a Different Behaviour

The self-harm literature converges on a parallel picture. Participants who engage in NSSI score higher on negative urgency and lack of premeditation than those who do not (Glenn & Klonsky, 2010), and negative urgency, lack of premeditation, and their interaction predict NSSI presence in clinical samples, with highest probability at the conjunction of high urgency and low premeditation (Lynam et al., 2011). Daily-diary work refines this into a person by situation interaction: among individuals high in negative urgency, negative affective states predict NSSI urges, whereas among those low in negative urgency they do not (Bresin et al., 2013). Joining the literatures supports the shared-vulnerability hypothesis. In a mixed clinical and control sample, participants with NSSI history scored higher on four of five UPPS-P dimensions - again excepting sensation seeking - and NSSI prevalence rose across the impulsive end of the eating spectrum, from approximately 17% in restrictive anorexia nervosa to 43% in bulimia nervosa, against roughly 19% in healthy controls (Claes et al., 2015). Prospective work has examined the UPPS model as an influence on the co-occurrence of bulimic symptoms and NSSI rather than on either alone (Peterson & Fischer, 2012).

Mechanism and Function

Four accounts are relevant, and the distinction between the first three and the fourth is critical to the framework proposed later. The escape model proposes that binge eating narrows attention away from aversive self-awareness (Heatherton & Baumeister, 1991), a function later extended to NSSI. The experiential avoidance model recasts self-harm as negatively reinforced escape from unwanted internal experience (Chapman et al., 2006). The emotional cascade model supplies the dynamic element: rumination and negative affect form a self-amplifying feedback loop, and dysregulated behaviours function as high-salience distractors that interrupt it (Selby et al., 2009; Selby & Joiner, 2009). All three are intrapersonal accounts. The fourth is not. Nock and Prinstein's (2004) four-function model classify self-injury along two dimensions - automatic versus social, and positive versus negative reinforcement - and demonstrates that a meaningful minority of self-injury is maintained by interpersonal contingencies: communicating distress, eliciting response, or escaping social demands. In their adolescent inpatient sample, social-reinforcement items were endorsed by approximately 6% to 24% of participants, against substantially higher endorsement of automatic-reinforcement functions. Nock (2008) subsequently elaborated the social-signalling account, arguing that self-injury can be maintained precisely because it is costly and therefore credible as a signal. This matters for any theory of behavioural selection. Intrapersonal functions require only that the behaviour occur; social functions require that it, or its traces, be perceived. Any framework treating concealment as a uniform pressure will misdescribe the socially reinforced subset. The cascade model has been extended to compulsions (Jungmann et al., 2016) and tested comparatively across NSSI and eating disorder behaviours, where an asymmetry emerged: NSSI history was associated with larger initial increases in negative emotion under induced rumination, whereas eating disorder history was associated with larger decreases in positive emotion (Arbuthnott et al., 2015). The behaviours share an emotion-dysregulation substrate but are not affectively identical.

Six Constraints on Export

Six structural limitations bear on transferability. First, cross-sectional dominance leaves reverse causation open, a limitation acknowledged by primary authors (Claes et al., 2015); the concern is not hypothetical, since UPPS dimensions that differentiated self-injurers cross-sectionally failed to prospectively predict NSSI in the same cohort (Glenn & Klonsky, 2011). Second, negative urgency is less temporally stable than trait language implies. Third, self-reported and task-based impulsivity converge weakly, yet self-report findings are routinely reported as indexing behavioural propensity. Fourth, samples are narrow: female undergraduate and clinical participants predominate, and males are frequently excluded for insufficient numbers (Claes et al., 2015). Fifth, NSSI is often assessed by a single lifetime item, weak for mechanistic modelling and leaving intent ascertainment unverifiable. Sixth, the mechanistic corpus is overwhelmingly Euro-American; its universality is a hypothesis, not a finding.

