Mental health and Islamic religion online: An intertextual analysis*

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Abstract

In this article, the discursive construction of mental health and the role religion plays in its representation are examined using four psychological consultations collected in fall 2016 from *Islamweb.net*, the largest network for Islamic information. Using computer mediated discourse analysis (Herring 2004), intertextuality was identified as a communicative strategy psychologists draw upon to turn mental health consultations into platforms to perpetuate Islamic authoritative discourses (e. g. submission to God, prayer, and collectivity). Mental illnesses were also constructed within the Islamic context as supernatural and cured by religion, rather than as conditions treated through medical and psychological intervention. Intertextually, the authoritative discourses are evoked overtly through direct quotations from the books of Islam and covertly through referencing certain ritualistic discourses (words, themes, and practices) in the opening, main, and closing sections of the consultations. Permeating consultations with religious discourse, and cementing them with the speech acts of warning, scolding, and advice to not think or act otherwise, create religious authority in the context of health online. These actions also maintain Islamic authoritative discourses, and reaffirm Islamic cultural identity, while blurring the lines between medicine and religion online.

1 Introduction

Research on social media (and new media technology beforehand) and Arab identity falls into two camps. The earlier camp (e. g. Eickelman/Anderson 2003; Zweiri/Murphy 2011) argues that the Internet has provided Arabs across nations with a democratic platform to create a Habermasian "public sphere" wherein all forms of authority (especially religious authority) have been challenged rationally and critically. This was later questioned by el-Naway/Khamis (2011: 210), who argue against the presence of a Habermasian public sphere on Islamic websites online. Instead of a collective consensus facilitated by rational discourse, the authors contend that Islamic websites have been the site of "various degrees of consensus, divergence and negotiation". Notwithstanding the type of Arab presence online (i. e. whether or not it is Habermasian), Al Zidjaly (2010) demonstrates that the introduction of social media has been

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accompanied by turning what Bakhtin (1981) refers to as "authoritative discourses", which are not open for discussion, into "internally persuasive discourses", which welcome debate. Although research exists regarding how the Muslim masses have used the Internet and social media platforms to challenge religious authority and cultural discourses online, examinations of how Muslim authorities have used these same media to advance religious, political, or health agendas are lacking. This exploratory research aims to fill this gap by examining how psychological consultants utilize *Islamweb.net* to turn mental health concerns (traditionally conceived in the Islamic world as social concerns, El-Islam 2008) into opportunities to advance religious ends. This article thus explores how mental health is negotiated on Islamic websites, an under-studied area in sociolinguistics.

In what follows, I first provide a theoretical synopsis of what I mean by intertextuality – a term created by Russian critical theorists and developed by linguists – and highlight how intertextuality has been prominent in discursive studies of health online (Section 2.1). I then provide a brief discussion of the conceptualization of mental health in the Islamic world (Section 2.2) before introducing the data taken from *Islamweb.net* and my methodology (Section 3). The analysis outlines: (a) four representative psychological consultations that demonstrate how and for what ends medical doctors exploit intertextual references online; (b) the strategies used and what they reveal about mental illness; and (c) how authorities in the Islamic world use the Internet as a resource to affirm the Islamic community and practices. The concluding remarks in Section 5 highlight and discuss the major findings of the paper and their larger implications for mental health in general and the Arab Islamic world.

2 Theoretical background

2.1 Intertextuality

Based on her interpretations of Bakhtin's (1981, 1986) notion of dialogicality and heterogeneity, Russian critical theorist Kristeva (1967/1980) coined the term "intertextuality" to capture the adage that all texts – oral or written – consist of numerous "intertextual weavings" of various "prior texts" (Becker 1995; Gordon 2006, 2009; Tannen 2007). According to Bakhtin, when using language, we constantly mix our own words with those of others. That is, although texts (in theory) stand alone, they actually tie back to previous usages of language and simultaneously anticipate future usages. Importantly, the dialogicality inherent in intertextuality extends beyond texts to involve big D discourses (Gee 1999) and actions. Scollon (2007) thus suggests broadening the concept of intertextuality to include repeating prior actions in addition to texts. Fairclough (1992) proposes the term "interdiscursivity" to capture the difference between text-text references and text-discourse convention references. Similarly, Maingueneau (1976) and Authier-Revuz (1982), cited in Fairclough (1992), identify two types of intertextuality: manifest intertextuality and constitutive intertextuality. The former refers to explicit and implicit references to other texts; the latter refers to the relationship between texts and discourse conventions that can frame particular texts (e. g. in the case of this paper, psychological consultations not only refer to prior texts but also are framed by religious/cultural greeting styles or conventions).

Because it is an inherent fixture in communicative acts, intertextual reshaping of texts and actions has a wide variety of interactional or pragmatic functions, including building shared communities (Becker 1995), accomplishing tasks (Tovares 2005), creating involvement (Tannen 2007), and constructing subtle layers of meaning (Gordon 2009). Intertextuality, moreover, has been analytically linked to online and offline identity construction (e. g. Gordon 2006; Hamilton 1996; Hodsdon-Champeon 2010; Schiffrin 2000) and to religion (Campbell/Pastina 2010; El Naggar 2012; Teusner 2010). What constitutes intertextuality, however, differs across academic perspectives (Gordon 2015) and ranges from hyperlinks (Mitra 1999) to cross-turn coherence (Herring 1999), metadiscourse (Gordon 2015), and quotes of and references to religious texts and practices (Al Zidjaly 2010). Therefore, Hodsdon-Champeon (2010) devised a system for classifying the main types of intertextual references and capturing the various pragmatic functions of intertextual uses: direct reference to texts, direct quotes of texts, implied reference to texts, hypothetical or imagined scenarios, and cultural texts (e. g. common phrases, proverbs) or shared cultural concepts and ideologies. Gordon (2015) outlined seven intertextual links by which users of a weight loss discussion board online create narratives that resolve weight loss dilemmas faced (and reported) by participating members: posing information, seeking questions, paraphrasing and reframing, reported speech, pointing, using the board's quotation function, and advice-giving.

