

REPRESENTATION OF MENTAL HEALTH ISSUES ON PAKISTANI SOCIAL MEDIA PLATFORMS: A CRITICAL DISCOURSE ANALYSIS

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ABSTRACT

This study critically investigates the construction of mental health and mental health problems on Pakistani social media under the umbrella of Critical Discourse Analysis (CDA). Social media may be considered an influential platform for understanding, perceiving, and disseminating mental health discourse due to the currently prevalent censure and sociocultural environment regarding mental health among Pakistani society. The CDA model has been applied in this research to examine user-generated information, arguments, and definitions on social media platforms such as Reddit, X(Twitter), and Instagram to determine the linguistic construction and confrontations that build and define the public image of mental health. The findings indicate that while some internet websites discuss stigma and exclusion, others promote activism and sensitivity. This research contributes to a more complex understanding of how online media supports and challenges mainstream narratives about mental health in Pakistan, simultaneously by investigating these representations. The study holds significant implications for public opinion, policy formation, and understanding of mental health in the Pakistani sociocultural scenario.

Keywords: mental health, stigma, mental health awareness, social media.

INTRODUCTION

Mental health discourse in Pakistan remains deeply influenced by sociocultural norms, religious beliefs, and systemic stigma, shaping how individuals perceive, discuss, and seek help for psychological distress. Social media platforms, as dynamic spaces of public discourse, play a pivotal role in either reinforcing or challenging these narratives. This study employs Critical Discourse Analysis (CDA) to examine how mental health issues are constructed, represented, and negotiated on Pakistani social media, focusing on the linguistic, discursive, and ideological dimensions of these conversations. By analyzing the language used in posts, comments, and discussions, this research seeks to uncover the underlying power structures, cultural assumptions, and stigmatizing or empowering discourses that influence public perceptions of mental health. The findings aim to contribute to broader efforts in destigmatizing mental illness, informing digital mental health interventions, and fostering more inclusive and accurate representations of psychological well-being in Pakistan's evolving media landscape.

Mental health constitutes an essential dimension of human wellbeing that significantly influences cognitive, affective, and behavioral functioning throughout the lifespan (WHO, 2022). Despite its substantial global disease burden, mental illness remains profoundly underrecognized in low- and middle-income settings like Pakistan, where systemic challenges, including service deficiencies, limited public awareness, and deep-rooted stigma, create substantial barriers to care. Addressing these complex issues requires integrated interventions that combine policy reform, public education campaigns, and culturally-sensitive anti-stigma initiatives.

The investigation underscores the fundamental interconnection between linguistic practices and mental health, revealing how discourse shapes individual experiences, therapeutic interactions, and collective perceptions. Cross-cultural variations in mental health communication emerge distinctly, with many non-Western contexts demonstrating a preference for somatic metaphors over psychological terminology when expressing distress (Patel, 2007). Pejorative language (e.g., "insane," "deranged") reinforces harmful stereotypes, while person-centered phrasing represents one linguistic strategy to mitigate labelling effects (Corrigan et al., 2010).

Social media platforms have revolutionized mental health communication, creating paradoxical environments that concurrently enable awareness-raising and propagate misinformation. While digital networks foster valuable peer connections and professional outreach (Naslund et al., 2016; Robinson et al., 2018), they simultaneously circulate reductive diagnoses, foster unhealthy social comparisons, and encourage compulsive usage behaviors (Berry et al., 2017; Twenge et al., 2017). This dual nature necessitates balanced regulatory approaches incorporating digital literacy programs, ethical content management, and responsible platform governance (Andreassen, 2015).

1.1 Statement of the Problem

Mental illness remains highly stigmatized and misrepresented in Pakistan, influenced by deep-rooted social, religious, and cultural norms. While social media has emerged as a key space for mental health discourse, dominant ideologies and power structures often shape how these issues are framed. Although some studies explore mental health stigma in traditional media, little attention has been paid to how social media uses language, images, and storytelling to construct these narratives. This study uses Fairclough's Critical Discourse Analysis (1995) to examine how Pakistani social media portrays mental health, focusing on how discourse either reinforces or challenges stigma. By analyzing posts, tweets, and comments from platforms like Twitter (X), Reddit, and Instagram, this research explores the ideological dimensions of mental health discourse in Pakistan. It aims to contribute to media studies, mental health advocacy, and policy by highlighting the dual role of social media in both spreading stigma and enabling inclusive, empathetic dialogue.

1.2 Research Objectives

1. To analyze the linguistic and discursive construction of mental health issues on Pakistani social media platforms by examining the language, metaphors, narratives, and framing techniques used in online discussions.
2. To investigate how social media discourses either reproduce or challenge mental health stigma in Pakistan by assessing public attitudes, stigmatizing vs. destigmatizing language, and the role of influencers, professionals, and advocacy campaigns.

1.3 Research Questions

1. How are mental health issues linguistically and discursively constructed on Pakistani social media platforms?
2. How do social media discourses reproduce or challenge mental health stigma in the Pakistani cultural context?

1.4 Significance

This research addresses the critical issue of mental health awareness in Pakistan, where cultural stigma and modesty often prevent individuals from seeking help. Using Critical Discourse Analysis (CDA), the study examines how mental health is linguistically and discursively constructed on Pakistani social media platforms. It provides a detailed understanding of how language, cultural beliefs, and social perceptions shape public discourse on mental health. The findings are valuable for identifying barriers and opportunities for awareness by highlighting common phrases, cultural misconceptions, and prevailing norms.

This research contributes to the design of culturally sensitive public health campaigns that promote empathy and understanding. It also enriches the broader literature by demonstrating how social media reflects and reinforces public attitudes toward mental health. Ultimately, the study encourages more informed, compassionate online discussions and aims to support efforts that reduce stigma and foster a healthier digital environment for mental health discourse in Pakistan.

LITERATURE REVIEW

The complex interplay between mental health discourse and social media in Pakistan has emerged as a critical area of academic inquiry, revealing significant insights into cultural perceptions, digital behaviors, and systemic challenges. This review synthesizes contemporary research to present a nuanced understanding of how mental health is constructed, represented, and experienced in Pakistan's evolving digital landscape.

Foundational studies by Nisar et al. (2019) illuminate the persistent gaps in mental health literacy among urban populations in Karachi. Their research demonstrates how clinical depression is frequently misconstrued as a temporary reaction to socioeconomic pressures rather than a legitimate medical condition requiring professional intervention. This misapprehension is compounded by deep-rooted cultural stigma that associates mental illness with personal weakness or spiritual failing, creating substantial barriers to help-seeking behaviors. The study particularly emphasizes how familial and community networks often serve as double-edged swords - sometimes facilitating support but frequently reinforcing stigma through traditional beliefs about mental health.