The Pakistani Evidence Base

Disordered Eating

Table II: Study-level appraisal of identified Pakistani disordered eating and self-harm studies

Study	Design	Sample	Instrument	Invariance tested	Reported estimate	Principal limitation
Suhail & Nisa (2002)	Cross-sectional	111 female postgraduates, Lahore	EAT-26, BSQ, HADS	No	17% above EAT threshold; 4 met DSM-IV criteria	Small, single-site, female-only
Memon et al. (2012)	Cross-sectional	435 medical students, Karachi	EAT-26, SCOFF	No	22.75% (EAT-26); 17% (SCOFF)	Two instruments disagree within one sample
Sadia et al. (2021)	Qualitative, grounded theory	24 university students (obese, Asia-specific BMI)	Semi-structured interview	n/a	Conceptual model; "neither too fat nor too thin" body belief	Obesogenic rather than restrictive focus
Mehmood et al. (2023)	Cross-sectional	386 medical students, Rawalpindi	ISAS	No	28.4% NSSI; higher in males; intrapersonal > interpersonal functions	Single-site; disclosure conditions unaddressed
Nasrullah et al. (2024)	Cross-sectional	400 undergraduates, four public universities	EDE-Q 6.0	No	21.75% above clinical cut-off	Cut-off imported unadjusted; screening reported as diagnosis
Shekhani et al. (2018)	Scoping review	Pakistani self-harm literature	n/a	n/a	Mapping only	Documents absence of national statistics

Three appraisal failures recur. Regarding C2, measurement invariance has never been established. The EAT-26, SCOFF, and EDE-Q were developed and normed in Western populations, and their thresholds encode assumptions about drive for thinness and dietary restraint as individual, appearance-oriented concerns. In a setting where fasting is a religious obligation, where food refusal can function as familial protest, and where the operative body ideal is explicitly intermediate rather than maximally thin (Sadia et al., 2021), several items are open to systematic non-equivalent interpretation. Without configural and metric invariance testing, a Pakistani EAT-26 score of 20 cannot be assumed equivalent to a British score of 20 - yet every comparison in this literature assumes exactly that. The internal disagreement in Memon et al. (2012), where two instruments produced 22.75% and 17% in the same participants, is the clearest available demonstration that instrument choice rather than underlying prevalence is driving these figures.

Regarding C3, the sampling frame is medical and undergraduate throughout. Rural, out-of-school, working-class, and older populations are effectively absent, and several studies administer English-language instruments, adding a literacy filter to an already narrow frame. Regarding C1 and C6, screening is reported as diagnosis. “At high risk of eating disorders” and “prevalence of eating disorders” are used interchangeably, a conflation that inflates

apparent burden while conveying nothing about clinical need. A note on an untraceable figure is itself instructive. A Pakistani prevalence estimate of 40.9% circulates in international comparative literature as a high-water mark against which other South Asian and Middle Eastern figures are assessed. The present review was unable to trace this figure to a primary Pakistani source through the searches described in Section 2.2. Whatever its origin, a figure entering cross-national comparison without recoverable provenance illustrates the paper's central concern more economically than any argument: prevalence estimates in this literature circulate faster than they can be checked. The figure is accordingly excluded from Table 2 and from the range reported in the abstract.

Self-Harm

The Pakistani self-harm evidence base is conceptually stronger, largely because several authors have treated criminalisation, religious prohibition, and stigma as methodological problems rather than context. The foundational mapping exercise documented the absence of national statistics, systematic discrepancies between newspaper-derived and police-derived counts, and the effect of legal risk on ascertainment (Shekhani et al., 2018). Hospital-based studies consistently show a young age profile, with young single men and young married women identified as high-risk - a distribution that does not mirror the female-dominated pattern assumed in much Western research. A regional systematic review confirms that NSSI in South Asia remains substantially under-researched relative to its burden (Haregu et al., 2023). Community and student estimates are scarce. Mehmood et al. (2023) reported NSSI in 28.4% of medical students in Rawalpindi, with a higher proportion among male than female participants, and - importantly for the framework advanced below - found a statistically significant difference between intrapersonal and interpersonal functions on the Inventory of Statements About Self-Injury. Against internationally pooled adolescent estimates of approximately 17% to 22% (Muehlenkamp et al., 2012), the prevalence figure is high; whether it reflects genuine elevation, instrument sensitivity, or sample selection cannot be adjudicated.