Aligned with Hodsdon-Champeon's (2010) and Gordon's (2015) research, I identify two types of intertextuality particularly relevant to studying religious and mental health identity: "authoritative discourse" and "internally persuasive discourse" (Bakhtin 1981). Authoritative discourse refers to relatively unquestioned texts handed down from the ancestral past, such as the Quran, the holy book of Islam, within the Islamic context. Certain "hadiths", defined as the reported speech of Mohammed, the prophet of Islam, are also considered authoritative. The majority, however, are considered questionable among Muslims because all hadiths were written centuries after Mohammed's death; thus, only those hadiths referred to as "the righteous ones" are considered authoritative discourses. The books by Al-Muslim and Al-Bukhari, considered the main second sources on Islamic teachings after the Quran, have further identified these hadiths as the second source on Islamic rules. I also extend authoritative discourses to include "cultural discourses" (Carbaugh 1988), such as unquestioned Islamic religious practices (e. g. praying diligently five times a day), and religious or cultural ideologies – what Gee (1999) terms "big D discourses", such as tenets of collectivity, gratitude, or family knows best. In contrast, internally persuasive discourse includes discourses and actions that are open to negotiation with other points of views. Bakhtin elaborated as follows, "it is half ours, half someone else's; thus, it does not stand in isolation or static condition" (1981: 14). Examples from within the Islamic context involve the practice of cutting off the hands of thieves and playing/listening to music (very controversial issues within Islamic circles).

In Al Zidjaly (2010), by analyzing posts on Yahoo religious chatrooms, I demonstrate how the Internet has enabled Arab Muslims to take many Islamic discourses that are authoritative offline and convert them into internally persuasive ones online (e. g. questioning verses from the Quran). In this article, I complement my 2010 study by demonstrating how consultants on *Islamweb.net* use the Internet (and psychological consultations) to attempt to keep Islamic authoritative discourses intact, especially regarding mental illness, which is traditionally conceived in the Islamic world as a social concern (El-Islam 2008); therefore, it merits mostly

social intervention instead of psychological and/or medical intervention. In this paper, thus, the focus is on showing how consultants keep Islamic discourses and practices as authoritative online.

2.2 Mental health online and in Islam

Since the creation of the Internet, a large body of research regarding health-related online activities has emerged across fields (Giles/Newbold 2013). Two broad research classifications relevant to my study are health support groups (e. g. Eysenbach et al. 2004; Giles 2006; Giles/Newbold 2011; Gordon 2015; White/Dorman 2001); and discursive identity construction regarding expertise and advice giving (e. g. Locher 2006, 2013; Locher/Hoffmann 2006; Morrow 2006).[1] Despite the omnipresence of online mental health support groups and discussion boards, mental health online, within a linguistics framework, remains under-researched (Giles/Newbold 2013). One exception is Morrow's (2006) investigation into the discourse features of messages posted on an Internet forum dedicated to depression.[2] The major findings include how advice is requested and given in a casual, positive manner, which highlights interpersonal relationships and solidarity. Morrow argues that these activities align with the interpersonal needs associated with advice giving. Locher/Hoffmann (2006) analyze how an expert advice identity is constructed discursively on a professional online advice-giving forum. The authors note the empowering nature of such forums that aim to provide support in a non-directive manner, fostering independent thinking and responsible choice consistent with the forum's goal and, I argue, Western cultural ideals of individualism. Based on their examination of two message threads on mental health discussion forums (one specifically on depression), Giles/Newbold (2013) further stress empowering advice seekers. Their findings also highlight the supportive nature of such discussions that aim to build rapport rather than provide mere advice. Collectively, thus, Western online health forums build supportive communities aimed at empowering advice-seekers through highlighting personal choice.

Mental health (not just online and not only from a linguistic perspective) is understudied within the Islamic or Arabic context (Okasha et al. 2012). Moreover, the available limited research further suffers from inadequate methodologies and generalized findings, as argued by WHO (2014), which is problematic in the highly diverse Islamic world that consists of over 20 Arab and non-Arab countries[3] that differ geographically, economically, and culturally. The available research further highlights the situation of mental health in certain countries such as Egypt in North Africa and Saudi Arabia in the Arabian Gulf much more than other Arab countries (Jaalouk et al. 2012). Nevertheless, Islamic cultures are collective, revolving around tribe or family membership (Al Zidjaly/Gordon 2012). Consequently, mental

[1] A third broad group highlights the characteristics of seekers of health online and how such information is appropriated (e. g. Maloney-Krichmar/Preece 2005; Morahan-Martin 2004; Sillence et al. 2007).

[2] Other studies into mental health online include Alleman (2002), Barak/Grohol (2011), Ekberg et al. (2013), Kraus et al. (2003), Rochlen et al. (2004); Smithson et al. (2011). Specifically, the limited existing research include studying mental health in the context of using online videogames to address mental health concerns (Wilkinson et al. 2008); and in the context of community and practice-based mental health interventions, led by either therapists or by one self (Ybarra/Eaton 2005); a number of studies, while not directly related to the points in this chapter, address the negative effects of the Internet on mental health (Kim et al. 2009), and the use of the Internet to promote healthy life styles (Webb et al. 2010).

