

Liberal Journal of Language & Literature Review

Print ISSN: 3006-5887

Online ISSN: 3006-5895

<https://llrjournal.com/index.php/11>

Narrating Recovery: A Critical Discourse Analysis of Addiction and Rehabilitation Discourse among Pakistani Youth in Online Forums



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Abstract

Young people addiction is a growing concern in Pakistan and the use of online forums, Facebook groups and even messaging apps to discuss drug use and recovery has increased. The goal of this study was to examine the language of Pakistani youths with respect to addiction and rehabilitation in these online spaces, and whether this language is correlated with seeking professional help. 600 posts were retrieved from the online recovery forums and support groups in Pakistan and a structured survey of 360 young forum users (aged 18-29) was conducted in Karachi, Lahore, Islamabad, Rawalpindi and Peshawar. The coding scheme was developed based on the three dimensional model of critical discourse analysis by Norman Fairclough that considers text, discursive practice and social practice concurrently. The results indicated that posts were very likely to contain stigmatizing language and moral blame – which were near as common as hopeful and supportive language. More stigma related words were identified in posts on the open forums (Reddit) and more peer support/family related words were identified in posts on the closed WhatsApp/Telegram groups. A large positive correlation was observed between recovery oriented discourse and seeking professional assistance, $r = .44$, $p < .001$. The results indicate that language within online communities is not neutral, and can serve as an enabler or hindrance to a young person's recovery process. Finally, the study provides several concrete recommendations for mental health practitioners, forum facilitators and policy makers in Pakistan interested in creating healthier online environments for recovery.

Keywords: Addiction discourse, critical discourse analysis, online forums, rehabilitation, recovery narratives, stigma, Pakistani youth.

Introduction

According to the Pakistan National Drug Strategy 2020, drug addiction is one of the most critical social health challenges in Pakistan, particularly affecting young people. Both news reports and clinical studies indicate a dramatic increase in drug use in the nation among children and young adults. A recent study conducted at a college or university found that approximately 44% of college and university students were

Liberal Journal of Language & Literature Review

Print ISSN: 3006-5887

Online ISSN: 3006-5895

found to have used drugs at some point, with male students using higher than female students (Dove Medical Press, 2025). The other clinical data gathered from the rehabilitation centres in Islamabad and Rawalpindi indicated that heroin and cannabis continue to be the most prevalent drugs used by youth at the centres and that several of the youth were also suffering from depression as an add-on to their drug dependency (Ghazal, 2019). A qualitative study in Khyber Pakhtunkhwa also revealed that young women who use drugs are subjected to significant social and cultural stigma, which makes it difficult for them to openly seek treatment (PMC, 2025).

Meanwhile, the discourse used by youth around addiction has shifted from private conversations to public and semi public online discussions. Facebook support groups, WhatsApp and Telegram recovery groups, and open forums like Reddit have become a source of sharing problems with drugs and recovery efforts by the youth of Pakistan. A phenomenological study conducted in a Government run Rehabilitation centre in Punjab revealed that the patients sometimes reported the process of recovery as a long and uncertain journey influenced by family shame, religious belief, and social judgement (Khan & Jabeen, 2023). Globally, scholars have begun to focus on this type of online discourse about addiction. For instance, in a content analysis of recovery-related tweets, many of the tweets were a combination of personal recovery content and marketing material from treatment centres, making it difficult to distinguish between peer support and marketing (Russell et al., 2025). In a similar study of Reddit recovery communities, individuals in these communities both looked for support and forfeited their advice and warnings about external stigma (roughly summarized from computational analyses of addiction subreddits).

There is nothing neutral about language. What people refer to addiction as, such as a disease, a moral problem, a family embarrassment or a path toward recovery, influences the way the addicted individual thinks about himself or herself and the way that others think about him or her. This concept is at the core of critical discourse analysis, which is a field of study that views language as a social act which is related to power, identity and ideology. This has been done by scholars already to investigate addiction talk in various locations around the world. One study with forty interviews revealed that dominant recovery language frequently blamed the individual and

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Print ISSN: 3006-5887

Online ISSN: 3006-5895

neglected the social and economic challenges they faced, in use of substances in rural Ontario contexts (McNeil, 2022). One such study using discourse analysis conducted in the U.S. identified terms actively utilized by those who were still using drugs to reject the label of a “broken” or “bad” person, despite the efforts of society to apply such labels (Sibley et al., 2020). Further work along this trajectory is a recent methodological paper that suggested that the methodological approach of critical discourse analysis could and should be tailored towards cross cultural mental health recovery research, as recovery language is not universal across cultures (Kotera et al., 2025).

