

#depression: Singaporean Muslim Women Navigating Mental Health on Social Media

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Over the past few years, Singaporean Muslim women have increasingly used Facebook, Instagram, and blogs to discuss the intersections among mental health, stigma, and religious socialization. Their use of online platforms to reconfigure dominant narratives on Islam and mental health while firmly positioning themselves as minoritized ethnic, religious, and gendered subjects point to the ways that social media facilitate novel possibilities for critiquing normative assumptions, while foreclosing others. Despite these critical discursive transformations, minoritized Muslim women’s social media navigations elide scholarly analysis. Within a context whereby social media platforms and various publics are constantly evolving, this article examines the ways that Singaporean Muslim women stake a claim for themselves, expanding the discursive spaces that both consolidate and contest authoritative discourses on mental illness and contributing to the formation of digital counterpublics.

Keywords: Islam, mental health, gender, social media, Singapore

The Islamic faith is replete with stories of prophets and *sahabahs* [companions] struggling with great despair in their lives. There were no words to pathologize any (if any) of their conditions at the time, but we would never deign to call these revered figures weak-willed or lacking in faith as they mourned the loss of wives, friends, family, or as they went through great sorrow, great pain, and the horrors of war (how many of them probably suffered from PTSD!) . . . perhaps we should look toward these stories that affirm and validate the reality and difficulty of suffering instead of using the same, tiring religiously-laced platitudes that shame and invalidate someone’s suffering. (D. Rahim, 2018, para. 22)

Importantly, liberation from psychiatric domination and abuse has to happen alongside other struggles for social justice, such as institutional racism, sexism and economic injustices. In this respect, mental health advocates need to also adopt an intersectional perspective on their struggle, that mental well-being cannot be divorced from the liberation from oppressive forces in society (Johari, 2018, para. 19).

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Figure 1. Instagram post by Atikah Amalina, The Tudung Traveller.

Over the past few years, Singaporean Muslim women have increasingly used Facebook, Instagram, and blogs, relying on diverse modalities of expression to discuss the intersections among mental health, stigma, and religious socialization. Some, such as Diana Rahim, evoke Muslims' familiarity with Islamic discourses—denouncing “religiously-laced platitudes,” while drawing comparisons with the affective despair endured by key Muslim figures during Islam's formative stages. As the editor of *Beyond the Hijab* (BTH), Diana curates online content centering Muslim women's lived experiences, dedicating an extensive issue to mental health.² Likewise, branding herself as a visibly Muslim *hijabi* traveler, Atikah Amalina (the Tudung Traveler), contends with communal sanctioning of her solitary sojourns, intimately narrating her struggles with depression, anxiety, and posttraumatic stress disorder (PTSD) through the use of selfies and personal testimonies.³ Extending the discussion, Nurul Fadiyah Johari's (2018) online autoethnographic account of her encounters with mental health institutionalization point to the inequities scaffolding such structures and the need for affirmative interventions rooted in intersectional approaches to social justice. In emphasizing the cultivation of mindfulness and destigmatization, Atikah has amassed the largest social media following, but Diana and Fadiyah's critique of power differentials have garnered less attention.⁴ Together, these social media engagements point to the contested online landscape encompassing mental health discourses in Singapore. They not only index the most visible ways that Muslim women have discursively expanded mental health discourses within the nation-state, but they also allude to the transformative possibilities that undergird social media engagements. Within a frame whereby both social media platforms and various publics are constantly metamorphizing, how do minoritized Singaporean Muslim women stake a claim for themselves?⁵

² I refer to my interlocutors by their first name as customary within the Malay Archipelago.

³ *Tudung* is the Malay terminology for *hijab*.

⁴At the final stage of review, a prominent Muslim American preacher, Imam Khalid Latif, shared BTH's website on his Facebook page as an “important read.” Tracking the implications of this online transnational solidarity transcends the parameters of this article.

⁵ I use the term *minoritized* over *minority* as such scholars as Lee (2006) argue that the former constitutes a verb indexing the ways that structures actively construct minority subjects, and the latter gestures to the

What are the ways in which social media discussions consolidate and contest authoritative discourses on mental illness? How do these engagements constitute digital counterpublics that alter the stakes of engagement on mental health?

Muslim women's deliberate turn to social media for mental health advocacy merits attention in light of the state-mandated 2010 Singapore Mental Health Population Study. The study concluded that although one in eight Singaporeans adults had experienced a mental health condition, 80% did not seek psychotherapy because of lack of awareness and pervading stigma (Chong, Abdin, Vaingankar, et al., 2012). The gendered dimension is startling; Singaporean women from the ages of 18 to 34 are supposedly predisposed to develop lifetime affective disorders than their male counterparts, at 7.2% versus 4.3% (Chong, Abdin, Vaingankar, et al., 2012; Picco, Subramaniam, Abdin, Vaingankar, & Chong, 2017).⁶ While remaining critical of the ethnographic particularity that undergirds positivist claims, this gendered difference should prompt us to evaluate the multidimensional stressors Singaporean women face within a neoliberalizing context, especially if they embody minoritized subjectivities. Indeed, cognizant of the need to capitalize on social media's expansive reach, the state-funded National Council of Social Service recently spearheaded an online campaign (#beyondthelabel), deploying key "ambassadors" who use hashtags, uplifting quotes, and images to rally Singaporeans to destigmatize mental health, with a visibly Muslim hijabi contending with bipolar disorder as one of the key spokespersons. Notably, this campaign was created within a contemporary moment whereby other platforms advancing Muslim women's wellness began to flourish locally and globally, from Islamic seminars premised on affective self-help (Jamil, 2019) to online support groups encouraging gendered forms of Islamic mindfulness in dealing with everyday precarity.⁷ Encouraged to rely on their faith, Singaporean Muslim women's use of online platforms to reconfigure dominant narratives on Islam and mental health while firmly positioning themselves as minoritized ethnic, religious, and gendered subjects point to the ways that social media facilitate novel possibilities for critiquing normative assumptions, while foreclosing others.

The urgency that belies these digital shifts must be underscored by first attending to the connections between Malay Muslim subject formation in Singapore and the racialization of mental health discourses. Next, I highlight my interventions into key literatures in social media studies, public health, psychology, and anthropology, before explicating the methodological framework. Subsequently, I analyze my interlocutors' use of social media to navigate Islamic precepts in their mental health advocacy. In so doing, I explore the ways that particular online engagements potentially contribute to the formation of digital counterpublics (Hill, 2018).

condition of being distinct from a majority group in terms of quantity or cultural practices without necessarily alluding to power differentials.

⁶ These normative measures compel us to consider how quantitative metrics are scaffolded by gendered assumptions that contest their positivist claims; for example, the overdetermined diagnosis of women with depressive disorders and cultural norms that favor women's self-declaration versus male reticence.

⁷ See, for example, <https://www.AidaAzlin.com>.