Expanding on these cultural dimensions, Ahmad and Koncsol (2022) provide critical insights into the intersection of traditional values, religious interpretations, and contemporary social pressures. Their work reveals an intergenerational divide in mental health perceptions, where younger Pakistanis demonstrate greater awareness influenced by globalized digital discourse, yet remain constrained by conservative familial expectations. This tension manifests in complex ways across social media platforms, where users navigate between progressive mental health advocacy and culturally sanctioned silence.

The role of social media in shaping mental health outcomes has been extensively examined through multiple empirical studies. Pahore et al. (2021) establish significant correlations between excessive social media use and deteriorating mental health among university students, with particular emphasis on how platform engagement metrics (likes, shares) become unhealthy measures of self-worth.

However, this digital landscape is not uniformly negative. Niaz and Danish (2021) present compelling evidence of social media's capacity to foster supportive communities, particularly for individuals facing isolation or limited access to traditional mental health resources. Their research documents how platforms like Facebook and WhatsApp enable peer support networks that challenge traditional stigma while providing accessible mental health information. This paradoxical nature of social media, as both a vector for harm and a tool for empowerment, emerges as a central theme across multiple studies.

Batool et al. (2022) contribute valuable insights into personality-specific vulnerabilities, demonstrating how narcissistic traits interact with social media use to exacerbate mental health risks. Their findings reveal a troubling cycle where the quest for online validation intensifies psychological distress, particularly during the formative identity-development years of late adolescence and early adulthood. This research underscores the need for targeted interventions addressing specific psychosocial vulnerabilities in digital spaces.

Medical students emerge as another particularly vulnerable group in Alamgir and Khan's (2024) investigation. The study documents how the intense pressures of medical education intersect with problematic social media use, creating unique mental health

challenges. While these platforms serve as important resources for academic collaboration, they also become arenas for unhealthy competition and comparison, exacerbating existing stress and anxiety levels.

Zehra et al. (2023) employ critical discourse analysis to expose how traditional Pakistani media perpetuates mental health stigma through sensationalized reporting and pathologizing language. Their examination of newspaper headlines reveals systematic patterns of representation that frame mental illness as dangerous or shameful, with particularly gendered implications for women's mental health. This media discourse directly influences public perceptions and policy priorities, often obscuring the lived realities of mental health conditions.

Causier et al. (2024) extend this analysis to the Pakistani diaspora, documenting how young women in the UK navigate multiple barriers to mental healthcare access. Their qualitative approach reveals how cultural stigma, financial constraints, and lack of culturally competent services combine to limit treatment options. However, the study also identifies promising pathways for intervention, including community-based education initiatives and the strategic engagement of religious leaders in mental health advocacy.

To explore the intricate link between language, power, and society, this study has adopted Norman Fairclough's Three-Dimensional Model of Critical Discourse Analysis (CDA). According to Fairclough, discourse is not only a reflection of societal structures but also plays a major role in framing and changing them (Fairclough, 1993). The framework is specifically suitable for exploring the way mental health is represented on Pakistani social media forums, where cultural norms, societal beliefs, and power dynamics strongly influence public discourse and discussion

METHODOLOGY

This research is grounded in a qualitative interpretivist paradigm, which emphasizes understanding mental health through the subjective meanings individuals assign to it. The study is guided by Fairclough's Three-Dimensional Critical Discourse Analysis (CDA) framework, which allows for an in-depth exploration of the linguistic, discursive, and socio-cultural dimensions of online mental health discourse in Pakistan. The data for this research consists of user-generated content, including posts, captions, and comments, collected from publicly accessible posts on Twitter (now X), Instagram, and Reddit. A total of 25 data units were purposively selected to ensure diversity in platform, user demographics, and type of discourse. A purposive sampling technique was employed to identify posts that explicitly referenced mental health experiences, awareness, or stigma in the Pakistani context. This method ensured the relevance and richness of the data by focusing on content that directly reflected the study's focus. Data analysis was conducted using Critical Discourse Analysis, which enabled the researcher to examine the language choices, ideological positions, and cultural assumptions embedded in social media narratives. The CDA approach is particularly effective for uncovering the power dynamics and social structures that shape public conversations about mental health.

DATA ANALYSIS

Here is the analysis of each post that has been collected from the above-mentioned selected social media platforms and has been analysed according to both research questions.

Post 1
(June 2, 2022, Instagram)

mindsettherapybysundas It's easy to look back and question decisions you have made in the past, but it's unfair to punish yourself for them. You can't blame yourself for not knowing back then what you know now, and the truth is you made each decision for a reason based on how you were feeling at the time. As we grow up, we learn and we evolve. Maybe the person you are now would have done things differently back then, or maybe you are the person you are now because of the decisions you made back then. Trust your journey; it's all going to make sense soon.

#mentalhealthmatters #mentalhealthrecovery #nlp #nlp practitioner #nlpcoaching #therapy #mentalhealthpakistan #pakistan #pakistan today #peace #mentalhealthawareness

June 2, 2022

It builds mental health on the foundation of a compassionate, growth-oriented vocabulary that focuses on self-forgiveness and presents past errors as human development. It redefines emotional difficulties as necessary for learning and personal development through the use of compassionate, non-blaming vocabulary ("it is not fair to punish yourself," "trust your journey") and life metaphor as an ongoing journey. According to Fairclough's CDA at the textual level, this affirmative, reflective narrative moves beyond dominant, accusatory discourses in Pakistani society and encourages a discursive move toward normalizing fallibility and vulnerability. In doing so, it creates more open and inclusive space for mental health talk on social media.

Post 2

(June 29, 2021, Instagram)



houseofpebbles.org Healing from trauma is possible, but it's not always easy. Stopping self-harm often involves building other, healthier, skills and coping strategies, and then practicing these coping strategies when we have an urge to self-harm.

#selfharm #copingtools #copingwithanxiety #copingmechanisms #selflove #copingwithgrief #copingwithdepression #copingwithstress #mentalhealthpakistan #houseofpebbles

June 29, 2021

The post uses empathetic and informal language, avoiding stigmatizing terms in favor of affectionate, relatable metaphors like "smash a watermelon," "phone a friend," and "hug yourself." This reframes mental illness in accessible, non-threatening terms, normalizing both distress and coping. By emphasizing self-governance and resilience, the narrative promotes agency over shame, encouraging individuals to replace harmful behaviors with healthy alternatives. The gentle visual tone supports a message of healing, not pathology. Overall, it discursively repositions self-injury as treatable and human, marking a significant shift in Pakistani online mental health discourse.