[3] This is in addition to the Arab, Islamic diaspora that exists worldwide.

health (like all illnesses and disabilities) is considered a family concern. Mental illness also is frequently misunderstood and attributed to supernatural powers, stigmatized, and thus concealed, misdiagnosed, or mistreated (El-Islam 2008; Hickey et al. 2016). Saudi Arabian psychiatric wards in national hospitals have, in addition to psychiatrists, resident religious men to heal patients with mental disorders through the Quran and other holy Islamic texts and practices (Okasha et al. 2012). Most Arab countries further do not have adequate services and many are submerged in civil wars that will increase mental and other types of illness (Horton 2014). Therefore, creating websites where one can seek help with mental concerns without the interference of cultural stigma and discourses is laudable and needed. The nature of the provided services, particularly from a discourse analysis perspective, merits exploration.

3 Data and methodology

3.1 *Islamweb.net*

Islamweb.net was created in 1998 by the government of Qatar to provide religious and other type of information and services to Muslims across the globe. The original website is in Arabic, although other language versions are now available (English, German, French, and Spanish). The purpose of the Arabic original version is to provide Arab Muslims with a live-in religious experience; the focus of the other (non-Arabic) versions is to promote Islam. A general survey of the people who requested consultations on the Arabic site during the data collection period (fall 2016) indicates that users include male and female Arabs from around the world, primarily aged 22–32. The website delivers various types of information, chief among which is "consultations", used on the site to consist of questions plus designated consultants' responses to posted questions. Consultations are classified into cultural, social, educational, medical, and psychological groups. The psychological section, the focus of this paper, is divided into seven sections: general psychological consultations, psychosis-related consultations, behavioral psychology, neuropsychological conditions, personal development, children's mental health, and other. Consultations at the time of collecting data were provided by 28 professionals (mostly male Muslim doctors[4]); consultants' names and specialization are listed on a separate tab on the website. Selection and recruitment processes of consultants are unclear, so are questions about quality control; the website, however, does provide short curricula vitae for the consultants and reference to their major consultations (which indirectly highlight their specialization). Some consultants have included their picture; almost all pictures at data collection period showed men with long beards, which is an Islamic religious symbol. While some consultants are regular contributors, the list of consultants changes.

3.2 Data/framework

This paper is part of a larger longitudinal and ethnographic project (2015–2018) on Arab (social, religious, and political) identity and social media funded by the national university in Oman (SR/ARTS/ENGL/15/01). To collect and analyze data during the fall of 2016, I used computer mediated discourse analysis (Herring 2004), which draws upon the concepts and

[4] During data collection period, only two of the twenty-eight consultants were female, and their specialization was listed as gynaecology.

approaches of discourse analysis. Intertextuality, especially as defined and practiced by Tannen (2007) and Gordon (2006, 2009, 2015), was selected as the main tool to approach the data because almost all the collected 700 consultations included intertextual references to Islamic authoritative and cultural discourses and actions. Consultations on children's behavior were not collected. 200 examples/psychological consultations from the Arabic database were coded according to psychological concern and the main authoritative and cultural discourses evoked, overtly or covertly. In terms of the former (i. e. psychological concerns), consultations revolved around hallucinations and jinn (supernatural entities), obsessive behavior, marriage concerns, and anxiety or sadness; in terms of the latter (i. e. authoritative and cultural discourses), the main tenants of Islam were highlighted: submission to the will of God, prayer, and collectivity. The four examples used as illustrative in this paper represent thus the major themes and discourses found in the consultations collected. The selected examples are also some of the shortest and easy to follow by non-Arabic readers.

3.3 Structure of consultations

Consultations (question-response adjacency pairs) are asynchronic and public; to post a question (and receive a response) one must register to the website and create a username and password. The registration involves providing names, gender, birth dates, locations, and email addresses (to receive the website newsletter and for registration conformation purposes). Only then one can send a question (privately) using the tab (leave a question). As I had no access to the administration of the website, it is unclear whether or not all questions receive responses. When consultations (question and answer pairs) are published, they are allocated to the different sections (by the website or consultants) and are given a search number to help posters use in future consultations and for search purposes; the consultations are aimed both to aid posters with their concerns and to provide information to the visitors of the website. In the published consultations, only first names of posters are provided to keep anonymity. Posters and/or other website users (i. e. spectators) have the option to leave comments, although most simply post a thank-you note in religious language, which usually includes a prayer for the help provided. Consultants' responses start with an Islamic cultural and ritualistic opening formula, including a customary Islamic greeting and prayer for protection directed to the poster (see Excerpt 1). The closing sequence also involves a prayer for general wellbeing (see Excerpt 2). Notably, posters also start their requests with the Islamic traditional greeting of first praising the lord, the most kind and merciful, and then state the prayer/greeting of "may peace be upon you" in accordance with the religious nature of the website. This provides further evidence of religion permeating all sections of the consultations and by both, posters and consultants.

Excerpt 1 (Opening Rituals)

[Traditional Islamic greeting]
In the name of God, the most kind and merciful بسم الله الرحمن الرحيم
Dear brother, may God bless you أخي الكريم الله يبارك فيك

Excerpt 2 (Closing Rituals)

May God bless you بالتوفيق إن شاء الله الله يبارك فيك
I pray that God heal you أدعي الله أن يشفيك
May God be with you كان الله في عونك

In these ways, online consultations are structured similar to offline interactions: Both start with traditional greetings and prayers for safety and end with prayers befitting the person's condition. For example, ill persons receive prayers for healing, while people seeking general advice receive prayers of blessing. This indicates that religion and Islamic traditional culture is evoked and permeated throughout the posts. (Note too that such permeation is evidence of "constitutive intertextuality" wherein the structure of consultations is affected by [and draws upon] the genre/conventions of Islamic religious discourse).