Regarding C5, disclosure validity is the dominant threat and has recently worsened. Section 325 of the Pakistan Penal Code criminalised attempted suicide, prescribing simple imprisonment, a fine, or both. It was repealed by the Criminal Laws (Amendment) Act 2022, a reform widely welcomed as reframing self-harm as clinical rather than criminal. In May 2026 the Federal Shariat Court declared the repeal repugnant to Islamic injunctions and restored Section 325. Four consequences follow, stated as expectations grounded in the pre-2022 evidence on ascertainment (Shekhani et al., 2018) rather than as established post-ruling findings, since no post-ruling data yet exist. Prevalence estimates are likely downward-biased by an unknown and now time-varying amount, rendering pre-2022, 2022-2026, and post-2026 estimates non-comparable without modelling legal regime as a covariate. Intent ascertainment is compromised at source, since acknowledging suicidal intent carries legal jeopardy and sin attribution, making the NSSI/attempt distinction partly an artefact of what participants can safely say. Hospital records are produced where presentation may trigger legal involvement, biasing both presentation and documentation. Ethical protocols premised on confidentiality assurances that researchers cannot guarantee are misleading to participants - a concern with direct precedent, since fear that professionals will not maintain confidentiality is already documented as a barrier to help-seeking in this cultural context (Gilbert et al., 2004).

The Intersection

No Pakistani study was identified that jointly models impulsivity-related traits, disordered eating, and self-harm. The searches described in Section 2.2 retrieved Pakistani impulsivity work principally as translation and psychometric evaluation - most directly, confirmatory factor analysis of an Urdu BIS-11 in 600 university students, which found a six-correlated-first-order-factor solution best fitting (Shagufta & Alam, 2023) - rather than as facet-level trait modelling of clinical outcomes. Disordered eating is studied as prevalence correlated with depression, BMI, and body dissatisfaction. Self-harm is studied epidemiologically, with sociodemographic and stressor correlates rather than trait-mechanistic ones. These characterisations describe what the present searches retrieved and should not be read as an exhaustive account of a literature that is partly published in venues indexed inconsistently or not at all. Two points follow. First, the available Urdu instrument operationalises the Barratt rather than the UPPS-P tradition, so it does not measure urgency as a distinct facet - the very construct the international evidence identifies as load-bearing. Second, no invariance evidence exists for any impulsivity instrument in this population. The intersection therefore cannot currently be studied even by a well-resourced team. Instrument development is not preliminary to this programme; it is its first stage

IV. DISCUSSION

The Culturally Situated Urgency-Constraint Framework

Design Logic and the Three Layers

Three positions are available when importing a mechanism into a new cultural setting. The universalist position transplants the model and treats culture as covariate, maximising comparability and minimising validity, since instruments were built to reproduce the imported structure. The relativist position rejects imported constructs and builds inductively, maximising local validity and forfeiting cumulative science. The emic-etic integration position, adopted here, retains the etic mechanism as a hypothesis and specifies emic variables as moderators and selection parameters, requiring falsifiability in both directions.

Layer 1: Constraint (distal, culturally variable). Five domains shape both the frequency of cascade-triggering events and the perceived permissibility of responses: gendered bodily surveillance, intensified around marriage negotiation; family embeddedness, which simultaneously supplies support and removes privacy; the honour-shame moral economy of izzat and sharam, in which an individual's conduct reflects on the standing of the whole family and fear of reflected shame suppresses disclosure (Gilbert et al., 2004; Gunasinghe et al., 2019; Sangar & Howe, 2021); religious appraisal, which does not merely stigmatise but re-describes behaviours, since self-harm is religiously condemned (Kiran et al., 2021) while dietary restriction may be morally elevated rather than pathologised; and legal-structural risk. These domains are advanced as a hypothesis about Pakistani social organisation requiring further empirical support, not as settled findings.