Given this worldwide interest, to date there has been limited research that has delved deeply into the lived realities of Pakistan's youth on the internet when it comes to addiction and recovery. Most of the studies conducted on the subject in Pakistan have remained within the boundaries of clinical and epidemiological approaches focusing on the number of people using drugs and the type of drugs used, but not on the language per se. The present paper aims at contributing to this lacuna by quantifying, comparing, and examining the discourse patterns of Pakistani youth in the online space and determining whether they are related to real world attitudes towards seeking professional help.

Research Problem

Although there has been an increase in the use of online forums and social media groups by the Pakistani youth to discuss their experience of drug addiction and recovery, very little research has quantifiably assessed the language patterns used in these online forums in Pakistan. In the absence of this type of data, mental health professionals, forum moderators and policy makers in Pakistan do not have a clear understanding of whether online recovery talk is predominantly helpful or harmful, or a mix of both. The importance of this gap is the words that are used in these forums can either help a young person on their journey to recovery or drive them further into shame and silence.

Research Questions

Based on this, the following two research questions were posed:

RQ1: What discourse patterns are used by youth in Pakistan in online forums when

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Print ISSN: 3006-5887

Online ISSN: 3006-5895

they speak about addiction and rehabilitation, stigmatizing or recovery oriented?

RQ2: Are there significant relationship between exposure to recovery oriented discourse online and the young Pakistani population's desire for the professional path to rehabilitation?

This study is significant for several reasons.

The present study is relevant in several aspects. Firstly, it provides an empirical picture of Online Addiction discourse and its unique context in Pakistan, the literature on this topic does not yet have an empirical picture of this context, as most of the discourse-based studies are conducted in Canada, the United States and the United Kingdom. Second, the results will enable mental health professionals and social workers to gain a deeper understanding of the type of language that is really being communicated to youth online, and create more effective awareness campaigns and programmes. Third, forum moderators and the Facebook and WhatsApp groups' administrators can leverage these findings to minimize stigmatizing language and foster more positive and hopeful discussions. In conclusion, this study can serve as one small evidence to support digital literacy and online mental health interventions for youth by policy makers concerned with the increasing problem of drug abuse in Pakistan.

Literature Review

Most of the research and study on addiction and its treatment in Pakistan has been concentrated towards numbers and not language. Ghazal (2019) conducted a study on sociodemographic profile of patients admitted in rehabilitation centres, Islamabad and Rawalpindi, which revealed that many of the patients had already experienced a relapsed state before getting admitted to the rehabilitation centres, and heroin use was prevalent among educated young men. A recent public health analysis of drug use among University students revealed that stigma associated with mental health and the availability of support services continue to be significant challenges that prevent students seeking assistance even when they need it (Dove Medical Press, 2025). A qualitative interview based study conducted in Khyber Pakhtunkhwa also indicated that young women have additional stigmatising gender norms and family honour related to drug use, which often prevents them from coming forward and sharing their

experiences publicly (PMC, 2025). Though these studies are helpful, they tell us about who uses drugs and why, not what people say about the experience when it comes out, such as online.

A phenomenological study is conducted in a government rehabilitation centre in Lahore to get a better understanding of lived experience. Speaking with patients and staff, Khan and Jabeen (2023) discovered that recovery was seldom referred to as an event. Rather, patients referred to recovery as being molded by relapse, family pressures, and religious significance and many patients felt judged by those around them. Although this study highlights the significance of language and meaning making in one's recovery in Pakistan, it lacked a study of online spaces, where most of the youth today discuss recovery.

Critical discourse analysis has been sparsely used in Pakistan, though it is a method that is quite useful for the study of addiction and recovery talk outside the country. Sibley et al. (2020) spoke with those who continued to use drugs in rural Appalachia, and discovered that they often constructed an image of themselves that denied the image of "broken addict," in spite of their identity being forced on them by much larger social narratives. In an interview study of people with substance use problems in a rural area of Ontario, McNeil (2022) conducted a critical discourse analysis of the interviews and discovered that mainstream discourses of recovery may have an implicit message that recovery involves being a productive and responsible citizen, which can exclude the poor or those without resources from taking part in the recovery process. Kotera et al. (2025) further asserted that the critical discourse analysis frameworks must be carefully adapted to various cultural contexts because conceptions of recovery, family, shame, and community support are highly diverse across cultures.