4 Analysis: Mental health and religion

In this section, I analyze four consultations (question-response pairs) taken from the psychological health consultation section of *Islamweb.net*. The consultations evoke various religious and cultural authoritative discourses directly through citation or indirectly through speech acts. Such discourses include religious texts (e. g. Quran, hadiths); cultural and religious practices (e. g. attending funerals, praying in mosques); and cultural and religious ideologies/beliefs, intertextually referenced thorough warnings and advice. The aim is to demonstrate how mental health and psychological consultations are constructed through the lens of the Islamic religion and culture on *Islamweb.net*. In the selected data, customary opening and closing sequences are deleted for space reasons. Categorization/analysis is outlined within the presentation of the data.

4.1 Schizophrenia: Mental illness as supernatural

The first example (see Excerpt 3) features the second of two consultations a woman posted regarding her husband; this is attested by the poster herself in the query. (Note that I was unable to locate the first consultation because the poster did not provide its code number.) This (second) consultation (question-answer pair-Excerpt 3) jointly constructs mental illness, as believed within the Islamic context, as being caused by supernatural entities and cured by religion. In the consultation, the poster indicates that her husband's symptoms, reported in a previous consultation, remain (e. g. visual hallucinations that involve seeing jinn [supernatural entities] that seem to want to send him to jail); the poster, however, does not disclose whether or not her husband has seen a psychologist and/or is taking medication. She does provide a history of the condition, though, with a possible cause (i. e. a past severe episode of depression that resulted in visual hallucinations), before posting her question: *Is he* [my husband] *suffering from a spiritual disease caused by jinn or are his symptoms caused by schizophrenia?* (lines 15–16). I have divided the consultation into different sections, each with a given title in bold that provides a general view of the content. Important sections or words for analysis are highlighted.

Excerpt 3

Original

سبق واستشرتكم في هذا الموقع المبارك عن حالة زوجي، وما قال له الدكتور بأنه يعاني الوسواس ولكن ما زالت الأعراض لديه، وفكره مشغول في عالم الجن، وأن لديهم قدرات، ومن هذا ،من ذهان غير مميز لهم دخل فيها.القبيل، وأن كل حركة في المنزل تحدث

الآن يقول كل ما يفتح مسلسل أو فيلم تأتي عينه على كلمة سجن، وأنه يستطيع أن يستخرج أي مسلسل تكون بأجزاء يستطيع أن يحدد الجزء الذي فيه سجن، أو أسر؛ لأنهم يوحون له.

نهم، ويتكلم لا أدري هل يخاف أن يسجن أو يؤسر لا أعلم! كلما خضت معه في الحديث يسكتنأ خوفاً م
هامسا في أذني عنهم، لا أدري هل مرضه فصام أما ماذا؟ لأنه سابقاً كان يعاني من اكتئاب بسبب موقف
حصل له في شهر ذو القعدة، وفي هذا الشهر من كل سنة تحصل له انتكاسة وهلوسة وأفكار غريبة، هل
؟ أم من أعراض مرض الفصام؟ بسبب الجنهو مصاب بمرض روحي

أيتها الفاضلة الكريمة استمرار الأعراض بالكيفية التي ذكرتها عند زوجك الكريم هذه كلها :ةالإجاب-
أعراض ذهانية ذات طابع وسواسي، أمر التشخيص لحالة زوجك الكريم هو ما يعرف بالفصام
الوسواسي، طبعاً التشخيص يتم تأكيده من خلال مقابلة الطبيب، لكن ما ذكرته من معالم للأعراض
اضحة وجلية تجعلني أقول أنه غالباً يعاني من هذه العلة، أو ما يعرف بالفصام الوسواسي، وهو أقل و
حدة من الفصام العادي والبعض يدرجه تحت أمراض الذهان غير المميز.

وهذا الأخ حفظه الله يحتاج لعلاج جيد، وبجرعة صحيحة، والدواء سوف يتكون من أحد مضادات الذهان،
ً أن يعطى جرعة متوسطة من أحد الأدوية المضادة للوسواس، والذهاب بزوجك الكريم إلى ويفضل أيضا
الطبيب أراه مهما جداً، وهذا الأخ أيضاً يحتاج إلى أن يقابل إمام مسجده، أو أحد الإخوة المشايخ من أصحاب
سلفية من العقيدة السلفية ليتحدث معه حول الجن، وأنا متأكد أنه حين يمتلك الحقائق بصورة
الشيخ هذا سوف يقلل كثيراً من روعه، وقطعاً سوف يقوم الشيخ برقيته وهذه أيضاً سوف تساعده.

من جانبك حاولي أن تطمئنيه دون أن تدخلي معه في حوار أو جدال حول أفكاره، وفي ذات الوقت اسعي
وتعالج بصورة جيدة إلى أن يواصل ويقابل الطبيب ويستمر على العلاج؛ لأن هذه الحالات تعالج،
جداً، والآن توجد بالفعل أدوية فاعلة في هذا السياق.

إذاً أنا أكثر ميولاً أن زوجك الكريم يعاني من مرض طبي نفسي، ولا ننس أيضاً الدور الديني كما
أسلفت لك، فيجب أن نأخذ العلاج من الطريقين وهذا هو الأفيد له.