Racializing Mental Health

An incisive understanding of minoritized subjects' appeal to social media to disrupt hegemonic mental health discourses necessitates attending to the state's management of race and religion. The 2019 Population Trends report suggests that 99.2% of Singaporean Muslims identified as ethnic Malays, composing approximately 13.4% of Singapore's population of 5.7 million, with the ethnic Chinese assuming the dominant 74.4% majority (Department of Statistics Singapore, 2019). To counter the neighboring Malaysian elites' endorsement of Malay *bumiputera* (sons-of-the-soil) rights, the postindependent Singapore government set about legitimizing the logic of multiculturalism by categorizing Singaporeans into a monolithic Chinese, Malay, Indian, Others model that simplified cultural differences (see Chua, 2005). Within this biopolitical mode of governance, ethnic Malays were hegemonically constructed by the state apparatus as hypersexualized, burdened by drug abuse and debilitating health issues, reliant on state welfare, and lacking the will to transform compared with fellow Chinese citizens (see Heng & Devan, 1997; Li, 1989; L. Z. Rahim, 2001; Tan, 2001). Further contending with Singaporean Muslims' contentious social location as minoritized subjects within predominantly Malay Archipelago, and the spread of racial and religion tensions from Malaysia and Indonesia, the state has also intricately managed Islam through particular provisions such as the Islamic Religious Council of Singapore, the mosque-building funds, and subsidized tertiary education fees for Malay citizens, as well as an institutionalized Islamic court system to mitigate marriage, divorce, and inheritance.

The state's incentives facilitate particular affordances while preventing racial and religious claims from assuming political overtones within various public spheres (Fischer, 2016; Nasir, Pereira, & Turner, 2009). Despite allowances that hypervisibilize Singaporean Malay Muslims, Islam assumes limited electoral visibility in the nation-state as opposed to Malaysia and Indonesia. Since 1965, the postindependent Singapore state's calibration of political dominance comprises the management of religious expression, political dissent, and press freedoms, while ensuring economic growth through foreign and state-owned capital (Chua & Kwok, 2001). With the implementation of the Maintenance of Religious Harmony Act in 1990, individuals who engage in political discourse could face detention without trial and be charged with sedition (Tan, 2010). The passing of the Protection from Online Falsehoods and Manipulation bill in 2019 further authorized the state apparatus to monitor online platforms and private chat groups for the spread of "misinformation" and dissenting views broadly defined (see Wong, 2019). The pervading sense of unease in publicly accounting for racial and religious governmentalities in public health scholarship thus coheres with the lack of attention to structural inequity within mainstream media discourses. Within this context, my interlocutors' navigations of social media's immediacy and reach to pose discussions on mental health constitute attempts at formulating viable counterpublics, even as the state increasingly extends its disciplinary reach into such interactional moments.

Biomedical Discourses, Multicultural Psychotherapy

Scholarship on mental health in Singapore affirms the monumental stakes represented by my interlocutors' social media engagements. Central to this body of work is the 2007 Mental Health Policy and Blueprint, which fostered shifts in mental health administration in Singapore. The state-appointed research committee then proposed recommendations to facilitate the early detection of mental illness and build

support networks with primary care physicians in the nation, justifying increased funding for such research (Chong, 2007; Chong, Vaingankar, & Subramaniam, 2012). Rooted in epidemiological models of surveillance and disease prevention, the blueprint inadvertently glossed over structural factors implicating mental illness, while emphasizing treatment, diagnosis, and destigmatization. Subsequent campaigns included the national Health Promotion Board's "Treasure Your Mind" incentive aimed at equipping civil service workers with the skills to enhance their well-being through specialized workshops on topics such as stress alleviation. Advancing mindfulness, these initiatives obscured the neoliberal shifts precipitating mental health issues within local employment sectors such as stagnating wages and precarious labor conditions, while emphasizing labor productivity (see Chong, Vaingankar, & Subramaniam, 2012). It is thus unsurprising that scholarship on mental health in Singapore has predominantly elided the ways that perceived experiences of racism, discrimination, and classism structure anxiety, depression, and "attendant comorbidities" within minoritized subjects, while simultaneously aggregating statistical measures according to ethnicity, religion, and gender.⁸

Despite these critical elisions, scholars have acknowledged the importance of culturally specific treatment in rehabilitating mental illness. Azhar and Varma (1995) and Razali, Aminah, and Khal (2002) demonstrated that cognitive-behavioral therapy relying on Islamic precepts hastened the remission of symptoms at the initial stages, even though they were unsustainable in the long term. Within these treatment models, Singapore's mental health professionals equipped with Islamic fundamentals used the Quran and *Hadith* (prophetic sayings) to guide participants to identify negative cognitions and substitute them with affirmative thinking. The formation of Club Heal under the auspices of the Ministry of Health and National Council of Social Services further testifies to the state's acknowledgment of the importance of culturally competent psychiatric therapy catered to Singaporean Muslims.

Beyond the Singapore context, scholars have explored Muslims' lack of engagement with mental health interventions, pointing to the latter's fear of the incommensurability of these approaches with their faith, their distrust in the cultural competency of health care professionals, and encounters with racism and Islamophobia while using such services (Hodge & Nadir, 2008; Keshavarzi & Haque, 2013). In turn, scholars have advocated the merits of adapting psychotherapeutic interventions with religious frames to facilitate recovery, especially if the latter equips believers with ritualized practices complementing biomedical approaches (Johnsdotter, Ingvarsdotter, Margareta, & Carlbom, 2011; Ladd & McIntosh, 2008). Others have emphasized the need to deconstruct interventions based on Eurocentric modalities such as "talk therapies," pointing to the ways that communal activities such as weddings and gatherings potentially promote mental well-being within minoritized communities (Guerin, Elmi, & Guerin, 2006; Tilbury, 2007). Extending such discussions, this article examines the utility of technologically mediated communal spaces in advancing Muslim women's mental health needs.

⁸ For example, Picco and colleagues' (2017) essay highlights Singaporean women's tendency to develop major depressive disorders, concluding that, "While the exact reason for such gender differences . . . is not known, it is likely to be a myriad of social, behavioural, psychological and biological factors that possibly interact with one another" (p. 652). Indians, too, suffer from "a biological vulnerability that has yet to be explained, or environmental factors, including acculturation, resulting in the internalisation of disorders such as depression among ethnic minority groups" (p. 653).

Digital Counterpublics, Selfie Cultures

Amid debilitating health care crises, online users increasingly curate social media content to nurture affective senses such as self-affirmation. By sharing and circulating online content, individuals create cohesive social networks that facilitate knowledge acquisition regarding illness, minimize isolation, and contribute to increased subjective mental well-being (Gowen, Deschaine, Gruttadara, & Markey, 2012; Kaplan, Salzer, Solomon, Brusilovskiy, & Cousounis, 2011; Kim, 2014; Nabi, Prestin, & So, 2013). In so doing, users create imagined communities of "networked publics" (boyd, 2014) composing individuals envisioning themselves as members of a larger community organized around shared identities and practices, disseminating and organizing content vis-à-vis indexical markers such as hashtags. These digital communicative affordances enable individualized and communal modalities of engagement that could affirm instead of negate mental health struggles, while transcending geospatial boundaries. In so doing, they foreground the individuals' ability to contend with quotidian precarity, a form of recovery "in," as opposed to "from," mental illness that appears more attainable and less overwhelming (Davidson & Roe, 2007).