Post 3

(September 28, 2023, Instagram)



dr.faisalrashidkhan

now ...

In a world full of people talking past each other, listening is the most beautiful gift we can give to another person. People have this powerful need to be listened to and understood.



404



6



53



At the textual level, the post uses metaphorical and affective language to frame mental health in relational terms. Describing “*listening*” as a “*gift*” elevates emotional support as central to healing, especially where stigmatized experiences often go unheard. The phrase “*people talking past each other*” critiques communication breakdowns, while “*the need to be heard*” expresses mental distress in nonclinical, accessible language. This framing normalizes affective needs and presents empathy as therapy, shifting mental health care from a purely medical model to one rooted in human connection and understanding.

Post 4

(October 4, 2021, Instagram)

thelistener.pk Be gentle with yourself.

What does that even mean?

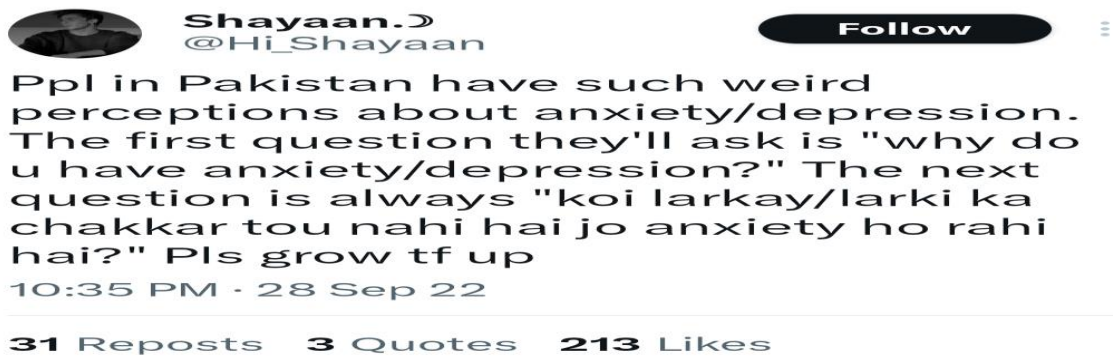
Being gentle with ourselves first mean meeting ourselves where we are. Not where we were before, where we want to be someday, or where we wish we were instead. But meeting ourselves as ourselves. Here. Now.

Being gentle with yourself means turning towards your experience with kindness. Especially in times of suffering. And in order to have an attitude of kindness and acceptance to what's uncomfortable, we first need to be aware of what we are experiencing.

And that is where Therapy comes in. To help you come to terms on what you are feeling and how to get past any pain.

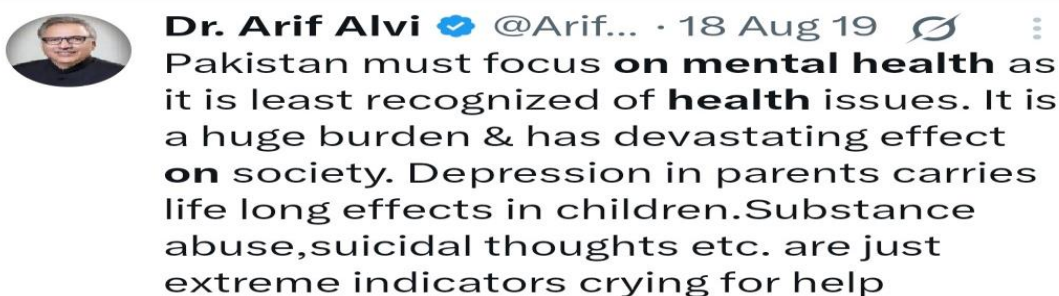
At the discursive practice level, this post promotes psychological healing through soft, reflective language that reconstructs mental health as an ongoing inner dialogue. Phrases like “*meeting ourselves where we are*” and “*turning towards your experience with kindness*” reframe self-care as mindful presence rather than indulgence, aligning with mindfulness-based therapies now emerging in Pakistani digital spaces. Rather than framing therapy as a last resort, the post positions it as a tool for awareness and acceptance, helping bridge the stigma toward normalization. It reflects how new therapeutic narratives, often shared by practitioners or advocacy pages, are reshaping public perceptions, challenging older cultural scripts of shame and weakness with a language of acceptance and supported recovery.

Post 5
(September 28, 2022, X)



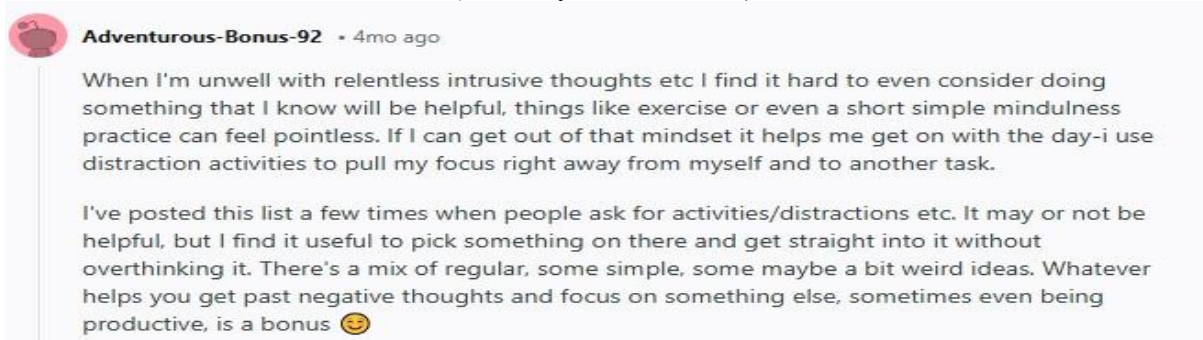
At the textual level, this tweet uses colloquial and ironic language to critique how Pakistani social media often trivializes mental health. Informal phrases like “*weird perceptions*” and “*pls grow tf up*”, alongside common assumptions like “*koi larkay/larki ka chakkar tou nahi hai*”, expose the reductive framing of disorders like depression and anxiety as mere relationship drama or personal failure. By using quotation marks and irony, the author disavows these stereotypes, resisting dominant narratives that oversimplify mental illness. This discursive move challenges cultural ignorance and stigma, calling for a more informed and serious public conversation about mental health.