Translation containing categorization and highlighting in bold

1 Question

2 I have previously consulted with you on this blessed site [Islamweb.net] about my husband.
3 The doctor diagnosed him with an unidentified psychosis. The symptoms, however, remain.
4 He is obsessed with the world of jinn, and he believes that they have powers, and so forth.
5
6 Now he says that every time he turns on a TV program or film, his eyes fall upon the word “jail”
7 and that with any television serial, he can predict the parts in which there will be a prison or
8 hostage, because the jinn inspire him with [the ability to do] it.
9
10 I do not know if he is afraid to go to jail or be taken hostage or what. I don’t know. Every time I try
11 to talk to him about them [the jinn], he stops me for fear of them, whispering into my ears about
12 them. Is his sickness schizophrenia or what? Because he previously suffered from a severe case of
13 depression as a result of an incident that had happened to him in the [Islamic lunar] month of Dhul
14 Qāda, every year since then, he relapses around the time of the incident and starts hallucinating and
15 thinking strange thoughts. Is he suffering from a spiritual disease caused by jinn or are his
16 symptoms caused by schizophrenia?
17

18 Answer

19 Diagnosis

20 Dear Madame, the persistence of the symptoms that you describe in your husband are all the signs
21 of psychosis. The diagnosis of your honorable husband’s condition, according to your description,
22 is obsessive schizophrenia. Of course, the diagnosis must be confirmed by a doctor, but the symp-
23 toms you describe are compelling enough to make me say that your husband most probably suffers
24 from the illness called obsessive schizophrenia, which is a less severe form of schizophrenia
25 (therefore some classify it as unidentified psychosis).
26

27 Medical advice
28 This brother, may Allah preserve him, needs proper treatment with an appropriate anti-psychosis
29 drug; it is also **preferable** that he take an anti-obsessive drug. Moreover, in my opinion, taking
30 your honorable husband to see a doctor is **very important**.
31
32 Religious advice
33 **In addition**, this brother needs to see the imam of the mosque, or a bona fide religious scholar to
34 talk to him about the jinn; I'm certain that once he gets the right **facts** from the sheikh, his fears will
35 be **significantly** reduced. Most certainly the sheikh will surely also recite a ***ruqia*** [verses from the
36 Quran as a charm for healing]. This will also help him.
37
38 Psychological advice
39 From your side, reassure him, but without engaging with him about his ideas. At the same time
40 continue seeking the help of a doctor and continue treatment; because such cases are treatable; in
41 fact, they can be treated very well, indeed, as now there exist effective drugs for such cases.
42
43 Personal opinion
44 I am more inclined to suggest that your honorable husband suffers from a medical psychological
45 illness; let us also not forget the role of religion; as I said to you, **he should take both treatments**,
46 as this is the most beneficial to him.

In this example, the poster indirectly, and the consultant directly, construct mental illness as requiring both medical and religious intervention. Namely, a tentative medical diagnosis (*obsessive schizophrenia*) and treatment (seeing a doctor and taking *preferably* both an anti-obsessive and an anti-psychotic drug, lines 28–29) are offered; this is immediately followed by religious intervention in imperative language that the husband needs to meet with a religious scholar or Imam to provide him with (a) the *facts* about supernatural entities (line 34), and (b) a *ruqia* or healing charm (line 35). A *ruqia* is an Islamic authoritative 'healing' act carried out by legitimate/licensed imams that consists of reading specific verses from the Quran in the presence of an inflicted person with the aim to heal. Placing *in addition* (line 33) before advising the meeting with a religious scholar linguistically constructs this second piece of advice as equally important (in the same manner as *and* does when connecting two independent clauses [Schiffrin 1987]) as taking medication. Notably, the needed *proper treatment* (line 28) consists of two parts: medical treatment, constructed as *very important* (line 30), and religious treatment, constructed as *significant* in reducing fears of the unknown (lines 34–35). Despite the consultant's admission that he typically treats schizophrenia as a medical condition, he upholds the power of religion and states that medical and religious treatments should go hand-in-hand (line 45). Thus, the consultant intertextually and indirectly (absent direct quotes from Muslim holy books) references the discourse of jinn (lines 33–34) and the power of religion to heal – both are considered pillars of Islamic faith, religious and cultural authoritative discourses that cannot be denied. In turn, religious scholars are constructed as having roles equal to certified medical doctors in treating schizophrenia. Religion is also constructed by the use of *brother* (line 28), a religious/cultural address term. Excerpt 3 demonstrates the traditional construction of mental illness as a religious concern within the online Arabic Islamic context; this construction is supported by both the poster and the consultant.

In the next three examples, I further illustrate how religious references permeate the consultations, even when the poster does not invoke them directly. I specifically show how the consultants intertextually reference authoritative quotes and practices (even when not requested) and intensify their advice using the speech acts of warning and scolding, especially when posters suggest culturally/religiously unacceptable acts such as committing suicide or not attending funeral prayers. Consultants avoid negotiation and allowing posters choice, indirectly referencing the collectivism of Islamic cultures. This style constructs the consultants as religious scholars and carriers of great knowledge (e. g. Excerpt 5), who traditionally must be obeyed. Thus, online medical consultations within Islamic contexts are top-down. The consultants also directly and indirectly invoke Islamic actions and cultural discourses (e. g. submission, prayer, the taboo of suicide, collectivity) that construct a one-way thinking process supported by religious texts and practices presented as authoritative.

4.2 Loss of teeth: Submission to the will of God

Excerpt 4 was posted by a thirty-year-old man inquiring about surgical treatment for traumatic tooth loss. Rather than a dentist or doctor, a psychologist responded to the post because the poster mentioned his sadness and despondency (line 3).