Drawing from Fraser's (1990) conception of the "subaltern counterpublic," which critically intervenes in the Habermasian (1962) notion of the "public sphere," Hill (2018) argues that neoliberalization of capitalism has rendered it fiscally impossible for physical spaces of congregation to exist for minoritized subjects, making it productive to locate the discussion online. Writing specifically on Black women's use of social media to disrupt hegemonic discourses on police brutality (#sayhername), Hill traces the ways that minoritized youth have constructed "digital counterpublics" as the "virtual, online, or otherwise digitally networked community in which members actively resist hegemonic power, contest majoritarian narratives, engage in critical dialogues, or negotiate oppositional identities" (p. 2). Through digital technologies, minoritized youth counter representations of themselves as criminalized, while critiquing the politics of respectability that demand exceptionalism from minoritized subjects as part of the condition of legibility. Within this frame, the BTH portal, Fadiyah's autoethnography, and Atikah's social media content arguably exist as digital counterpublics, albeit to different degrees.

As this article demonstrates, minoritized subjects' reclamation of selfie cultures, too, constitute digital counterpublics. Writing on the visual turn in social media, Rettberg (2014) argues that selfies enable people to share their self-expression, transforming them into acts of self-representation by creating cultural texts that could be interpreted and circulated within particular social contexts. As visual signifiers, selfies disrupt disembodied presentations of self: how and why certain images become viral index hierarchical cultural valuations of gender, race, class, and sexuality. Furthermore, as Senft and Baym (2015) suggest, selfies function as cultural artifacts and social practice, existing as photographic objects and as communicative gestures. On circulation, selfies transcend their moment of creation, providing data for marketing companies, while scaffolding biopolitical surveillance. Yet, selfies also empower women to simultaneously reaffirm and reclaim masculinist gaze, foregrounding the power of testimony through visual self-representation.

Social Media Ethnography

By focusing on Facebook, Instagram, and blog posts, I draw from boyd's (2014) definition of social media as "the sites and services that emerged during the early 2000s . . . and related tools that allow

participants to create and share their own content” (p. 6), thus reshaping communication ecologies. Unpacking the “social” in social media, Madianou and Miller (2013) suggest that we depart from analyzing discrete platforms toward an understanding of dynamic “polymedia,” which compose composite spatialities that converge and are constantly evolving. To cite an example of polymedia formation, Figure 1 shows Atikah cross-posting an Instagram screenshot of her article originally published on another platform (Thrive Global). Attending to routines, mobilities, and socialities online enables us to consider both the boundedness and fluidity on social media platforms and the digital crossings they precipitate (Bonilla & Rosa, 2015; Postill & Pink, 2012). Transcending a broad analysis of networked publics into an ethnographic analysis of individuated practice (Postill & Pink, 2012, p. 124), I relied on a human-mediated RSS feed (Naughton, 2011) focusing on specific users and their followers instead of examining all of the posts on Muslim women and mental health in Singapore using an online aggregator RSS tool.

In highlighting social media content from three key sources, this article draws from scholars who posit that ethnographic exploration of social media practices should transcend quantitative analysis to encompass ways of meaning-making and digital spatial crossings vis-à-vis hashtags, comments, and images. Hashtags, for instance, represent unique forms of clerical and semiotic meaning-making (Bonilla & Rosa, 2015, p. 5). In a clerical sense, hashtags enable us to consolidate data online because of their self-grouping function. For example, in citing particular hashtags such as #depression and #ptsd, my interlocutors’ posts are grouped with other posts on mental health globally, as well as specific Instagram sites such as @therapyforlatinx and @therapyforblackgirls. At the same time, hashtags also fulfill a semiotic function, pointing to the signs and symbols associated with gendered and religious socialization and mental health. Attending to my interlocutors’ “hashtag sociality” on these platforms reveals their fixity and also their dispersal and interconnectedness in practice (Bonilla & Rosa, 2015). To contextualize these hashtag socialities, I supplemented ethnographic data for this article with informal Skype interviews with Diana and Fadiyah.⁹ Analyzing Muslim women’s selfies, this article points to the ways that such forms of self-representation simultaneously facilitate the reclamation of personal narratives surrounding struggle and self-acceptance while functioning as a social memory, a form of countervisual habitus that contests dominant public sphere representations of mental health.

“God Was Talking to Me Directly”

Although my interlocutors adopted contrasting strategies in advancing their cause, their modalities of expression—foregrounding political commentary and/or intimate autoethnographic narratives—index the potential formation of digital counterpublics that transgress normative ideals of respectability. To cite an example, commitment to the cultivation of a pious subjectivity is one of the means through which my interlocutors profess critiques of institutionalized structures and communal stigmatization. In a controversial post cross-posted to Facebook, BTH referenced a verse from Surah Maryam (19:23), in particular, the pain that Maryam (Mary) felt from childbirth that incited her desire for death and God’s loving response toward her (see Figure 2). Drawing inspiration from one of the most virtuous Muslim women—and the only one to be identified by name in the Quran—the author describes the profound effect of these sacred verses as she contended with suicidal thoughts.

⁹ Atikah Amalina did not respond to my request for an interview.



Something I discovered during that treacherous time was this gem in Surah Maryam verse 23: (And the pains of childbirth drove her to the trunk of a palm tree. She said, "Oh, I wish I had died before this and was in oblivion, forgotten.") This is the first time in the entire Quran where suicide is mentioned in a positive light. Now, if you can't see the positive light yet hang on, let me now point you to the verse following it: (But he called her from below her, "Do not grieve; your Lord has provided beneath you a stream"). Take a moment to think about the fact that one of the greatest women to walk the Earth—Maryam—felt suicidal after giving birth to her son. A prophet at that. When I first read that verse, I sobbed like there was no tomorrow because it felt like God was talking to me directly and that He validated my pain, anger and sorrow. My illness is real and I am not a bad Muslim for being mentally ill.

Read the full article, link in bio. Illustration by @yesyesmonorail
#mentalhealth #mentalillness
#rapidcyclingbipolarisorder
#bipolarisorder #suicide
#muslimwomennarratives #sgfeminist
#singaporefeminist #muslimwomen
#muslimfeminist #genderequality
#intersectionalfeminism

syahidahwrites wow. it also suggests a discussion around maternal mental health and what people call "ppd/ppa" these days. amazing ✨

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Figure 2. Beyond the Hijab Instagram post.

The accompanying visual depicts a female-presenting individual with long hair or a hijab covering her head, tears streaming down her face turned slightly away from a wall or an entrance carved with decorative inscriptions. The image is bifurcated with a text caption referencing a Quranic verse. Within a discursive tradition that frames suicide as the ultimate transgressive act, the author's allusions to its visibility in the Quran extend and subvert the conventional norms on ethical responsibility to one's self that explicitly prohibits the termination of life. The caption further dismantles stereotypical assumptions about suicide, reconfiguring the discussion to foreground the trauma of the sufferer.

In addition, the Instagram post references a full-length article detailing A's (2018) difficulties in navigating Singapore's state-subsidized health care system. A's eventual consultation with a psychiatrist after her mother's emotional intervention alludes to the neoliberalization of health care that has increased

the emphasis on individual responsibility at the expense of state welfarism, relying on market forces that dichotomize the system into public and private providers.¹⁰ Within this frame, a patient is only able to receive subsidized health care after obtaining referrals from public polyclinic doctors, enduring months of delay before consulting specialists (Chong, Abdin, Vaingankar, Kwok, & Subramaniam, 2012). With pervasive stigma surrounding mental illness, private insurance companies rarely provide comprehensive coverage, leaving citizens with limited options in pursuing state-subsidized mental health care (Chong, 2007). Despite A's struggles in obtaining reliable psychiatric treatment, reconfiguring Maryam's experience as testimonial evidence of the Quran's meditation on suicide enabled her to feel an affective connection with God, thus validating the anger and sorrow she experienced. A concludes in the blog post that reading the related Quranic verses also served as a reminder that divine reward awaited those who deal with adversity by cultivating patience.