Post 6
(August 18, 2019, X)



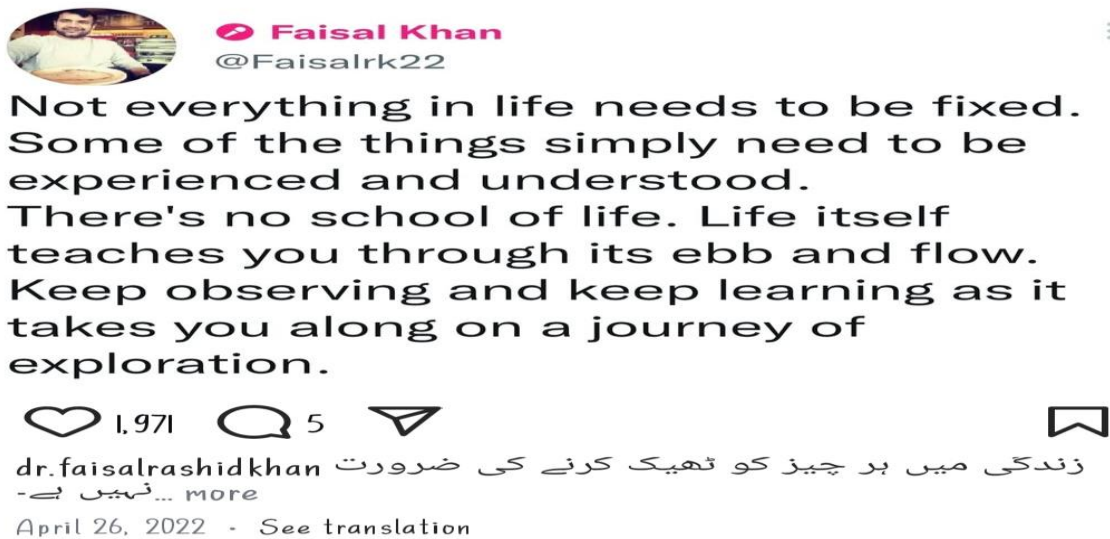
At the textual level, the post uses emotive and urgent language to frame mental health as a severe yet overlooked crisis in Pakistan. Terms like “*least recognized*,” “*huge burden*,” and “*devastating effect*” emphasize alarm and urgency. Phrases such as “*crying for help*” humanize issues like addiction and suicide, shifting them from clinical problems to emotional and social calls for attention. By linking parental depression to “*lifelong effects*” on children, the post frames mental illness as a family and societal concern. Overall, its powerful language aims to destigmatize mental illness and reframe it as a collective responsibility, not a private failing.

Post 7
(January 2025, Reddit)



At the textual level of Fairclough's CDA model, the discourse constructs mental health through anecdotal experience, informal language, and an emotional tone. Using first-person expressions like "I find it hard" and "I use distraction activities," the poster prioritizes personal experience over expert authority, fostering authenticity and peer support, especially relevant in Pakistan, where mental health care is stigmatized. Descriptive words like "relentless" and "pointless" convey depressive intensity, while phrases like "whatever helps" reflect a rejection of perfectionist norms. The casual remark about reposting suggests a culture of shared coping. Overall, the text de-stigmatizes mental illness by normalizing struggles and emphasizing recovery as an ongoing process.

Post 8
(April 26, 2022, Instagram)



The language constructs mental health using metaphors like "life as a journey" and "learning through ebb and flow," promoting acceptance and growth over diagnosis. Emotional struggles are framed as experiences to understand, not problems to cure, thus de-stigmatizing mental health in a Pakistani context. By avoiding clinical labels and using everyday metaphors, the text normalizes emotional experiences. At the textual level of Fairclough's CDA, these choices resist dominant, stigmatizing narratives and instead promote a compassionate, humanized discourse around mental health.

Post 9

(January 26, 2022, X)



Mirza Imran Mukhtar · 26 Jan 22

If you are physically unhealthy, you mostly suffer alone. But if you are mentally unhealthy, people around you suffer more than you. Take care of your **mental health** and have mercy **on** people around you.

5 40 298

At the textual level of Fairclough's CDA model, this text uses strong oppositions and emotive language to frame mental health as both a moral and social issue. By contrasting physical and mental illness, it shifts mental health from a private struggle to a societal concern. Imperatives like "take care of your mental health" and "be merciful" place moral responsibility on the individual, linking self-care to the well-being of others. While this highlights collective impact, it risks stigmatizing the mentally ill as burdens. Overall, the discourse moralizes mental health, reflecting common tensions in Pakistani narratives.

Post 10

(November 12, 2022, X)



shahrah-e-faisal s... · 12 Nov 22

mental illness is so fucked up. i hate what i am. i know there's potential to be better. but i just can't get myself to do it. i can't start any tasks. i don't even feel proper emotions anymore. i feel so static. i am so tired all the time. my brain never works either.

1 35 168

At the textual level, the post uses emotive, raw vocabulary to express the lived experience of mental illness. Phrases like "I hate what I am" and "I can't get myself to do it" convey self-hatred and frustration, framing mental illness as a threat to identity and functioning. Metaphors such as "static," "tired all the time," and "my brain never works" reflect feelings of immobility, exhaustion, and cognitive loss. The internal conflict between wanting recovery and feeling incapable reflects broader discourses around personal responsibility and the difficulty of healing. The use of colloquial and intense language like "fucked up" adds emotional weight, showing how social media allows for raw, stigmatized expressions of suffering. Overall, the language frames mental illness as deeply personal, disabling, and isolating, often perceived as a personal failure in virtual discourse.