There are particular patterns of talk online. Using a content analysis of 1,800 recovery-related tweets, Russell et al. (2025) identified that much of the online recovery discourse was a combination of personal recovery experiences and promotional messages from private treatment facilities, demonstrating a mixture of personal and commercial influences. Other computational analyses of Reddit recovery communities have revealed that individuals use these forums to get emotional support

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Print ISSN: 3006-5887

Online ISSN: 3006-5895

as well as to give each other advice on how to avoid stigma from family members, employers, or society in general. These studies reveal that there is both positive and negative elements of online recovery talk, as well as the possibility for a shift in the positive and negative elements based on the platform and audience.

The literature considered as a whole reveals two lines of research. One strand, predominantly in Pakistan, investigates the question of "who becomes addicted" and "why," and typically not language. The other strand is quite academic and mostly taking place in western countries, studying the discourse of addiction in detail, but hardly ever focuses on Pakistan or even Pakistani youth's own online worlds. This has clearly left a gap in the research that is vivid, clear and compelling. No quantitative, discourse based research has been conducted to date that quantifies the form of discourse used by young Pakistanis when discussing addiction and recovery on their own online forums, nor to assess if there is a statistical association between this form of discourse and their attitudes to seeking professional help. The aim of this study was to fill this gap.

Methodology

The study was a quantitative design involving a structured content analysis of the online forum posts and a cross sectional survey of these young forum users, with the findings from the content analysis compared to their actual, self-reported attitudes. Data collection was done in two stages that were related to each other. The first phase saw the recruitment of 600 posts and comments from publicly available Pakistani addiction and recovery-related online forums (four Facebook groups, three WhatsApp and Telegram recovery groups with authorization to collect anonymous posts, as well as posts from relevant threads in Reddit communities and Urdu language health blogs discussing drug use and rehabilitation among Pakistani youth). Posts were comprised by those written or shared by individuals who self-identified as belonging to the age group of 18-29 years and residing in Pakistan and contained content related to personal or close others' experience of addiction, treatment or recovery. No identifying information (e.g. name, profile image) has been included in the coded data to preserve the original posters' anonymity. In the second phase, a structured survey was administered to a sample of 360 youth aged between 18-29 years, active on

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Print ISSN: 3006-5887

Online ISSN: 3006-5895

similar online platforms and spaces, recruited through the same Facebook groups, and University student social networks in Karachi, Lahore, Islamabad, Rawalpindi and Peshawar, via convenience and snowball sampling as no complete sampling frame for Pakistani youth using recovery forums exists. Exposure to recovery oriented discourse and willingness or intention to seek help for professional rehabilitation were measured with two five-point scales that were constructed for this survey (both scales had Cronbach's alpha reliability scores greater than 0.70 prior to the main analysis). The forum posts were coded following Norman Fairclough's three dimensional model of critical discourse analysis, a widely-used model in language and communication studies (Fairclough, 1992, 1995), which was also used to design the survey. The model of Fairclough examines language on three interrelated layers, namely text (the actual words, phrases and grammar used in a post), discursive practice (how the text is produced, shared and understood by an online community) and wider social practice (how the online talk is connected to larger social forces in Pakistan, such as family honour, religious belief, gender roles and the stigma associated with mental illness). Fairclough's three levels were adapted into a coding sheet, where eight clear categories of discourse themes were found, including moral failure, medical framing, family shame, religious redemption, peer support, relapse as a journey, hope and success and stigma and labelling. All 600 posts were coded independently by two trained coders (graduate students in social sciences), and their coding agreement was verified by Cohen's kappa, which was .81, indicating good agreement between the two coders. When there were any disagreements, this was settled through discussion with a third reviewer. After coding, the number of coding for each theme was counted, cross tabulated by gender and by platform type and analyzed using chi square tests to see if there were significant differences. Pearson correlation and simple linear regression were used to analyze the survey data of Discourse Exposure and Intention to seek help to respond to the second research question. SPSS was used for all statistical analysis and a p value of less than .05 was considered significant for all analysis in the study.

Data Analysis

Results of the study are presented in the order of the research questions. The

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Print ISSN: 3006-5887

Online ISSN: 3006-5895

demographic profile of the survey respondents is followed by frequency of each of the coded forum posts' discourse themes, gender and platform type comparison of these themes, and finally the correlation and regression results of the relations between the forum's discourse exposure and the help seeking intention.