While the Instagram post hashtags terms commonly associated with mental health advocacy, it also references transnational critiques of Eurocentric feminism by foregrounding minoritized women's subjectivities (#sgfeminism, #intersectionalfeminism). As #blacklivesmatter and #sayhername demonstrate, hashtags contribute to the formation of digital counterpublics whose shared temporality allude to the notion of a common public time, facilitating grassroots mobilization and the transformation of online imagined communities into practice (Bonilla & Rosa, 2015; Hill, 2018). At the same time, hashtag use could also limit any post's reach within particular publics. Thus, although Diana Rahim clarified via Skype that BTH cross-posted on multiple online platforms to reach a wider audience, the post's transgressive content and hashtags possibly limited its reach: 72 likes and one comment from a follower who further read the verse in light of contemporary discussions on postpartum depression. The comment was particularly symbolic given that postpartum depression was rarely constructively discussed in the mainstream Malay media. Due to the normative framings of conception and childbirth as desirable processes indexing pious femininity, Malay media outlets tend to elide discussions on mental and emotional well-being, while foregrounding care for the postpartum body. In this regard, BTH's limited social media presence could be attributed to its signaling practices through hashtags, given Singaporean Muslim women's demonstrable reluctance to publicly identify with feminism despite their agentive pursuit of knowledge and upward mobility as part of their self-transformation (see Jamil, 2016).

References to the Quran as a source of healing are further deliberate on Atikah's social media platforms. In the series of quote tiles (see Figure 3), she reminds her followers to cultivate trust in God's will. Although she does not clarify that the quotes compose a loose translation of verses from chapter 2 of the Quran (Al-Baqarah, Verse 216), the Arabic language serves to enhance the visual's discursive authoritative power. The English translation further expands the post's reach and utility, especially given that the majority of Singaporean Malay Muslims are typically socialized from young to recognize classical Arabic script for the performance of daily ritualized prayers without necessarily comprehending the language.¹¹

¹⁰ Singapore's health care infrastructure comprises smaller private clinics providing primary health care services, and the nationwide network of government polyclinics services the rest of the population.

¹¹ See Haeri (2013) on similar phenomena in Egypt.

Along with the word tiles, Atikah’s commentary (see Figure 3) calls on Muslims to believe in the Creator’s will in contending with precarities surrounding marriage, infertility, divorce, and career mobility. In concluding her commentary with the quote “Allah ada, Allah jaga” (God is present, God will care for you), Atikah relies on the practice of social steganography (boyd, 2014)—encoding public messages and limiting their understanding to certain audiences—equipping her with the ability to “be *in public* without always *being public*” (Marwick & boyd, 2014, p. 1052). Atikah’s loyal 16,000 followers would be able to attribute the quote to her father, who often dispensed it in response to those who expressed objections to her solitary travels as a visibly Muslim hijabi.



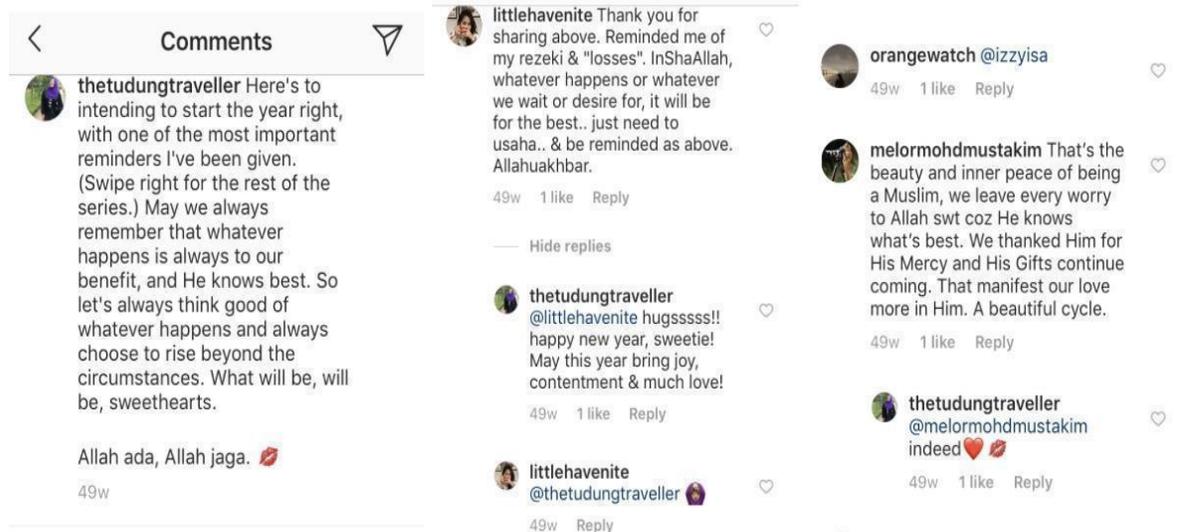


Figure 3. Atikah's Instagram post.

The use of hashtags to allude to a particular form of Muslim mindfulness parallels another post in which Atikah describes her decision to forego her travel plans in order to reconnect spiritually with her faith. In this Instagram post (see Figure 4), Atikah, clad in hiking gear, hugs a massive tree. Surrounded by dense foliage, she appears engulfed by nature, her widespread arms barely grasping the trunk. In tagging the Muir Redwood Forest, her post becomes entangled in the "digital spatial turn" (Mitchell & Highfield, 2017), solidifying its geospatial particularity despite its virtual dislocation. Her elaborate caption details her decision to disrupt her travel plans because of a "heavy feeling," as she describes the process of learning to pay attention to her "soul," "gut," and "inner voice" after years of traveling alone.