Post 11
(October 10, 2021, X)

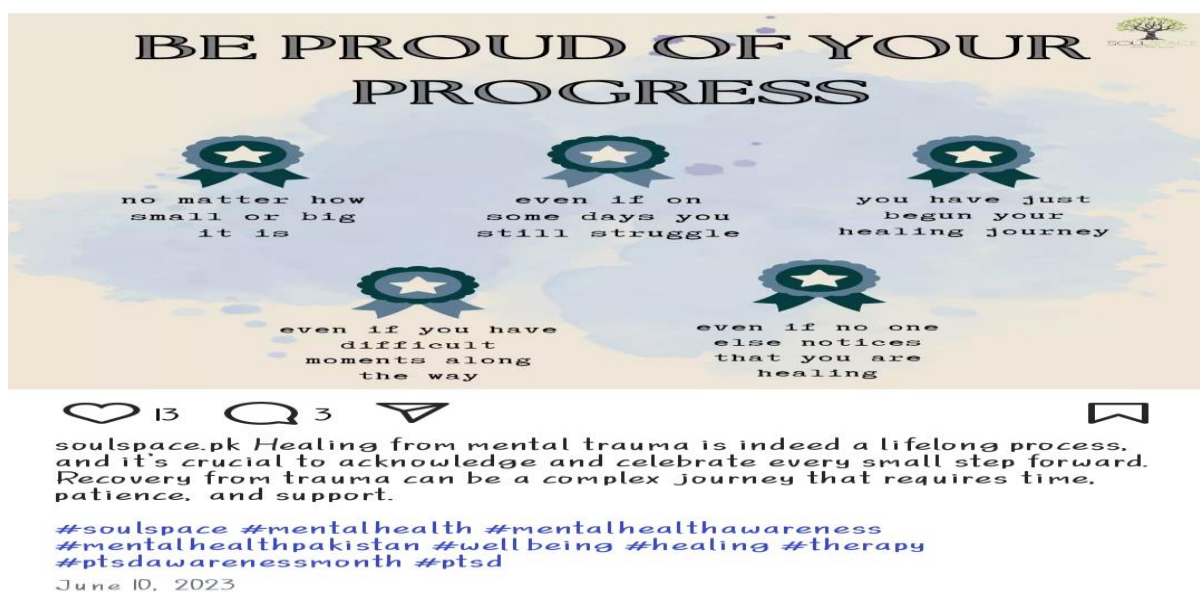


Khairy Jamaludd... · 10 Oct 21
Your **mental health** affects your physical **health** and vice versa. Positive psychological well being can reduce the risks of serious illness. Poor **mental health** can lead to poor physical **health** & harmful behaviour. Let's TALK Minda Sihat. #WorldMentalHealthDay

47 4.4K 6.4K

At the textual level, the phrase “Let’s TALK Minda Sihat” serves as a direct call to action, promoting open dialogue on mental health. By stating “Your mental health affects your physical health and vice versa,” the text challenges the traditional mind-body divide, framing mental health as integral to overall well-being. References to “poor mental health” causing “harmful behavior” stress the urgency of early intervention, while the use of “Let’s TALK” works to normalize mental health discourse, particularly in a culture where it remains stigmatized. The inclusion of bilingual language like “Minda Sihat” makes the message culturally resonant and accessible, encouraging broader public engagement and destigmatizing care-seeking.

Post 12
(June 10, 2023, Instagram)



At the textual level, this blog uses affirmative, optimistic, and process-oriented language to frame mental health recovery. Terms like “healing,” “lifelong process,” and “small step forward” employ metaphors of journey and growth, presenting recovery as a gradual, ongoing experience rather than a fixed outcome. Emphasizing support and patience, the text highlights recovery as a long-term emotional commitment. Repeated prompts to “acknowledge and celebrate” small wins shift focus away from complete recovery to incremental progress, promoting a more empathetic and less stigmatizing view of trauma. Overall, the language helps normalize mental health struggles and portrays recovery as a deeply human and continuous process.

Post 13

(March 19, 2023, Instagram)

soulspace.pk Healing is not one big "aha!" moment and oh you are okay now. It happens in the small moments, the little changes you see in yourself.

Pay attention to yourself!

#soulspace #mentalhealth #mentalhealthawareness
#mentalhealthpakistan #wellbeing #healing

March 19, 2023

At the textual level, the phrase "healing is not one big 'aha!' moment" challenges cultural and social media-driven expectations of instant, dramatic recovery. Instead, it reframes healing as a gradual, internal process, marked by "the little changes you see in yourself." This encourages self-awareness and patience, especially important in Pakistan's context where mental illness is often misunderstood or minimized. The imperative "Pay attention to yourself!" promotes ongoing self-reflection and recognition of subtle emotional shifts, rejecting sensationalized recovery narratives. Through this language, the post redefines healing as a personal, evolving journey, grounded in self-compassion and persistence.

Post 14

(July 23, 2022, Instagram)



Faisal Khan
@Faisalrk22

No emotion lasts forever.
Whenever emotions take you over, do the following;

- Take deep breathes
- Leave the situation
- Increase the time b/w your impulse and action
- Address the issue after anger has settled down

Think about its association with past baggage



At the textual level, the post emphasizes self-control and agency, framing emotions as temporary and manageable. Phrases like "no emotion lasts forever" and action verbs such as "take," "leave," and "address" promote emotional literacy and self-authority. This step-by-step guidance normalizes emotional struggles, aligning mental health with practical coping rather than clinical labels. By referring to "past baggage," it hints at psychological depth without medicalizing the issue, blending therapeutic insight with everyday language to reduce stigma and encourage self-awareness.

Post 15
(January 20, 2022, Instagram)



projectyaqeen 78 2

Depression looks different for everyone. For some, it may be impossible to get out of bed and go about their day. For others, it may appear in a manner that cannot be perceived. They might be "getting things done" on the surface, but it's a different story underneath.

High-functioning depression explains the latter group. While one may look "fine" and be doing well in their academic or professional life, it does not mean that they are not/cannot be depressed. For individuals with high-functioning depression, their functionality covers up their symptoms of depression. However, this does not make their experience any less valid or real.

This post builds high-functioning depression out of a duality and invisibility of narrative, as a disorder that resists visible stereotypes of mental ill health. The opposition between "getting things done" and "a different story underneath" employs metaphorical language to describe unseen emotional pain, resisting the hegemonic representation of depression as visibly disabling. The "high-functioning depression" provides specificity and richness to the subject, challenging over-simplistic health/illness dualism and confirming heterogeneity of experience. In doing so, the post reverses the positioning of mental health as complex, promoting sympathy for those whose suffering does not conform to typical images of distress.

Post 16
(March 3, 2023, Instagram)

rooshanalampsychoologist I see so many people making anxiety as a mental disorder by themselves. Please get evaluated by a professional if it gets unmanageable then a diagnosis is required.

This is just to aware people that it's okay to feel anxious! Everyone has various ways to experience anxiety. It is what makes us protect ourselves from risk factors!