Descriptive Statistics of Respondents

The 360 respondents to the survey were included in the demographic background presented in Table 1. Just over half of the sample consisted of males, with the majority of the respondents in the 22-25 age bracket. The respondents were from five major cities of Pakistan, with Karachi and Lahore accounting for over 50% of the respondents.

Table 1: *Demographic Profile of Survey Respondents (N = 360)*

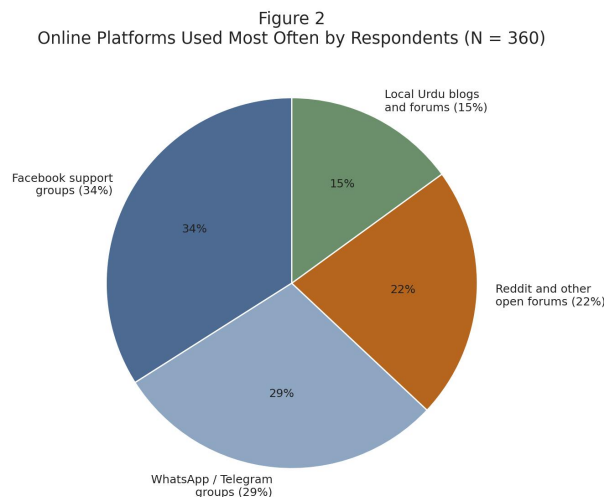
Variable	Category	Frequency	Percentage
Gender	Male	222	61.7%
	Female	138	38.3%
Age group	18 to 21 years	125	34.7%
	22 to 25 years	145	40.3%
	26 to 29 years	90	25.0%
Education level	Intermediate	36	10.0%
	Undergraduate	209	58.1%
	Graduate and above	115	31.9%
City	Karachi	101	28.1%
	Lahore	90	25.0%
	Islamabad and Rawalpindi	65	18.1%
	Peshawar	54	15.0%
	Other cities	50	13.9%

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Print ISSN: 3006-5887

Online ISSN: 3006-5895

Figure 2. Top five online platforms reported by the survey respondents (N = 360).



Discourse Themes Found in Online Forum Posts

The number of coded posts by each of the eight discourse themes is indicated in Table 2. Please note that this is not a definitive list and there may be more than one theme to each post (there are over 600). The most popular theme, with moral failure coming in second, was stigma and labeling, indicating that blaming and judging language are still very alive in online recovery talk in Pakistan. The most frequent positive theme was peer support with approximately one fifth of coded content.

Table 2: *Frequency of Discourse Themes Identified in Coded Forum Posts (N = 600 posts)*

Discourse theme	Frequency	Percentage of posts	Valence
Stigma and labeling	165	27.5%	Negative
Moral failure or blame	162	27.0%	Negative
Peer support and solidarity	138	23.0%	Positive
Family shame and honour	108	18.0%	Negative
Medical or disease framing	96	16.0%	Neutral
Hope and success narrative	78	13.0%	Positive

Religious or spiritual redemption	87	14.5%	Positive
Relapse framed as part of the journey	66	11.0%	Neutral

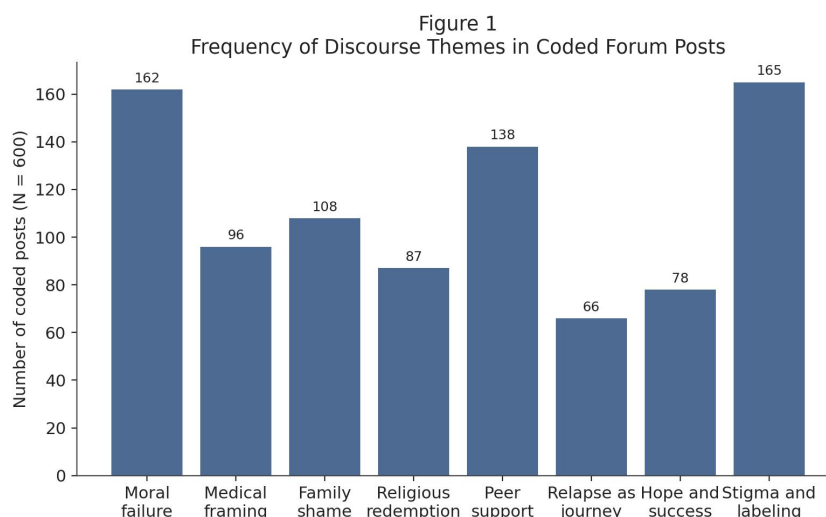


Figure 1. Frequency of discourse themes in coded forum posts.