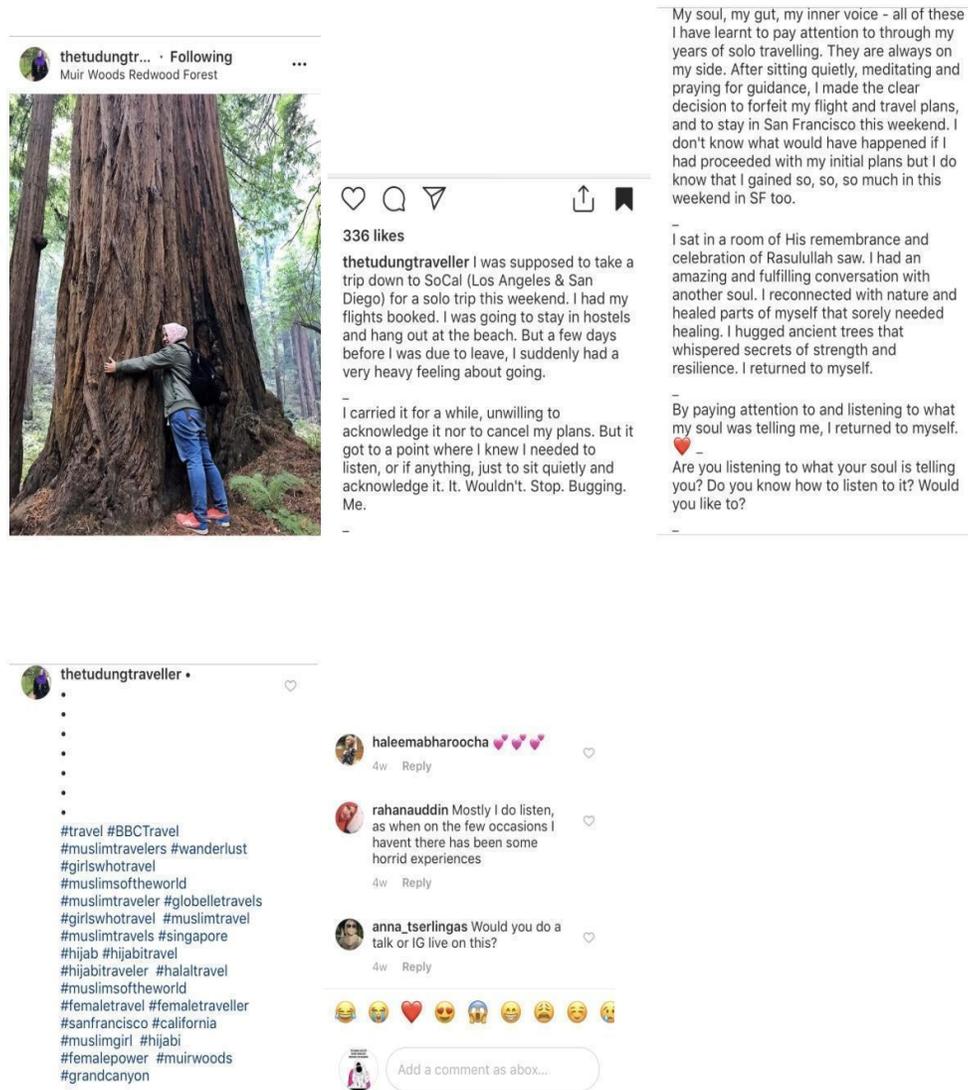


Figure 4. Atikah's Instagram post.

Atikah concludes by asking her followers if they are listening to their soul. Although she regularly comments on the importance of seeking professional help, this post is critical in presenting her faith as one of the means through which she navigates exacting moments. As Ally and Laher (2008) demonstrate, the recourse to faith as a modality of psychotherapeutic intervention resonates with Islamic philosophy, given the tripartite conception of the state of the mind (*'aqal*), body (*jism*), and spirit (*ruh*) as interconnected. Indeed, as an authoritative discourse, the Quran itself is described as a source of "healing" (10:57, 17:82, 41:44, and the Prophet Abraham describes God as the One who "cures [him] when [he] is ill" [26:80]; see

Islam & Campbell, 2014). Anthropological research on pious subject formation has similarly shed light on Muslim women's participation in Islamic classes and charitable acts, aiming to align their interiority with their exterior presentation of self in their pursuit of ethical transformation (Deeb, 2006; Mahmood, 2005).

Yet, Atikah's use of hashtags also gestures to the consumerist imperative that undergirds the turn to spiritual mindfulness, facilitating her self-presentation as a pious-aspiring subject cultivating gratitude and god-consciousness. Her social media posts thus must be read within a context of increased Islamization in Singapore, technological accessibility, and rising consumerism (Abidin & Gwynne, 2017; Fischer, 2016). Indeed, in addition to the hashtags referencing mental health, Atikah also tags an international news corporation (#BBCtravel), aligns herself with popular slogans tied to gender and travel (#girlswotravel, #femalepower), and indexes her commitment to her faith while partaking in conspicuous consumption (#halaltravel). These intertextual practices ensure that she promotes women's mindfulness, empowerment, and travel within the boundaries of Islamic permissibility, while appealing to the senses of global cosmopolitanism, thereby securing her appeal to followers. Critically, Atikah's hashtag sociality further underscores the notion that platforms such as Instagram are not only determined by their technical structure, but also by normative religiocultural constructs of acceptable comportment. As her posts demonstrate, Instagram facilitates Muslim women's everyday self-presentations through its emphasis on visibility, thus enhancing their visibility. In turn, Muslim women like herself use the technological affordances to showcase their piety, agency, and cosmopolitan consumerism within a context of intensified commodification of Islam in Singapore, even as they advocate for mental health awareness.

Religious Trauma Syndrome

Despite their utility, culturally specific interventions have simultaneously furthered stigmatization within minoritized communities. For instance, the theological foregrounding of an unseen world that is beyond human comprehension within Muslim communities has facilitated the recourse to metaphysics in accounting for mental health crises. Relatedly, authoritative figures have strategically deployed holistic conceptions of wellness in Islamic theology to stigmatize mental health, attributing neurochemical imbalances to the individuals' ethical weaknesses and metaphysical intrusions in the form of spirit possessions, thus contributing to communal stigmatization, self-blame, and further depressive disorders (Ally & Laher, 2008; Islam & Campbell, 2014; Khalifa, Hardie, Latif, Jamil, & Walker, 2011).¹² While prophetic recollections such as the Hadith Bukhari connect the condition of the heart to the individual's overall physiological state, literal readings of the Quran also warn Muslims against developing forms of spiritual heart disease that obstruct the acquisition of deep faith (83:15, 63:3), contrasting this with the notion of a desirable heart that "finds peace in the remembrance of God" (27:155). Such framings further associate mental illness with spiritual ailment, furthering communal stigma and self-persecution.

As the BTH Instagram post in Figure 5 outlines, accounts of similar forms of spiritual alienation reverberate on my interlocutors' social media accounts. Religion functions as a double-edged sword for

¹² This has been observed in other faith-based communities practicing Judaism, Christianity, Taoism, and Hinduism, among others (see Islam & Campbell, 2014).

Muslims such as Irie who derived solace from it when dealing with depression at a younger age, only to be confronted with its deployment as a “tool of abuse” in adulthood.



Figure 5. Beyond the Hijab Instagram post.

The post’s caption further reveals that ritualized prayer movements were critical in fostering Irie’s connection with God despite the toxic responses she encountered. The accompanied illustration depicts a female-presenting individual standing in front of a group of people facing multiple directions, her right hand covering her mouth. Although the post alludes to abuse, it lacks specificities. Despite the reference to the article’s title on the image, there is no hyperlink attached. On searching the BTH portal, the associated blog post details that Irie’s struggle with faith was rooted in her anxiety of encountering the Islamic afterlife. After a poetic exposition, Irie (2018) describes her attempts at seeking comfort in alcohol as she navigates suicidal tendencies. Despite her continued skepticism of organized religion, Irie (2018, para 8) concludes by describing her relentless faith in a merciful, compassionate God who “knows best, and will bring [her] mercy in whatever way.” The hashtags used parallel those in other posts, and it garnered only 44 likes.