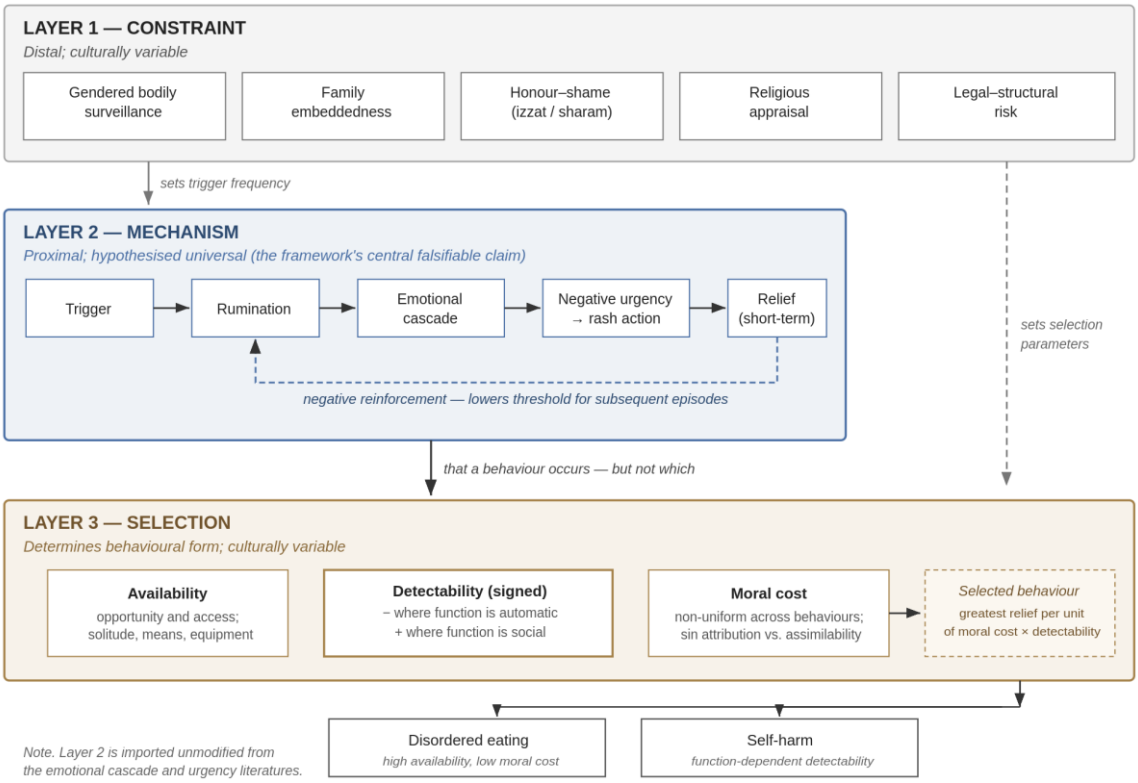
Layer 2: Mechanism (proximal, hypothesised universal). A trigger initiates rumination; rumination and negative affect form a self-amplifying cascade (Selby & Joiner, 2009); at high cascade intensity, individuals high in negative urgency act rashly to terminate the state (Berg et al., 2015; Whiteside & Lynam, 2001); the behaviour produces short-term relief and is negatively reinforced (Chapman et al., 2006), lowering the threshold for subsequent episodes. This layer is proposed as invariant, constituting the framework's central falsifiable claim.