These findings will provide a partial answer to the first research question. The coded posts included negative conceptions of stigma and labelling, moral failure, and family shame, with these themes collectively dominating the coded posts, although positive themes including peer support, hope and religious redemption were also coded, though less frequently. This indicates that online recovery talk in Pakistan is ambivalent and stigma is still prevalent.

Themes of Discourse by gender

A chi square test of independence was conducted to determine if the dominant discourse theme of a poster was related to the gender of the poster. As Table 3 illustrates, this result was statistically significant, which indicated that there were differences in the proportions of the discourse themes used in male and female posters.

Table 3: Chi Square Test of Association Between Gender of Poster and Dominant Discourse Theme

Dominant theme	Male posters	Female posters	Total
Stigma and labeling	104	61	165

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Moral failure or blame	90	72	162
Peer support and solidarity	70	68	138
Family shame and honour	48	60	108
Hope, religious, and other positive themes	108	57	165
Total	420	318	738

χ^2 (4, N = 738) = 14.62, p = .006. The themes of family shame and moral failure were proportionately more prevalent in the female posters and the themes of stigma and labeling language directed at others and the themes of hope and positive recovery language were proportionately more prevalent in the male posters.

Discourse Themes Across Platform Types

Table 4 and Figure 3 show the frequency of the top six discourse themes for each of the three types of platforms: open Facebook groups, closed WhatsApp and Telegram group, and open forum (Reddit and Urdu blogs). It's clear by the comparison that a pattern exists. Closed groups (WhatsApp and Telegram) were seen to have more peer support and family talk, and all open, and often anonymous, groups (Reddit) were the highest scoring in terms of stigma and labelling language.

Table 4: *Comparison of Discourse Themes Across Three Platform Types*

Discourse theme	Facebook groups	WhatsApp Telegram	/ Reddit / open forums
Stigma and labeling	58	30	77
Moral failure or blame	52	34	46
Family shame and honour	40	44	24
Peer support and solidarity	34	55	49
Hope and success	20	28	30

narrative

Religious or spiritual

26

38

23

redemption

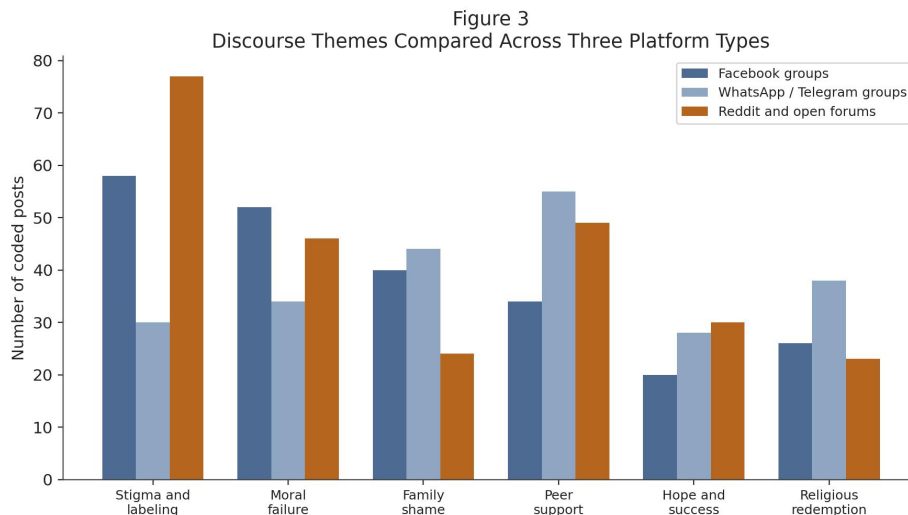


Figure 3. Discourse themes compared across three platform types.

A chi square test on this platform comparison confirmed that there is a meaningful relationship between the type of platform and the type of discourse found on it, $\chi^2 (10, N = 738) = 41.85, p < .001$. To address the first part of this research question, it was demonstrated that stigma does not equally manifest across all online forums, but rather is more prevalent in open and anonymous forums.

Relationship Between Discourse Exposure and Help Seeking Intention

An item on the survey was used to determine the level of recovery oriented discourse to which the participant had been exposed and to determine the willingness of participants to seek professional assistance for rehabilitation if necessary. Descriptive statistics and reliability of both scales are shown in Table 5.