In another article on the BTH portal, the author Nurul Afiqah (2018, para 3) requests that her Twitter followers describe “some unhelpful things other Muslims have said to [them] regarding [their] mental illness,” consolidating the responses into a prescriptive list. Her article reminds Muslims to avoid attributing a causal relationship between mental illness and religiosity by associating the former with spiritual disturbance. The list includes quotes describing Muslims’ use of Islamic discourses to stigmatize others, for example, informing a mentally ill person that their body was infested with *djinns* and tying

depression to the lack of faith or ingratitude. The article spurred a lively discussion in the comments section from those who pointed out the necessity of transferring these debates to local mosques, to others who asked for concrete advice on providing support. In response, BTH provided extensive resources linked to other advocacy sites. A self-identified Muslim mental health therapist also suggested sharing articles on Muslim contributions to the field of psychology. Others added links to the sites of Muslim mental health scholars, and suggested that she translate the article into other languages such as Arabic to counter the dominant messages by religious leaders associating depression with weak faith.

As forms of digital counterpublics, BTH's controversial posts deconstruct the ways that normative religious discourses on kinship and gendered labor amplify mental health stressors. The BTH Instagram post in Figure 6 includes content that was cross-posted to an article originally circulated on Facebook.

beyondhijab... · Following
Singapore

Siapa nak jaga mak?
Mas dah tak boleh jaga mak lagi
Bukan Mas tak nak, Mas tak boleh lagi
Mas nak jadi gila jaga Mak.

RAUDAH ABDUL RASHID
IN 'SIAPA NAK JAGA MAK?'

beyondhijabsg Translation: I can't take care of you anymore Mom. It's not that I don't want to. I can't. I'm going crazy Mom.

◆ In our latest post in the mental health blog series, the author talks about caregiving for an elderly parent. The role of the caregiver is often unseen and unaccounted for. Caregiving can be a very lonely journey and is an assumed role that is undisputedly taken by the daughters in the household. The author discusses how the strain of caregiving eventually affects the caregiver's mental health. Trainings and support services available may not reach out to all, especially in the Muslim community where caregiving is seen as a blessing and not a role that is taken on.

◆ Read the full article, link in bio. Illustration by @yesyesmonorail
#dementia #mentalhealth #mentalillness #caregiving #carers #intersectionalfeminism #muslimfeminists #sgfeminist #singaporefeminist #muslimwomennarratives

45 likes

MAY 6

Figure 6. Beyond the Hijab Instagram post.

The illustration depicts a female-presenting individual in a red shirt with shoulder-length hair shedding red tears. In the foreground, an aging woman lies in a raised bed, covered in a blanket. The illustration for this post is similarly bifurcated with a quote in Malay. The caption provides the English translation for the quote, alluding to the ways that caring for an elderly parent often manifests as invisible, gendered labor. The caption discusses the effects of such forms of labor on daughters, highlighting the resources that might not reach members of the community in need of support because of religiocultural norms that associate caregiving with filial piety and gendered responsibility. The hashtags signify the act of caregiving for elderly family members living with #dementia, while consolidating the post with transnational dialogues on Islamic feminism (#muslimfeminists, #muslimwomennarratives). Similar to other BTH content altering the boundaries of acceptable social discourse, this post received only 45 likes and no comments.

Counterconfessionals

As the Instagram post in Figure 7 demonstrates, Atikah similarly relies on the confessional mode to advocate for deeper awareness of the struggles faced by individuals with mental health. By opening the lengthy visual testament with "hello" and "*assalamualaikum*" (peace be upon you), Atikah enframes the post within Islamic communicative genres, thus signaling her commitment to the cultivation of a pious Muslim subjectivity even as she challenges the normative attitudes toward mental illness within Muslim communities. She then outlines her experiences living and traveling abroad, exploring the stigma surrounding mental illness. She appeals to her readers' sense of empathy toward suicidal individuals, revealing her struggles with panic attacks, depression, anxiety, and mania even as she gained recognition for her travel writings. Despite acquiring a bachelor's degree in psychology, she confesses to believing others who tried to convince her that her mental illness was due to weak faith and a lack of commitment to Islam. She concludes that faith is only one of the ways to mediate depression, and like Diana, reminds Muslims to refrain from dispensing platitudes while offering support.



thetudungtr... · Following



Atikah Amalina
Hello and Assalamualaikum.
I'm Atikah, I'm Muslim, and I have depression.

Well, if we really want to get into it, I have been diagnosed with manic-depression, panic disorder and post-traumatic stress disorder.

I've been writing about living with mental health issues for the past few years, and have seen how the conversation has evolved. I'm from Singapore, I've lived in Australia and the UK too, and I know it's the same for many places - mental health is still such a taboo topic to discuss, even more so in the Muslim communities, so we just don't talk about it.

Well, not talking about something doesn't make it go away.

It started with Robin Williams'. And then Chester Bennington's. And then Kate Spade's. And then Anthony Bourdain's.

With every news of celebrity death by suicide, it becomes a lot heavier to carry. Many people die by suicide - far too many - but when a celebrity slips through, it becomes that much heavier because the sensationalisation surrounding it becomes crude, overwhelming, and nearly all-encompassing. The praises and eulogies being sung of these personalities, each beautiful and grand in their living, serves as a stark reminder that a life well-lived doesn't mean a life void of struggle or pain, or nothingness. Some are led to think, "Well, what chance have I got?" while others are compelled to struggle even harder to give life a worthy shot.

I personally know many who struggle quietly with mental illnesses. I've saved multiple people from their suicide attempts because they still wanted to give life a shot. I know some of you may have loved ones who have succumbed to suicide as well. How bad must it have been really, until one chooses to physically leave this world?

Some of us go through traumatic experiences, ranging from abuse to accidents to divorce to deaths, and never had any outlet to process the difficult feelings and consequences. Some of us are genetically predisposed to mental illness, like being predisposed to diabetes. Sometimes it's just rotten luck.

Some of us get into a very dark place and we have no idea what to do with it. Nobody really tells us what to do; we get stuck in the hopelessness, in the barrenness of the new scary terrain, where it feels like all the fight has been taken out of us. The thing about mental illnesses is that it infiltrates into every aspect of your life. You can try to compartmentalise them into neat boxes but that's not how it works. You wake up some days and the thunderstorm raging within you debilitates you into paralysis.

I write about travelling solo as a Muslim woman and doing volunteer work, and have embraced those as part of my identity. I've also spent countless mornings waking up crying and my body wrecked by multiple panic attacks, unable to carry on with the day. I've hidden under my office table too many times, calming down a racing heart and mind. I've stared at the abyss

of nothingness, considering taking away my life because that meant the unbearable pain will end and the heaviness of an uncertain future will no longer mean anything. My depression tells me that I am not worthy of love. My anxiety tells me I am difficult to love and that everyone will leave or abuse me. My mania leads me into making highly questionable decisions.

Please never underestimate how hard people are trying to deal with their personal demons. Furthermore, it's not only their demons they are battling with - they also fight fires with stigma.

And you know what's dangerous? When you tell someone that whatever they're feeling isn't real, that all the pain is a sign that God is angry at them, that their test is because of weak faith. It becomes even more dangerous when they actually are being the best Muslims they can be - they're doing all the prayers, both obligatory and sunnah. They're fasting the sunnah fasts. They're reading the Quran. They're doing all that BUT they still have depression, they're still mentally ill. That lack of positive feedback can lead to disastrous things like resentment, even more despair, or plain anger to God.