Excerpt 4

Original

السؤال: أنا شاب قي مقتبل الثلاثيانت من عمري. تعرضت لحادث موتورسايكل أدى إلى خسارتي لكل أحس بحزن شديد و عدم مقدرة على التفكير في المستقبل. ما هي إمكانيات عملية زرع أسنان الأمامية. في مثل حالتي؟الأسنان

أن ما حدث لك إنما هو بقضاء الله وقدره، ولا راد لقضائه سبحانه، وعليك أن :اعلم أخي الكريمالإجابة: تقول قدر الله وما شاء فعل، إنا لله وإنا إليه راجعون، اللهم أجرني في مصيبتي واخلفني خيرا منها.

مصيبة إذا احتسب ذلك عنده، فقد ثبت هذا عن النبي أن الله يغفر للعبد المبتلى بال :واعلم أخي الكريم ما يصيب المؤمن من وصب، ولا نصب، ولا سقم، ولا حزن، حتى الهم " :، حيث قال-صلى الله عليه وسلم- ما يصيب المسلم، من نصب ولا وصب، ولا هم ولا " :رواه مسلم، وفي رواية "يهمه، إلا كفر به من سيئاته .رواه البخاري "الشوكة يشاكها، إلا كفر الله بها من خطاياهحزن ولا أذى ولا غم، حتى

أن الحزن لا يفيد شيئا في هذا الحال، لأن المصاب قد وقع وانتهى، والحزن على ما فات لن :ثم اعلم أخي يفيد سوى مزيدا من الهم من غير أي فائدة في بقية عمرك، وأتمنى أن تحول هذا الحزن إلى شيء من الأمل . السعيدة، فإن الله قد نجاك من الموت، ولم يحصل لك فقدان لأعضاء تفقدك الحركةبالحياة

ل أن تذهب إلى طبيب أسنان، فإن الطب قد تطور، ويمكنك بإذن الله أن تزرع أسنانا أخرى، وحاو .وأبشر بالخير

Translation containing categorization and highlighting in bold

1 **Question**
2 I am a young man in my early thirties. I had a motorcycle accident that resulted in
3 the loss of all my front teeth. I feel deep grief and inability to think about the future.
4 What are the possibilities for tooth implants for my kind of condition?
5
6 **Answer**
7 **Religious advice 1 (Quran-hadith)**
8 Know dear brother: What has happened to you is the will of God and there is no
9 defying His decree. May He be exalted. **You must say**: “It is God’s will; we are of God and

unto him shall we return; please God compensate me for my burden."

Religious advice 2 (hadith)
Also know dear brother: God will forgive your sins for compensation of any calamity. That has been established by the prophet, peace be upon him, when he said (as narrated in Sahih Al-Bukhari book of prophetic traditions): "Whatever befalls a believer of God, be it sickness, sadness, or any other type of distress, will wipe out his sins."

Psychological advice
In addition, know, brother: Grief will solve nothing in this case, because what is done is done, and grieving over the past will only add more sorrow without bringing any benefit for the rest of your life. And I hope you may turn this sadness into hope for a happy life, as God has saved you from death, without your losing any physical ability.

Medical advice
And try to see a dentist, as dentistry has evolved, and you can, God willing, get new dentures. Be of good cheer.

The consultant organizes his response into three parts: handling grief from an Islamic perspective (lines 7–16), psychological advice (lines 18–22), and medical advice (lines 24–26). Notably, rather than providing the requested detailed information on dentistry (line 4) or discussing grief in medical and psychological terms, the consultant evokes several authoritative discourses and general psychological advice before providing a terse medical response. The succinctness combined with the preceding *and* (line 25) constructs the medical advice as an afterthought. Thus, the primary advice is for the poster to submit to God's will, a key authoritative discourse in Islam. The consultant declares that the first method to deal with his medical problem is to acknowledge and accept fate, imperatively instructing the man on what to believe (line 8) and what to say (lines 9–10), thus highlighting key Islamic authoritative discourses that cannot be questioned, by intertextually referencing two ritualistic prayers from the holy book of Islam and hadiths. The consultant does not state that the quotes (lines 9–10) are from the two books of Islam, as they are well-known authoritative discourses customarily uttered in the face of great loss to indirectly invoke the authoritative ideology regarding submission to fate and compensation of loss. The consultant then intertextually references a hadith using a direct quote that instructs people to handle tragedies by conceiving them as tools of atonement for sin (lines 13–16). Unlike in Christianity, Muslim sins are not wiped by the prophet; one needs to get sick to be saved. This hadith further indirectly invokes the cultural Islamic discourse that illness is a blessing in disguise and is sent by God. Notably, the consultant constructs this lesser known hadith as authoritative by declaring it was reported in one of the two main books of hadiths (i. e. Al-Muslim and Al-Bukhari, line 15). This also constructs the consultant as a religious authority, in keeping with the identity and purpose of the website.

It follows that the three-step grieving process from an Islamic perspective is: accepting the will of God (Quran), illness wiping your sins (hadith 2), and asking God to compensate for the harm caused (hadith 1). Importantly, rather than explaining the process of grief and adjusting emotionally to the new reality, illness is constructed positively as a tool that will save men's souls, and grief is constructed as useless because it defies the will of God that cannot

be defied. This advice also indirectly evokes the discourse of gratitude, another key tenant of Islam: The medical authority reminds the patient that he was saved from death and disability (lines 21–22); thus, he should be grateful, thereby downplaying the loss. The consultation ends with a request for joy.

4.3 Suicide: Family knows best

In Islamic Arabic cultures, it is not only customary to ask parents for their daughters' hands in marriage, but the parents further have the right to accept or refuse a potential marriage candidate without consulting their daughters. In Excerpt 5, a Muslim woman in her twenties asks how to handle her parents who keep refusing the men who propose to her. She closes her request by stating she has started contemplating suicide. Although Excerpt 5 presents a family problem, it likely was classified as a mental health consultation because it mentioned suicide. In contrast to Excerpt 4 (loss of teeth), where the medical advice was neither informative nor helpful, in this excerpt the advice is detailed despite the intermittent highlight of warnings against committing suicide, a forbidden Islamic act.