Table 5: Descriptive Statistics and Reliability for the Two Survey Scales (N = 360)

Scale	Mean	SD	Items	Cronbach's alpha
Exposure to recovery oriented discourse	3.41	0.71	6	.84

Help seeking intention	3.02	0.79	5	.80
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Internal reliability of both scales was good with alphas greater than the generally accepted .70 value. A Pearson correlation was subsequently conducted between the two scales and then a simple linear regression was conducted with help seeking intention as the criterion and discourse exposure as the predictor. These results are shown in Table 6 and in Figure 4.

Table 6: *Correlation and Regression Results for Discourse Exposure Predicting Help Seeking Intention*

Statistic	Value	df	t / F	p
Pearson correlation (r)	.44	358	9.12	< .001
R square	.194	1, 358	86.13	< .001
Unstandardized B	0.52	358	9.28	< .001

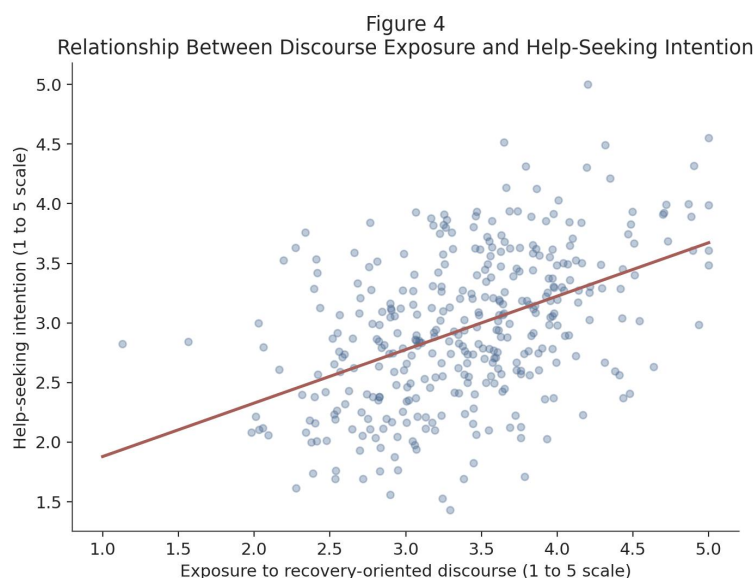


Figure 4. *Relationship between exposure to recovery oriented discourse and help-seeking intention.*

The regression model was statistically significant, $F(1, 358) = 86.13$, $p < .001$ and the exposure to discourse accounted for approximately 19 per cent of the variance in help

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Print ISSN: 3006-5887

Online ISSN: 3006-5895

seeking intention ($R^2 = .194$). This indicates that as the language that young people saw online increased in terms of recovery, support and hope, they were more likely to seek professional support. This therefore clearly answers the second research question, which states that there is a significant and positive correlation between the two variables, but with the added effect of the size of the R square which illustrates that exposure to discourse is not one of the determinative factors in a young person's help-seeking behaviours.

Discussion and Analysis

The current study aimed to explore the discourse of addiction and rehabilitation of the Pakistani youths in online forums and to find out if exposure to recovery-oriented discourse has an impact on their willingness to seek professional rehabilitation. The results reveal that the online discussions on addiction can be described as the coexisting of stigmatising and supportive discourses, using the three dimensional model of Critical Discourse Analysis (CDA) as proposed by Norman Fairclough (1992, 1995). Although online platforms are more and more attracting youth as the place where they find emotional support and share experiences, the moral dimension, social stigma and shame related to family remain prevalent in the discussion about addiction. These findings underscore the fact that the use of language is not simply communicative but is also a social practice which affects attitudes, identity and decision making about health.

The first research question aimed to explore the prevailing discourse patterns amongst the Pakistani young population when they were talking about addiction and rehabilitation on the internet forum. The discourse themes that emerged most often through the content analysis were stigma and labeling (27.5%) and moral failure or blame (27.0%). The results make clear that addiction remains a predominantly personal failing, a moral failure and not a medical and psychological ailment. This type of language perpetuates negative messaging about drug and alcohol use and can deter people from talking about their issues and seeking help. This aligns with McNeil (2022), which suggested that dominant recovery discourses too often focus solely on the individual's role and overlook the significance of structural concerns like poverty, unemployment, trauma, and lack of access to health care for drug and alcohol addiction. Likewise, Sibley et al. (2020) found that people with addiction issues tend to reject labels imposed by society that suggest that they are morally corrupt or irretrievably broken. The current results indicate that many such stigmatizing discourses are still being articulated in the online debate in Pakistan where cultural attitudes towards addiction are still largely moralistic.