For a very long time, I had many (well-intentioned, I'm sure) people telling me that my illnesses were because my faith is weak - that I didn't pray enough, I wasn't doing my deeds enough,

We really truly don't know what other people are going through. We don't know the battles and wars they need to wage every day. Some things are far too heavy to ever be carried alone. There is an incredible power to human kindness. If you know or suspect someone is struggling, reach out to them. They probably won't reach out because they're already dealing with the darkness and so much shame because of it too. Their ability to act rationally is also possibly severely impaired so seeking help isn't part of their daily equation of surviving. Offer a branch with a "Hey, you may not feel like it now, but know I'm always here when you're ready." Keep checking in, and swoop in to help with the slightest of notice. A little goes a really long way.

Now, if we can start transforming the conversation into how we can support people with mental health issues within our (Muslim) communities and help them get better and recover, then we're going to be building a more resilient, gracious and kind community. We're going to build a society where suicide isn't the only way through for some.

How do we start? Educate yourselves on mental health issues and the help available, and share them generously and freely. Start talking about it. Start reaching out to help.

Remember, sometimes the people who truly need help look a lot like people who don't need help.

How do we start? Educate yourselves on mental health issues and the help available, and share them generously and freely. Start talking about it. Start reaching out to help.

Remember, sometimes the people who truly need help look a lot like people who don't need help.

There are ways to get help if you are facing mental health issues. If you're in Singapore, I've put together a list of help available here: <https://thetudungtraveller.com/2018/05/23/ways-to-get-professional-mental-health-support-in-singapore/>

Despite Atikah's reluctance to explicitly engage in discussions on structural inequities, her decision to post intimate self-portraits while identifying herself as a #ptsdsurvivor gestures to her attempts at dismantling normative discourses surrounding Islam and mental health. Compiling screenshots from an original Facebook post, she advocates for a shift in discursive terms toward providing concrete assistance to those with mental illness, directing her followers to relevant resources on her website. Although she signals herself as a #mentalhealthactivist and identifies with #muslimsoftheworld, her posts typically elide explicit critiques of access to mental health in Singapore. Yet, in contrast to BTH's limited reach, the post had almost twice the average number of likes (727) and she received multiple comments from her followers complimenting her courage and extending prayers for her, as well providing affirmative responses in the form of emojis. One follower revealed that Atikah's posts had assisted her mental health journey with her parents. In a rare interactional moment, BTH also commented on the post, recommending their portal for discussions on Islam and mental health. Refraining from in-depth commenting, Atikah thanked them and displayed awareness of their advocacy, while distancing herself from extensive discussions on contentious topics.

Selfie Confessionals, Anonymous Critiques

To supplement the confessional narratives, Atikah typically deploys intimate self-portraits, confronting the reader with her direct gaze as she does in the following post in Figure 8. Adorned in red lipstick, with her head covered in a black hijab, Atikah gazes mournfully at the camera, her face filling the frame in ways that obscure the background. Her staged self-portrait compels us to consider techniques of enframement: how an image is foregrounded or separated from its general environment through the use of depth of field, camera angles, stamps, and captions, thereby shaping audiences' evaluation of visual cues (Spyer & Steedly, 2013, p. 19). Southeast Asianists have similarly analyzed Indonesian Muslim women's use of Instagram to associate the hijab with feminine beauty ideals (Baulch & Pramiyanti, 2018; Jones, 2017). By locating the covered body in nonidentifiable places, the viewer's gaze is centered on the poster's face and her inherent beauty that transcends space and time. Yet, wanting to appear as more than beautiful, Indonesian hijabis curate their images to showcase their empowerment through engagement in physical activity, global travels, and depictions of marriage equality (Baulch & Pramiyanti, 2018, p. 5). Given the proliferation of the modest fashion industry within the global Islamic marketplace, the hijab similarly acquires particular resonances within the Singapore context, facilitating pious self-expression intersecting with consumer ethos and class positionality (Jamil, 2016). In both the Indonesian and the Singaporean contexts, the empowered hijabi performs a public identity that not only invites others' gaze, but also gazes back at the audience.

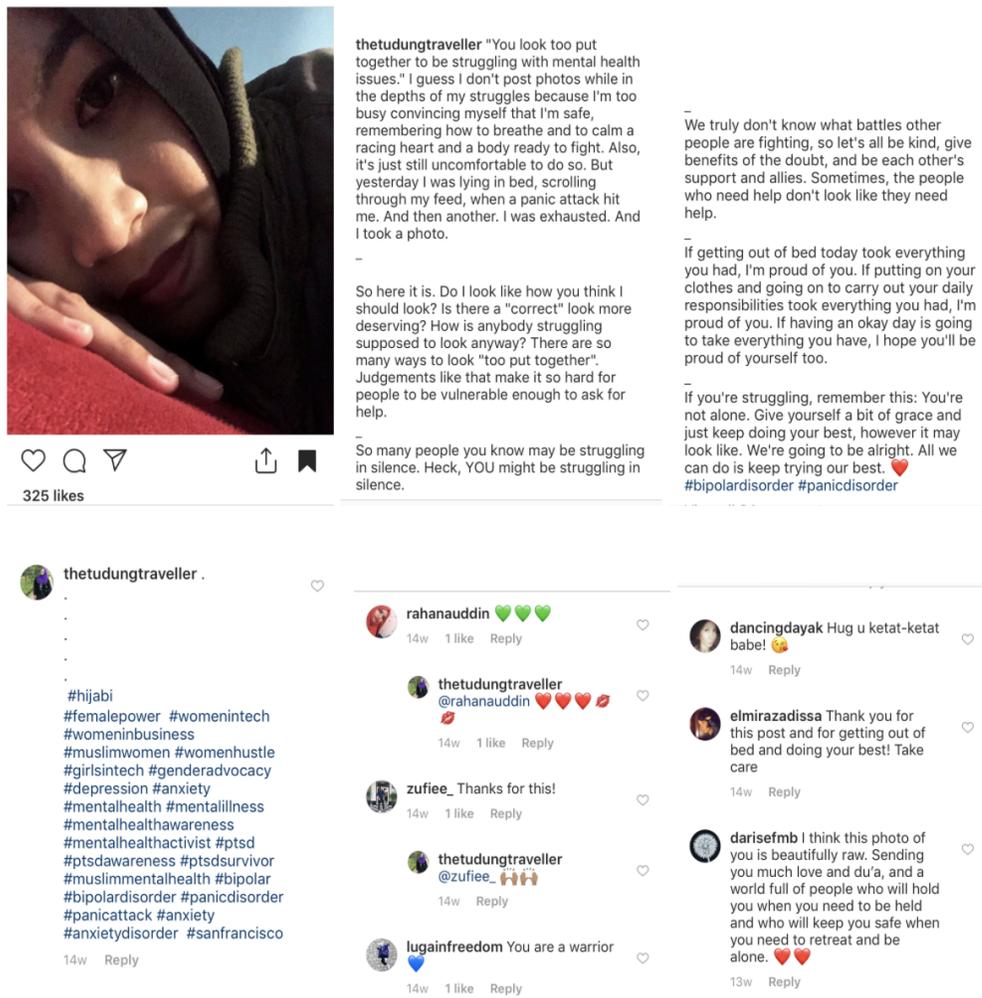


Figure 8. Atikah's Instagram post.