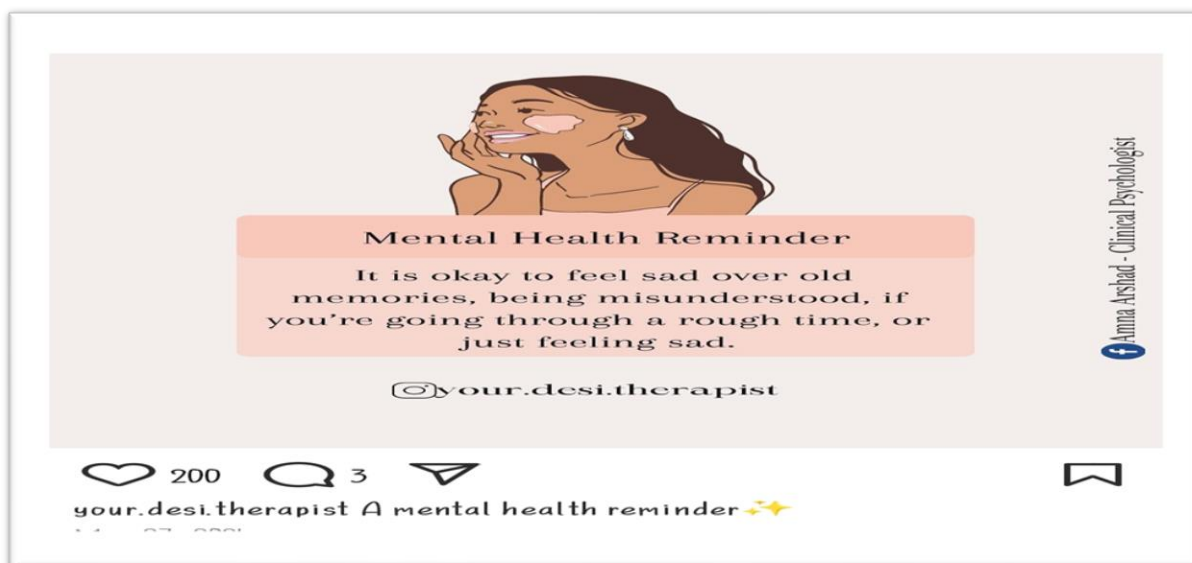
Most neurodivergent individuals are anxious many times and that's okay.

Grounding techniques are a great tool but should not be replaced as an alternative for therapy.

#emotional
#empathy
#anxiety #mentalhealthawareness #mentalhealthmatters
#mentalhealthstigma #mentalhealthpakistan #feelingas

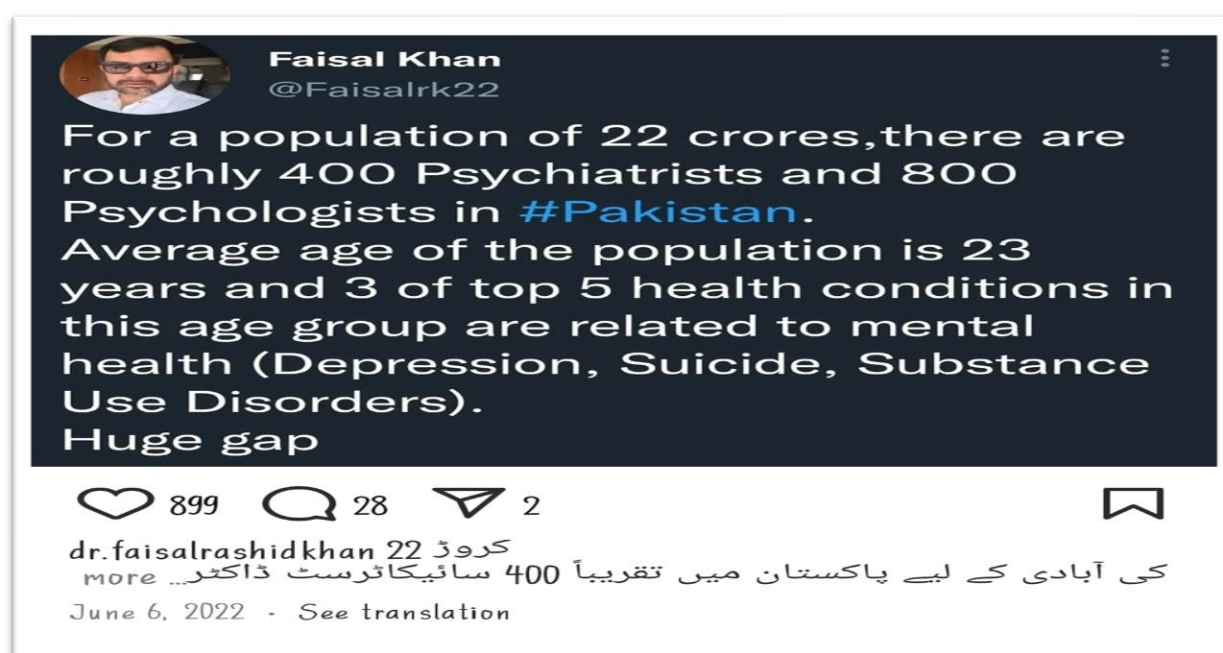
This post builds anxiety as a context- and spectrum-dependent affective experience that resists the tide of self-diagnosis on social media. In employing the words "making anxiety a disorder by themselves" and "get evaluated by a professional," it positions professional medical expertise as the place to be diagnosed. It also recontextualizes anxiety as a normative protective function, especially among neurodivergent individuals, and emphasizes diversity in mental experience. The message distinguishes between feeling anxious and suffering from an anxiety disorder, and the goal is to minimize misinformation without being unsympathetic. It implicitly encourages an even-handed perspective, normalizing distress without downplaying the significance of clinical assessment or treatment.

Post 17
(May 27, 2021, Instagram)



This post challenges hegemonic stigmatizing norms by validating everyday emotions like sadness, often dismissed or repressed in Pakistani culture, especially among men. The repetition of “*it is okay*” creates a reassuring, inclusive discourse that resists cultural pressures to pathologize emotion. By citing relatable causes like “*old memories*” or “*being misunderstood*” in a gentle, non-judgmental tone, it fosters a shared emotional space rooted in tolerance and compassion. At the discursive practice level, this message contributes to a counter-discourse on Pakistani social media, reframing emotional struggle as human and valid rather than weak. It reflects a cultural shift where online spaces promote emotional honesty, gradually challenging stigma through simple, empathetic language.