Excerpt 5

Original

أرجو منكم حل مشكلتي، كل مرة يأتيني خاطب ليطلب يدي ويتزوجني، وأهلي يرفضون بدون أي السؤال: أسباب!
أنا تعبت من كلام الناس، وصرت أفكر بالانتحار!

مشكلتك تحل بالحوار مع أهلك، وليس بالتفكير بالانتحار، لأن الانتحار لا يحل المشكلة، بل :لإجابة يجعلك في عذاب إلى يوم القيامة، قال صلى الله عليه وسلم:)مَنْ قَتَلَ نَفْسَهُ بِحَدِيدَةٍ فَحَدِيدَتُهُ فِي يَدِهِ مَ خَالِدًا فِيهَا أَبَدًا، وَمَنْ شَرِبَ سَمًّا فَقَتَلَ نَفْسَهُ فَهُوَ يَتَحَسَّاهُ فِي نَار جَهَنَّمَ يَتَوَجَّأُ بِهَا فِي بَطْنِهِ فِي نَار جَهَنَّ َبَدًا(خَالِدًا مُخَلَّدًا فِيهَا أَبَدًا، وَمَنْ تَرَدَّى مِنْ جَبَلٍ فَقَتَلَ نَفْسَهُ فَهُوَ يَتَرَدَّى فِي نَار جَهَنَّمَ خَالِدًا مُخَلَّدًا فِيهَا أ متفق عليه.

حذاري من هذا التفكير السيء، وعليك باستخدام الوسائل المباحة المتاحة لعلاج مشكلتك، ومنها:

الحوار المباشر مع أهلك عن سبب الرفض للمتقدم لك، فربما يكون سببهم وجيهاً، وهم أدرى بمصلحتك، موقف أهلك، وأنه في صالحك!وفي هذه الحالة عليك بالصبر حتى يأتي الزوج المناسب، وتفهم

ربما قد يكونون متعنتين ويريدون ظلمك، ففي هذه الحالة حاوريهم مباشرة، وأقنعيهم إن استطعت بترك الظلم لك، أو بلغي شخصاً ثقة من أهلك أو أقاربك بالقضية، لعله يساعدك في حل المشكلة بطريقة مكنه أن يرفع قضيتك إلى المحكمة لرفع الظلم صحيحة، وفي حالة اتضح تعنت أهلك حولك وظلمهم لك في عنك.

في كل الأحوال عليك بالصبر والدعاء والتفاهم مع أهلك، والحذر من التفكير بالانتحار، فإن ذلك يدل على قلة دين وضعف إيمان منك، فقوي إيمانك بالطاعات، وثقي بالله، فما قدره الله لك سيأتي في موعده، ولا خلق رده أو تقديمه.يستطيع أحد من ال

Translation containing categorization and highlighting in bold

1 **Question**
2 Please solve my problem. Every time a young man comes and asks for my hand in marriage,
3 my family [parents] refuse without any justification. I am tired of what people might say, and I
4 have started to contemplate suicide!
5

Answer

Authoritative discourse (hadith)

Your problem is to be solved through dialogue with your family, not through contemplating suicide, because suicide does not solve the problem. Rather it will condemn you to Hell for eternity. The Prophet Mohammed (peace be upon him) has said in a sound hadith, "Whoever kills himself will be forever tormented in hell with the tool that he has used to kill himself, be it a weapon or poison. Whoever kills himself with iron [a knife], his knife will be thrust in his innards in the fire of Hell forever; whoever drinks poison to kill himself, he will feel it forever and ever in the fire of Hell; and whoever throws himself from a mountaintop to kill himself, will be falling into the fire of Hell forever and ever."

Warning

Beware of such bad thoughts; **you must** use the available and permissible means to solve your problem, including:

Solution 1

Direct dialogue with your family about the reasons behind their rejection of your suitors; it might be that they have good reasons, **as they know better about what is in your best interest.** In that case, **you must** be patient and wait for the appropriate suitor**.** Understand your family's position and know that it is for your own good.

Solution 2

Perhaps they are being stubborn and wish you injustice, in that case, talk to them directly. If you are able, convince them not to cause you injustice. Or talk to someone trustworthy from your larger family or relatives. They may be able to help you solve the problem satisfactorily.

Solution 3

If it turns out that your family is not working in your best interest, then you can go to court to redress the injustice.

Final advice/warning

In all cases, you must exercise patience, prayer, and communication with your family. **Beware of suicidal thoughts,** as they indicate a weakness of religion and a lack of faith. Strengthen your faith through obedience, and trust in Allah; what Allah has meant for you will come to pass in time, and no one can stop it or bring it forth but He.

Excerpt 5 directly evokes religious and cultural discourses against suicide (e. g. lines 8–9) and in support of "family knows best" (e. g. lines 23, 25), followed by solutions that highlight the collective nature of Islamic culture. In Islam, suicide is a forbidden act that goes against the authoritative discourse of submission to the will of God and results in eternal damnation. Thus, the consultant repeatedly uses speech acts of warning against suicide, which is believed to signal a weakness of faith. Such warnings include an immediate direct warning to stay clear from suicide (lines 8–9), followed with a hadith that cautions followers of Islam of the aftermath of suicide (lines 10–15); and a second warning against suicide (line 18). The poster is reminded that this hadith is *sound* (line 10), constructing the hadith as authoritative and the consultant as a religious scholar. The poster is then ordered to strengthen her faith by obeying God (and her family), evoking the collective cultural discourse of submission to family – especially parental – decisions. Stating she *must* (lines 18, 24) be patient and understanding of her parents indirectly emphasizes the Islamic Arabic cultural authoritative discourse that family knows best. Only after these warnings and discourses are shared is the poster given practical steps to solve her family problem, starting with directly dialoguing with and considering their justifications (lines 21–25); obtaining help from other family members to reason

with her parents if needed (lines 29–30); and, only as a last resort, obtaining a court order to allow her the permission to marry (lines 33–34). The consultation ends with a reminder of the virtue of patience, prayer, and dialogue with family, followed by yet another warning against suicide and exhortation to trust in God and fate.