At first glance, Atikah's selfie appeared innocuous, but the caption details that she captured the shot while laying exhausted in bed, having endured multiple panic attacks. Speaking against those who claimed that she seemed to be "too put together," she implores her readers to question whether there is a "correct look" to mental illness. She reminds us that many struggle with mental illness in silence and that such stereotypes prevent them from seeking help. She expresses her solidarity with those who continue to perform daily tasks, and reminds them to practice self-compassion. Although this post had an average number of likes compared with others, she received many comments from followers who identified with her.

In many ways, Atikah's selfie confessionals constitute autopathography, a subgenre of autobiography focusing on visual self-representational narratives of illness or hospitalization (Tembeck, 2016). Autopathographic selfies facilitate the individual's "coming out" as visibly ill amid intensifying medicalization (Tembeck, 2016, p. 1). These selfies acquire deeper value for persons with mental illness who might not visibly embody symptoms, constituting communicative interfaces that are susceptible to appropriation and remediation. As a form of intimate self-portrait that visibilizes mental health struggles, autopathographic selfies, too, function as digital counterpublics that have the potential to transform power relations, especially when minoritized subjects reclaim their self-representations in the public sphere. Tellingly, Atikah herself has described the numerous objections that she has received from her own mother who frequently expresses her fears that these public accounts on mental health could affect her marriage marketability and her social capital within the community. Thus, despite her reluctance to pose direct critiques of normativity, Atikah's selfie confessionals transgress symbolic codes in distinct ways by traversing the boundaries of gendered respectability. The hashtags she uses gesture to the internship that she had recently pursued in San Francisco, while also grouping her post with others on women's presence in STEM fields and in entrepreneurship (#womeninbusiness, #girlsintech, #genderadvocacy, #sanfrancisco). Through these hashtags, Atikah's selfies become categorized alongside other posts on mental illness, implicating her within transnational circuits of knowledge exchange. With these seemingly apolitical selfie confessionals, Atikah's posts appeal to visibly Muslim-identifying women, affirming the reclamation of vulnerability surrounding mental health struggles as constitutive of self-empowerment. Tellingly, Atikah's reluctance to coconstruct distinct counterpublics explicitly critical of the structural impediments surrounding mental health in Singapore enhance her credibility as a public spokesperson within the Malay Muslim community conscious of the state's disciplining of racial and religious discourses.

Dismantling Structures

Contrasting Atikah's embodiment of mental health narratives through selfie testimonials, BTH publishes articles by authors who largely rely on pseudonyms in order to proffer tangible critique on issues tied to race, class, religion, and gender. In her editorial note, Diana acknowledges the importance of attending to culturally specific conceptions of grief (D. Rahim, 2018). She further concludes by validating the experiences of those struggling with mental health, urging them to seek support and to mobilize religious language with love instead of judgment. Pushing back against Atikah's overemphasis on destigmatization, Diana argues that such approaches to mental health would further extend intergenerational trauma instead of advancing healing. Thus, she suggests that we begin charting "better responses to suffering" by acknowledging and dismantling structural causes to mental illnesses in the form of discrimination, stagnating wages, the stifling educational model, and the neoliberalization of labor that ties personal worth to productivity.

Similarly, in a deeply moving and transgressive autoethnographic essay published in an online publication that circulated extensively on Facebook, Fadiyah recounts her experiences with psychiatry and institutionalization in Singapore (Johari, 2018). She argues that the dominant frames deployed by psychiatrists in the nation-state obscure empathy and respect for patients' own understanding of their mental illness, while privileging the neurobiological model that overpathologizes individuals. Drawing from "Mad Studies," Fadiyah insists on shifting the discussion away from diagnostic indicators of chemical

imbalances toward a reclamation of madness as a generative aspect of human experience. Fadiyah's own experience with mental health institutionalization enhanced her awareness of the lack of comprehension of culturally diverse experiences. She is especially critical of the pervading sentiment in psychiatry that promotes a hierarchical model of treatment in which the patient is conceived as an unequal subject in need of cure, and never on equal footing with the psychiatrist who listens in order to diagnose. Fadiyah also bemoans her therapist's inability to situate her "anger issues" in relation to the "injustices" that she had experienced as a minoritized ethnic, religious, classed, and gendered subject in Singapore because of his own privileges as a heteronormative Chinese middle-class male:

His dismissal of my struggles simply as "anger issues" reflects the depersonalised, unempathetic and pathological outlook amongst medical professionals. . . . I could not even think of telling him how my trauma was embedded in the patriarchal, sexist and racist society of capitalist Singapore. (Johari, 2018, paras. 5-6)

Her own studies of the works of Carl Jung and John Weir Perry enabled her to understand her experiences in terms of the "divine feminine," prompting her to denounce biomedical models premised on "mere pathology" and "chemical imbalances." She eventually began to realize that she had to endure "a form of inner rapture" in order to heal from past trauma. Within a cultural context that perceives discussions on mental health institutionalization as taboo, Fadiyah's essay was pathbreaking in documenting the physical violence she endured from health care workers. Even though she tried to provide feedback during subsequent focus group sessions, she noted the researchers' discomfort with her self-expression, alluding to the lack of viable spaces for individuals posing critiques of institutional mechanisms in Singapore. In relying on the autoethnographic modality to wage her critique, her article constitutes a digital counterpublic that transgresses normative conventions surrounding intimate confessionals.

Digital Counterpublics?

The flourishing of mental health-related social media content over the past three years suggests key discursive shifts within Singapore, gesturing to the proliferation of digital counterpublics. While BTH's posts and Fadiyah's (Johari, 2018) essay more explicitly critique hegemonic heteronormative structures and relations of dispossession tied to mental health, Atikah's intimate accounts of mental illness and her efforts at destigmatization similarly embody a distinct form of agentive self-representation. In redirecting her followers' gaze to her personal narratives, Atikah crafts a counterdiscourse of mental illness within the Malay Muslim community that not only disrupts social norms, but also promotes divergent ways of speaking intimately and publicly about mental illness. Likewise, relying on Islamic communicative genres also enables Muslim women such as Atikah to present controversial subjectivities in a more palatable format. In challenging Muslims' dominant framings of mental health and commanding followers beyond mosque contexts, Atikah indirectly contributes to the fragmentation of Islamic authority despite her reluctance to explicitly foreground her criticisms.

Yet, these discursive shifts belie the acute lack of online counseling and psychotherapy services in Singapore (Chong, Abdin, Vaingankar, Kwok, et al., 2012). Informal conversations with minoritized individuals reveal their exasperation in locating culturally competent therapists equipped with critical race

and feminist orientations to mental health. The state calibrates its disciplining of social media engagement, so those who lack a physical space to articulate their frustrations and fears turn to online platforms to proffer critiques of power while engaging in affirmative self-expression. The “context collapse” on social media and the overlapping of private and public spheres have enhanced users’ abilities to engage in politicized conversations, thereby inspiring accidental steps into the political for some, while actively reshaping the discursive space for others.

As Fadiyah suggests,

We need spaces where we can freely express our deepest or most repressed thoughts, no matter how irrational they may appear to most people. We need people to listen to us as we share our fears, insecurities and joys; the highs and lows that make us completely human. I believe that has to happen from outside of the mainstream institutions. (Johari, 2018, para. 12)

Despite Fadiyah’s optimism on the viability of such digital counterpublics, the extent to which the Singapore state apparatus attempts to co-opt and discipline such spatialities through legal statutes and national-level mindfulness projects present a critical concern whose consequences are still unfolding.

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