Post 18
(June 6, 2022, Instagram)



At the social practice level, this tweet places mental health within Pakistan's broader socio-political and institutional context. Posted by a verified expert, it highlights the power imbalance between rising adolescent mental health needs and a severely underfunded system, with the phrase "*huge gap*" underscoring systemic failure in addressing issues like suicide, depression, and substance use. By framing mental illness as a public health crisis, the language challenges cultural stigma and institutional denial, demanding policy-level accountability. The tweet serves not only as commentary but also as advocacy, calling for a rights-based, structural response and a shift in national priorities toward mental health reform.

Post 19
(November 28, 2023, X)



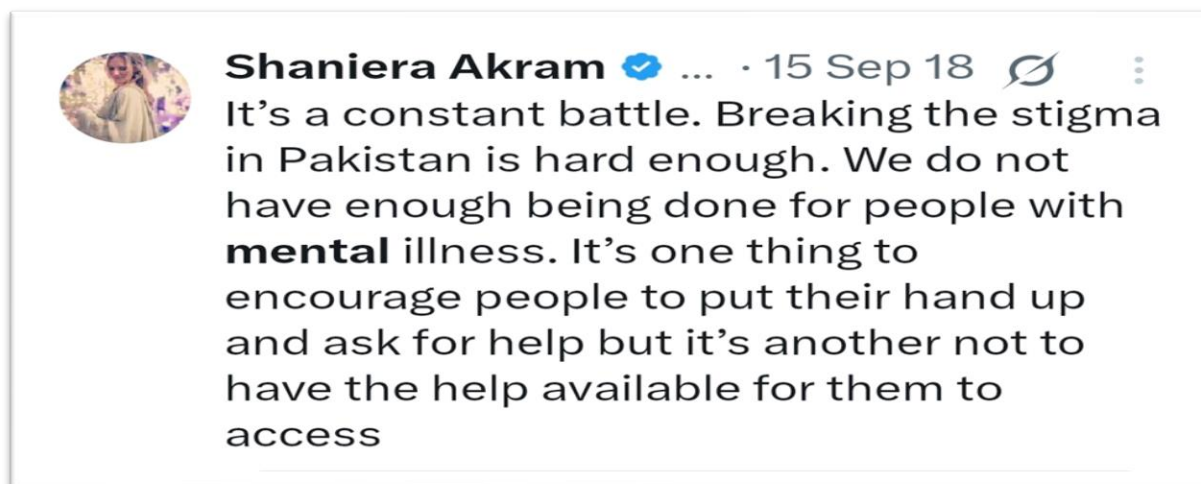
The post highlights the entrenched stigma around mental illness in Pakistan, portraying it as misunderstood and marginalized. At the text level, phrases like "*be a man*" and "*chemical imbalance as weakness*" critique cultural views that frame mental illness as personal failure rather than a health issue. At the discursive level, the post uses medical counter-narratives to challenge societal norms that discourage help-seeking, while showing how such narratives are often distorted or rejected. At the social practice level, it exposes how patriarchal values and institutional neglect reinforce stigma, making mental health both culturally silenced and systemically overlooked.

Post 20
(June 8, 2018, X)



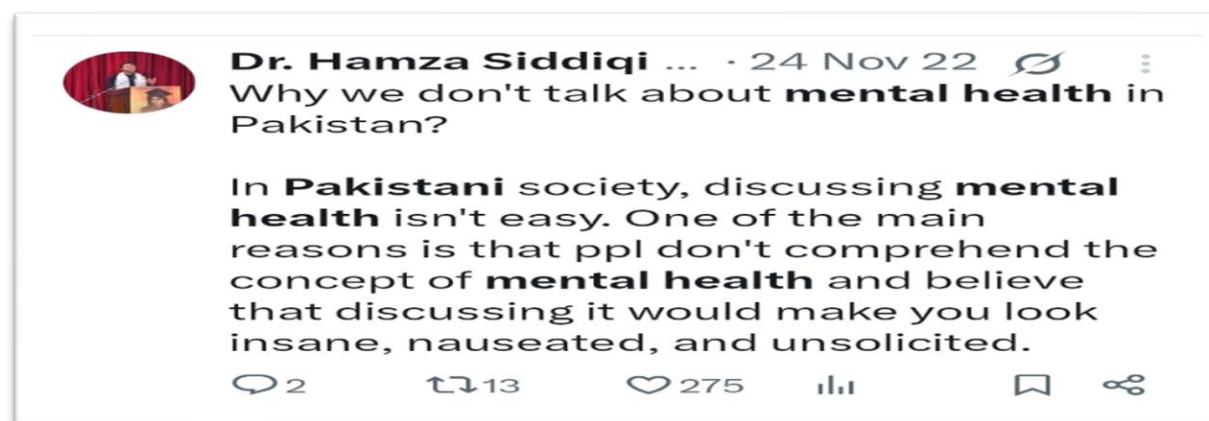
Using Fairclough's CDA model, the text shows how mental health in Pakistan is shaped by stigma and social pressure. Words like "stigmatized" and metaphors such as "driven by others" highlight how societal forces, like materialism and celebrity culture, define mental illness and strip individuals of agency. The discourse critiques ridicule and dismissal of mental health, calling instead for empathy and compassion. It challenges dominant ideals of productivity and success, urging a cultural shift toward greater recognition and support for mental well-being.

Post 21
(September 15, 2018)



Using Fairclough's CDA model, the phrase "*It is a constant battle. Breaking the stigma in Pakistan is hard enough...*" reveals both resistance to and affirmation of long-standing mental health stigma. At the textual level, metaphors like "*constant battle*" convey the exhausting nature of stigma, while the contrast ("*one thing... but another*") highlights the gap between encouraging help-seeking and the lack of actual support. At the discursive level, the post challenges the dominant narrative that awareness alone is sufficient, drawing attention to systemic failures in providing mental health care. At the social practice level, it criticizes superficial activism and exposes deep-rooted cultural and institutional barriers, calling for genuine structural change in how mental health is addressed in Pakistan.