Layer 3: Selection (culturally variable). Layer 2 explains that a dysregulated behaviour occurs but not which one. Selection is proposed to be governed by three parameters, each a function of Layer 1.
Availability concerns opportunity and access: food and eating are available to virtually everyone and require no equipment, whereas the solitude required for concealed self-injury is scarce in joint-family households.
Detectability concerns the probability that the behaviour or its traces will be perceived by the surveillance system in Layer 1. Critically, detectability enters selection with a sign that depends on the behaviour's function, not with a uniformly negative weight. Where the operative function is automatic - regulating affect for oneself - detectability is aversive and selection favours concealable behaviours. Where the operative function is social - communicating distress or eliciting response (Nock, 2008; Nock & Prinstein, 2004) - detectability is sought, and selection favours behaviours that will be seen. Without this signed formulation, the framework would wrongly predict that socially reinforced self-harm is rare wherever surveillance is high.

Moral cost concerns the religious and honour-based penalty attached to the behaviour and to discovery, and is non-uniform across behaviours: restriction may carry near-zero moral cost when assimilable to religious fasting or feminine self-discipline, whereas self-injury carries high moral cost under sin attribution.

Selection principle. Among behaviours the person can access, the one selected is that offering the greatest expected affective relief after discounting for moral cost and for detectability weighted by function - negatively where the function is automatic, positively where it is social. This is stated as an ordinal ranking heuristic rather than a quantitative optimisation; the parameters are not yet defined on measurable scales, and presenting the principle arithmetically would claim a precision the framework does not possess.

Figure I: Schematic of the Culturally Situated Urgency-Constraint framework, showing the constraint layer feeding both cascade-trigger frequency and the three selection parameters, the invariant mechanism layer, and the selection layer determining behavioural form, with detectability signed by behavioural function



Positioning Against Existing Accounts

CSUC does not propose a new mechanism, and its value depends on whether it predicts anything the constituent models do not. Three comparisons clarify this. Against the experiential avoidance model (Chapman et al., 2006), which explains why self-harm persists but not why self-harm rather than another escape route, CSUC supplies an explicit selection layer. The two models make identical predictions about maintenance and divergent predictions about substitution: CSUC predicts that suppressing one behaviour without reducing urgency will produce migration to the next-ranked accessible behaviour, and specifies which one by reference to availability, detectability, and moral cost. Against the emotional cascade model (Selby & Joiner, 2009), which CSUC adopts wholesale as Layer 2, the addition is that behavioural form becomes predictable from social structure rather than treated as interchangeable. Cascade theory predicts that some distractor will be recruited; CSUC predicts which.

Against the four-function model (Nock & Prinstein, 2004), which classifies functions after the fact, CSUC attempts to predict function distribution from context: where privacy is scarce and the moral cost of discovery is severe, the automatic-function share should rise and the social-function share should fall, relative to low-surveillance settings. This prediction is directly testable with instruments already in Pakistani use, and the single available domestic data point is consistent with it: Mehmood et al. (2023) found intrapersonal functions significantly more endorsed than interpersonal functions in a Pakistani student sample. A single uncontrolled comparison is not a test, but it establishes that the prediction is measurable rather than merely stipulative. The framework's distinctive claim, then, is that the same mechanism produces systematically different behavioural surfaces across contexts, so culture-blind comparison of behaviour-specific prevalence is uninformative about mechanism prevalence.

Propositions

Table III: Falsifiable propositions derived from the CSUC framework

No.	Statement	Primary test
P1	Negative urgency is positively associated with both outcomes in Pakistani samples, with effects statistically equivalent to international benchmarks	Equivalence testing (two one-sided tests) against a pre-specified smallest effect size of interest, following invariance establishment
P2	Sensation seeking does not differentiate either outcome	As above
P3	Rumination mediates the pathway from stressor exposure to dysregulated behaviour, most strongly at high negative urgency	Moderated mediation; ecological momentary assessment
P4	Under high familial surveillance, disordered eating is selected over self-injury among individuals whose operative function is automatic	Multi-group SEM by household structure, stratified by assessed function
P5	Religious appraisal exerts divergent effects: higher religiosity predicts lower self-harm but not lower dietary restriction	Differential prediction test
P6	Male and female participants show equivalent Layer 2 parameters but non-equivalent Layer 3 parameters	Gender multi-group invariance
P7	Reported self-harm prevalence varies with legal regime and disclosure condition independently of true prevalence	Randomised disclosure-condition experiment
P8	The automatic-function share of self-harm is higher, and the social-function share lower, in high-surveillance than low-surveillance household contexts	Function assessment (ISAS) stratified by household structure