The findings in relation to Fairclough's Critical Discourse Analysis are examples of the interplay between text, discursive practice and social practice. The

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Print ISSN: 3006-5887

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language of stigma, blaming language, and derogatory terms were frequently used throughout the texts in online postings. These expressions were reproduced at the level of discursive practice in online interactions among users, who responded to addiction with culturally familiar discourses of shame and personal responsibility. These discourse patterns are an expression of social values of the Pakistani society that are based on family honour, religious morality and social reputation. This means that online discussion does not reflect, but actively re-creates the dominant cultural ideologies of addiction in society. In Fairclough's opinion, Discourse reflects and creates social structures, and the results of this study support the theoretical approach. Although the negative discourse was dominant, there were also positive signs of supportive communication found in the results. Peer support and solidarity was one of the most prevalent positive discourse themes found in 23% of coded posts. Likewise, themes of religious salvation, hope and healing stories were also present throughout the online discussions. These findings suggest that online recovery communities serve as a place of emotional support, as well, in which young people share their experiences in recovery with each other, along with coping strategies and encouragement. This is in line with global studies that reveal that online recovery communities can help foster a sense of community, decrease isolation, and promote good behavior. Russell et al. (2025) also noted that recovery-oriented online forums often feature anecdotes and messages of success and motivation for treatment. Hence, the online forums in Pakistan are a dual discourse space as the stigmatizing discourses are found in parallel with supportive and empowering discourses.

An important finding relates to the differences found between the different online platforms. The study revealed a significant difference between closed platforms (WhatsApp, Telegram) and open platforms (Reddit, public forums) in terms of the amount of peer support, family encouragement, stigma, and recovery-oriented conversation. The chi-square result shows that there are differences in discourse patterns based on platform characteristics and that the result is significant at the .05 level. This can be accounted for by the different levels of anonymity, moderation and group cohesion in different digital environments. Frequently, closed groups are groups of trusted individuals with similar experiences, and thus where the group is relatively

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safe for emotional expression to occur. However, with anonymous public forums comes a greater allowance of freedom of speech and expression, which also can make it easier to have unfriendly comments as well as social judgment and discriminatory language because there is less accountability for the person making the comment. This difference indicates that the design of the platform may affect how the young people communicate but also the level of psychosocial support that can be provided to them for addiction help.

The gender differences also play a role in comprehending addiction discourse in the case of young people in Pakistan. Females had relatively higher frequencies of family shame and moral failure narratives, while males had higher frequencies of stigma directed at others and somewhat stronger recovery oriented narratives. These findings point towards the gendered aspect of addiction in the Pakistani society. Women who use substances are likely to be subjected to multiple stigmas: substance use is understood as deviant behavior and as a failure to fulfill traditional gender roles and uphold family honor. Previous qualitative studies have also been done in Pakistan which showed that women face more barriers to treatment due to social condemnation and cultural restrictions. Existing literature has thus shown that gender does play a significant role in experiences of addiction, disclosure and rehabilitation and the present findings support this.

The second research question investigated if exposure to recovery- oriented language is associated with a young person's readiness to seek professional help for recovery. Results showed that exposure to supportive recovery talk was positively correlated with help-seeking intention ($r = .44$, $p < .001$) and this correlation was significant. Moreover, the regression analysis revealed that the variance of willingness to seek professional treatment was accounted for about 19.4% ($R^2 = .194$) by recovery oriented discourse. This is a moderate effect size, but is definitely a sign of the importance of online language in the formation of attitudes towards rehabilitation.

The results have important theoretical implications. According to Fairclough's framework, discourse can play a role in the construction of social identities and in the determination of behaviour, by the repetition of communication. In the current study, a pro-recovery message with positive sentiments of recovery, hope, resilience, and

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Print ISSN: 3006-5887

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peer encouragement was shown to facilitate the willingness to seek professional help. If the treatment is recovery-oriented, it seems that the language can help with a sense of normalization, diminish shame and bolster faith in treatment options. Simultaneously, the moderate R^2 value suggests that discourse is one of a number of factors that affect help-seeking behaviour. Other factors such as finances, family support, availability of services, religious beliefs and mental health literacy are likely to play significant roles in treatment choice. However, the statistically significant relationship that was found in this study substantiates that discourse, as such, is an influential social determinant of health behaviour.