Post 22
(November 24, 2022, X)



At the social practice level of Fairclough's CDA model, the text shows how Pakistani mental health discourse is shaped by stigma, myths, and taboos. Terms like "insane" reflect a

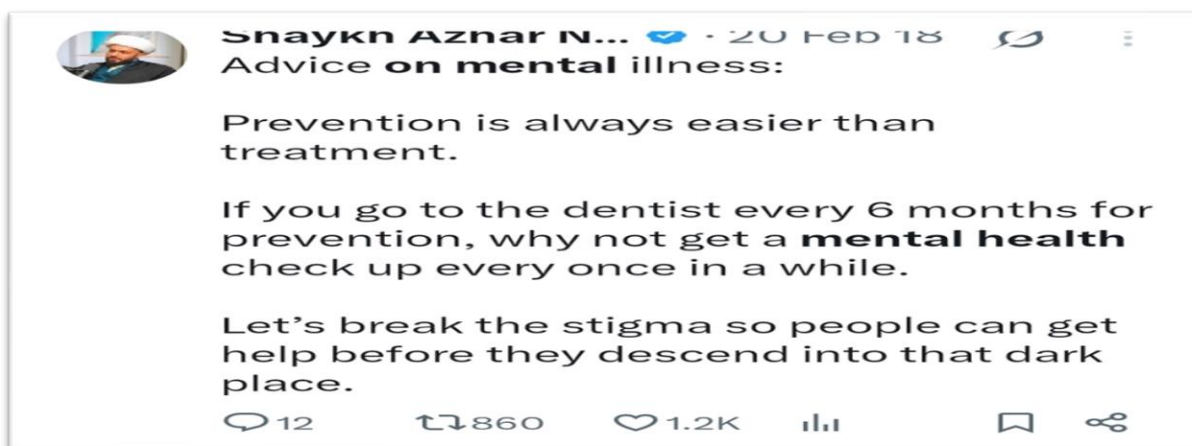
culture that treats mental illness as a personal failing. Social norms favor silence and endurance, discouraging open discussion. However, by questioning this silence, the text resists these norms and supports a growing social media counter-narrative that promotes dialogue and reframes mental illness as valid and serious, contributing to a slow cultural shift toward awareness and acceptance.

Post 23
(May 3, 2024, X)



At the social practice level, this post challenges cultural stereotypes of mental illness in Pakistan by promoting empathy and self-compassion. Phrases like “it is okay to struggle” and “be kind to yourself” counter narratives that link mental illness to shame or weakness. By normalizing everyday struggles, the post supports a shift toward viewing mental health as a human experience, not a moral failing. This reflects a broader trend on Pakistani social media toward destigmatization and greater openness.

Post 24
(February 20, 2018, X)



At the textual level, the simile “like a dentist checkup” repositions mental health care as routine and preventive, normalizing help-seeking. Phrases like “get a mental health checkup” and “let’s break the stigma” promote self-care and social change, while “before they descend into that dark place” emphasizes early intervention. Overall, the language challenges stigma and reframes mental health as essential to overall well-being.

Post 25
(February 28, 2021, Instagram)

Stop saying OCD when you mean organised.
Stop saying depressed when you mean sad.
Stop saying ADHD when you mean easily distracted.
Stop saying traumatic when you mean inconvenient.
Stop saying anorexic when you mean skinny.
Stop saying phobic when you mean uncomfortable.
Stop saying bipolar when you mean moody.
Stop saying schizophrenic when you mean unpredictable.
Stop saying psychotic when you mean irrational.
Stop saying sociopathic when you mean cruel.
Stop saying autistic when you mean foolish or strange.
Stop saying triggered when you mean upset or offended.

And stop saying r*tarded, in general.



umer.therapistl Label your Emotions (to create awareness)

NOT

People (to spread misinformation)

#mentalhealth #mentalhealthawareness #mentalhealthadvocate
#mentalhealthlahore #therapy #mentalhealthpakistan

At the discursive practice level, this post critiques how everyday language on Pakistani online platforms trivializes mental illness. The phrase “*Stop saying, when you mean*” acts as a corrective tool, challenging the misuse of clinical terms like “*depressed*” or “*OCD*” in casual speech, which dilutes their seriousness. Authored by a therapist, the post carries discursive authority, promoting a counter-narrative against common attitudes of mockery and dismissal. It encourages more empathetic, informed language use, framing such changes as steps toward greater mental health literacy and cultural transformation.

5. FINDINGS & DISCUSSION

The analysis highlights a notable increase in social media engagement with mental health issues among Pakistanis, as mental health professionals, advocates, celebrities, and everyday users increasingly share supportive messages like “you are not alone” and “mental health matters.” These expressions mirror global efforts to promote compassion and normalize mental health conversations. However, this emerging awareness coexists with persistent stigmatizing language, such as the casual misuse of terms like “bipolar” or “OCD,” which trivializes psychiatric conditions and hinders meaningful understanding. A significant theme is the religious framing of mental health, where many posts suggest prayer and faith as primary remedies for depression and anxiety. While spiritually rooted coping mechanisms can be beneficial, over-reliance on such narratives can replace clinical explanations with moral or religious judgments, potentially discouraging professional help. This is especially evident in posts implying that lack of faith is the root cause of mental distress, reflecting broader cultural and historical perceptions of mental illness in Muslim-majority societies. Gender dynamics are

also prominent, with women often receiving mixed reactions, ranging from empathy to subtle blame while men expressing vulnerability are frequently mocked, reflecting patriarchal norms that equate masculinity with emotional restraint. These gendered patterns contribute to the underdiagnosis and undertreatment of mental health issues, especially among men. Public dissatisfaction with Pakistan's mental health infrastructure is voiced through activist language, shifting blame from individuals to structural factors, with calls for accessible and affordable therapy echoing international movements advocating for mental health as a human right. Another key finding is the strategic switching between English and Urdu (typically in Roman script). English is often used in professional or advocacy contexts, while Urdu appears in informal, humorous, or religious discussions. This bilingual usage reinforces class and educational divisions, with English symbolizing authority and modernity, and Urdu providing cultural and emotional resonance. However, this stratification of language can also affect inclusivity, as English-dominated discourse may alienate non-English speakers, while Urdu may lack clinical precision, highlighting how language use is deeply embedded in power structures and social hierarchies.

6. CONCLUSION

The above analysis finds that Pakistani social media sites both reflect and shape positive and negative stances toward mental health. Although positive language is gradually increasing, even with the resolution of silence, promotion of therapy, and demands for institutional reforms, negative labelling across gendered norms, religious moralism, and linguistic elitism persists. Critical discourse analysis reveals how language comes to be a significant location in which cultural meaning is negotiated. How mental health is discussed, the metaphors, jokes, silences, and slogans, influences not just public opinion but also personal willingness to seek help. In a world where access to mental health care is still restricted, the digital discourse can either bridge or reinforce barriers. A sophisticated grasp of these discourses is necessary to develop more inclusive, effective, and culturally rooted mental health interventions. Changing the narrative, both discursively and policy-wise, is one step towards altering the lived experience of mental health in Pakistan.

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