P1 is specified as an equivalence test because failure to reject a null is not evidence of equivalence; an underpowered conventional test would spuriously appear to support invariance. Layer 2 is disconfirmed if equivalence is rejected while measurement invariance holds. P5 and P8 are the most exposed predictions. P5 requires religiosity to act asymmetrically across two outcomes that most models would expect it to suppress uniformly; if religiosity suppresses both equally, the moral cost parameter fails as specified. P8 follows directly from the signed-detectability formulation and could not be derived from any constituent model. An acknowledged tension concerns P6. Mehmood et al. (2023) report male-predominant NSSI, whereas the surveillance logic of Layer 1 - which bears more heavily on women - might naively predict the opposite. Three readings are possible: that male self-harm in this setting is disproportionately socially functional and therefore less concealment-constrained; that female self-harm is systematically under-disclosed under conditions of higher moral cost, consistent with documented gendered suppression of disclosure (Gilbert et al., 2004; Sangar & Howe, 2021); or that the surveillance premise is wrong. The framework does not currently adjudicate among these, and this is a substantive limitation rather than a detail.

Research Agenda

Five stages are proposed, and the ordering is not negotiable, since Stage 1 failure invalidates everything downstream.

Stage 1 requires full cross-cultural adaptation of the UPPS-P and of an eating measure suitable for non-clinical Pakistani samples, following established procedure: forward translation, reconciliation, back translation, expert

panel, cognitive interviewing, pilot, and documentation (Beaton et al., 2000). Cognitive interviewing is the most frequently omitted step and the only stage at which the field can discover that a restraint item is read as a question about religious observance. Deliverables include an Urdu UPPS-P with tested factor structure and configural, metric, and scalar invariance testing, with explicit reporting of which items fail invariance.

Stage 2 requires measurement of the constraint layer. No validated Pakistani measures exist for familial bodily surveillance, honour-shame orientation as it bears on the body, or religious bodily appraisal. Adapting a Western sociocultural-pressure scale is not an acceptable substitute, since it presupposes the individualised appearance-pressure model the framework seeks to test; the qualitative route demonstrated by Sadia et al. (2021) is the appropriate precedent.

Stage 3 requires a cross-sectional structural test on a large multi-site sample stratified by gender, urbanicity, household structure, and educational sector - explicitly not medical students alone - testing P1, P2, P4, P5, P6, and P8.

Stage 4 requires intensive longitudinal assessment. Ecological momentary assessment over 14 to 21 days is the only design capable of testing the cascade dynamic (P3). Feasibility in Pakistan is unestablished: urban smartphone penetration is adequate, but household device sharing threatens both compliance and confidentiality. Stage 4 should therefore be classified as exploratory pending a feasibility study.

Stage 5 requires multi-method and disclosure-condition studies, pairing behavioural task batteries with self-report and randomising disclosure conditions for self-harm items (P7).
Throughout, ethical protocols must obtain data without linking self-harm disclosure to identifying information wherever the research question permits; avoid promising confidentiality protections that cannot be guaranteed against legal process; pre-specify a risk pathway with named, reachable clinical contacts; and secure endorsement from an ethics committee briefed specifically on participants' legal exposure.