A further interesting discovery relates to the reliability of the scales that were used in the study. The exposure to recovery-oriented discourse scale ($\alpha = .84$) and help-seeking intention scale ($\alpha = .80$) showed good internal consistency. These reliability coefficients are used to increase the confidence level on the quantitative findings of the study and show that the constructs were measured consistently across participants. The use of content analysis techniques together with survey methodology also strengthens the validity of the findings since both the content analysis and the attitudes revealed by the participants are taken into account as a basis for the results.

This approach, using both quantitative and qualitative methods, gives stronger evidence than adopting either of the two methods alone – text analysis or survey data. The results will also have important implications for mental health professionals, educators, policy makers and online community administrators. The many stigmatizing discourses present in online environments call for active promotion of respectful communication and discouragement of labelling and blaming by the online moderator, as well as discouraging discriminatory language. Mental health campaigns should focus on addiction as a treatable health disorder, not a moral failing and should focus on stories of recovery, resilience and professional treatment. There is a need for the incorporation of online mental health literacy programs in universities and educational institutions, to ensure that the youth community is better able to scrutinize harmful messages online and to have evidence-based understanding of addiction. Similarly, rehabilitation treatment facilities and public health agencies have an opportunity to use social media to promote real-life stories of recovery, that can help

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Print ISSN: 3006-5887

Online ISSN: 3006-5895

to break down counterproductive perceptions and promote treatment seeking.

The study further supplements the literature of Pakistan, as it has been a void in research so far. The previous studies conducted in Pakistan have mainly been epidemiological, prevalence and demographic on substance use with not much attention being paid to discourse itself. This study, on the other hand, investigated the linguistic construction of addiction in the Pakistani online contexts systematically and statistically connected these linguistic constructions with behavioural intentions. This quantitative analysis, using a participant centric approach, represents the first attempt to adopt Critical Discourse Analysis in the study of digital health communication in Pakistan, and the benefits of combining discourse with behaviour.

Overall, results showed that there is a complicated interplay of stigma and support in discourse surrounding online addiction among young people in Pakistan. As negative messaging persists to induce shame and moral culpability, recovery-oriented communication can provide significant chances to encourage treatment-seeking and emotional health. The findings indicate a strong confirmation of Fairclough's view that discourse is a powerful social practice which can construct identities, create public opinion, and impact on the real actions. In this sense, online addiction discourse needs to be transformed, and this is not just a linguistic goal but also a crucial public health strategy. The design of supportive digital environments, fostering empathy, recovery and seeking professional assistance in addition can play a significant role in enhancing the outcomes of rehabilitation of addictions among the youth of Pakistan.

Conclusion

This study aimed to examine closely the discourse of addictions and rehabilitation in online forums of Pakistani youth and if online talk is linked to actual attitudes towards seeking professional help. The study examined 600 forum posts through a quantitative content analysis using Fairclough's three dimensional model of critical discourse analysis and survey of 360 youth forum users from five major cities of Pakistan and revealed that the language of stigmatisation and blaming is still strong in the language of recovery talk in Pakistan online forums, almost side by side with supportive and hopeful language. Stigma was more prevalent on open and anonymous platforms

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Online ISSN: 3006-5895

(Reddit) and closed groups (WhatsApp, Telegram) showed more peer support and family oriented discussion. The study also identified a significant positive association between exposure to recovery oriented discourse and willingness to seek professional help – indicating that it is not background noise, but the language shared in these online spaces truly matters in terms of real-world outcomes of recovery.

These findings have a couple of practical implications. Closed and moderated group formats may be more suitable for the use of mental health workers and non profit agencies that engage youth in Pakistan, as these groups appear to be less stigmatizing and more supportive. When moral blame language is used, Forum Admins might be educated to provide light guidance to correct the voice, but not to stifle honest struggle. There might also be more hope and success stories shared online between universities and youth focused programs, as these were connected to increased willingness to seek help. As with all studies there are limitations. The sample was selected through convenience sampling and snowball sampling which is not a complete random sampling, therefore, results may not be representative of all Pakistani youth who suffer from addiction, especially those who do not live in urban areas or have no access to internet at all. Future research might build upon this research by incorporating rural youth, by following up on the same forum users to observe if any changes in their discourse were followed by changes in their actual behaviour and by directly comparing the Pakistani findings to other Muslim majority and South Asian countries. Despite these restrictions, this study is one of the first to examine the language of addiction and recovery in the everyday lives of young people in Pakistan, and it is evident that words have a powerful impact on the healing journey of a young person, just as much as treatment itself.

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Liberal Journal of Language & Literature Review

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