Implications for Practice and Policy

In a setting with negligible specialist provision, transdiagnostic formulation is more clinically useful than a diagnostic label with no attached service. The literature contains a clinically important observation: when self-injury reduces, eating symptoms may rise and vice versa, because the behaviours draw on shared impulsivity pathways (Claes et al., 2015). Under CSUC this substitution is predicted rather than incidental, and the framework specifies its likely direction. Clinicians should assess the full behavioural repertoire rather than the presenting behaviour alone, and should assess function rather than form, since the signed-detectability logic implies that concealed and visible self-harm may require different responses. Evidence that urgency responds to treatment and to brief emotion-regulation intervention supports targeting the mechanism directly. Emotion-regulation and impulse-regulation components of the kind central to dialectical behaviour therapy and emotion regulation training (Gratz, 2007; Linehan, 1993) are plausible active ingredients and are more deliverable through task-shifted channels than diagnosis-specific protocols. Adaptation must extend beyond language (Bernal et al., 1995; Heim & Kohrt, 2019; Rathod et al., 2019): metaphors, illness concepts, family involvement, and treatment goals require adaptation. Family involvement warrants caution, being simultaneously a support resource and, within Layer 1, a component of the problem. At policy level, the restoration of Section 325 is expected, on pre-2022 evidence about ascertainment (Shekhani et al., 2018), to suppress presentation and disclosure and degrade surveillance data quality. Psychological science can contribute most usefully by generating the domestic evidence on ascertainment bias that the debate currently lacks.

Limitations

This is a critical narrative review. Source selection was structured but not exhaustive; screening was conducted by a single author without duplicate assessment; yield counts were not recorded; no formal risk-of-bias instrument was applied; and Urdu-language and unindexed regional publications are likely under-represented - a limitation that cuts against the paper's own conclusions, given that the appraisal partly concerns the visibility of regional work. The framework is a theoretical proposal with no direct empirical test. Its selection principle is ordinal rather than quantitative, and formalising availability, detectability, and moral cost as measurable quantities remains

unfinished. The five constraint domains draw on evidence of uneven provenance. The izzat and sharam literature cited here was generated largely with British South Asian and British Pakistani samples (Gilbert et al., 2004; Gunasinghe et al., 2019; Sangar & Howe, 2021), and its applicability to non-migrant Pakistani populations is plausible but not established; the religious appraisal and legal-risk domains rest on Pakistan-based work (Kiran et al., 2021; Shekhani et al., 2018), while the surveillance and family-embeddedness domains remain the least directly evidenced and are advanced here as the components most in need of primary qualitative testing. Pakistan is also treated more homogeneously than is warranted, since provincial, ethnolinguistic, rural-urban, and class variation is substantial. The tension around P6 noted in Section 4.1.3 is unresolved and represents the framework's clearest current weakness. Finally, the paper argues for mechanism portability on grounds of theoretical parsimony rather than data. That argument may be wrong, and the framework has been constructed so that its wrongness would be detectable.

V. CONCLUSION

The international evidence supports a specific claim: negative urgency, operating through rumination-driven emotional cascades and negatively reinforced escape, constitutes a shared vulnerability underlying both disordered eating and self-harm. The Pakistani evidence base cannot currently confirm, disconfirm, or refine it. Its eating literature measures screening thresholds using instruments of unexamined equivalence within an unrepresentative student frame, with at least one widely circulated prevalence figure that could not be traced to a primary source. Its self-harm literature is methodologically self-aware but constrained by a disclosure environment that has recently deteriorated. No study has placed the three constructs within a single model. CSUC proposes holding the affective mechanism constant as a falsifiable hypothesis while locating cultural variation in a constraint layer and a selection layer where availability, moral cost, and function-signed detectability determine which behaviour a given cascade produces. Its sharpest prediction is that the automatic-function share of self-harm should rise, and the social-function share fall, as surveillance increases - a claim derivable from no constituent model and testable with instruments already in domestic use. The framework's most useful implication is also its most uncomfortable: cross-national comparison of behaviour-specific prevalence may reveal little about the distribution of the underlying mechanism, and a considerable body of comparative epidemiology may have been reading selection pressures as pathology. What the field requires first is not another prevalence survey. It is an invariance-tested Urdu instrument, an emically grounded measure of the constraint layer, and an ethics protocol honest about the legal position of the people it recruits.

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