Although cultural and authoritative discourses are highlighted, and while submission to the will of God is a main tenant of Islam, in this excerpt, the young woman is encouraged to have agency; agentive solutions (i. e. the not so culturally acceptable resolution of going to court), however, are advised only after all the other (culturally acceptable) solutions (i. e. dialogue and enlisting the aid of a family member) are exhausted, and while upholding that what is meant to be will be (which indirectly alludes to the power of God's will that cannot be defied).

4.4 OCD: Prayer and Satan

Funerals in Islam consist of various ritualistic practices – chiefly the funeral prayer, which enables the soul of the deceased to rest in peace. Muslim men are required to attend funerals of neighbors, acquaintances and family and participate in the prayer. Muslims are warned that if they skip others' funerals, their own funeral will be unattended and they will not find eternal peace. In Excerpt 6, a young man states he has a fear of attending funerals and asks which medications might best help him reduce his obsessive-compulsive disorder and participate in this important cultural and religious authoritative discourse.

Excerpt 6

Original

من حضور الجنائز مما يمنعني من حضور شديد أنا شاب في العشرينات من عمري. عندي خوف السؤال: هل تعتقد دواء السيرالكس مفيد في حالتي؟ و ما ذا عن زولفت و غيره من مضادات صلوات الجنازة. الوسوسة القهرية؟ حتى أتمكن من التغلب على هذا الخوف و أحضر الجنائز.

أنا لا أريدك أبدًا أن تعتقد أن علاجك دوائيًا فقط أو بالكليّة، لا، الدواء لا يُعالج كل شيءٍ، :أخي الإجابة: وتخوفك مثلاً من الذهاب للصلاة والجنائز خوف غير منطقي، يُعالج فكريًا ومعرفيًا ووجدانيًا وعقديًا، ولا .يُعالج دوائيًا

هل أقبل أي نوع من الأفكار أو المشاعر التي :سؤال بسيط يجب أن تطرحه على نفسك :أخي الكريم تأتيني؟ الإجابة لا قطعًا، لأن الإنسانَ اللهُ تعالى أعطاه الحكمة والبصيرة والاستبصار وقوة الفلْترة .والتصْفية ليختار ما هو طيب ويرفض ما هو سيء

، ويجب أن تُدرك أن الحقّ عزّ الذي تُواجهه هو بابٌ من أبواب الشيطان، يجب أن تُغلقه :أخي الفاضل الكريم وجلّ كرّم الإنسان وفضّله على كثيرٍ ممّن خلق تفضيلاً، فأنت أكرمُ من أن تكون ضحيةً لتلاعب الشيطان، .فاذهب إلى الصلاة في المسجد، ولن يحدث لك إلا الخير، وإذا واجهتَ قلقًا بسيطًا فأمرٌ طبيعي

صلاة في المسجد عملية متدرّجة جدًا، أن تستعدّ في بيتك، أن تُحسن الذهاب لل :ويا أيها الفاضل الكريم ، وأن وتدعو بدعاء (اللهم اجعلني من التوابين واجعلني من المتطهرين) :وضوئك وأن تُسبغه، وتدعو بعده لَبْي نُورًا، اللّهُمّ اجْعَلْ فِي ق) :الخروج من المنزل، وتنظر للمسجد من بعيدٍ، وتدعو وأنت ذاهب إليه، وتقول وَفِي بَصَرِي نُورًا، وَفِي سَمْعِي نُورًا، وَفِي لِسَانِي نُورًا، وَعَنْ يَمِينِي نُورًا، وَعَنْ يَسَارِي نُورًا، اللّهُمّ وَاجْعَلْ ، ثم تدخل إلى (وَأَعْظِمْ لِي نُورًامِنْ فَوْقِي نُورًا، وَمِنْ تَحْتِي نُورًا، وَاجْعَلْ أَمَامِي نُورًا، وَمِنْ خَلْفِي نُورًا، اللّهُمّ بِسْمِ اللّهِ وَالسّلامُ عَلَى رَسُولِ اللّهِ اللّهُمّ اغْفِرْ لِي ذُنُوبِي وَافْتَحْ) :المسجد وتدعو بدعاء الدخول إليه وتقول الصلاة، ثم ، وتؤدي صلاتك، وتختمها بالتسبيح والتحميد والتكبير، ثم تؤدي نوافل (لِي أَبْوَابَ رَحْمَتِكَ هذه ....(بِسْمِ اللّهِ وَالسّلامُ عَلَى رَسُولِ اللّهِ اللّهُمّ اغْفِرْ لِي ذُنُوبِي وَافْتَحْ لِي أَبْوَابَ فَضْلِكَ) :تخرج وتقول .كلها خطواتٍ تمهيدية عظيمةٍ جدًا، تُسهّل أمر الصلاة في المسجد وعونًا على أدائها بكل خشوع وبكل طمأنينة

مر في غايةِ البساطة، لا تُوجدْ لنفسك عُذرًا في هذا الأمر، واستشعر أهميةَ الصلاة وعظمتها، وأنها عماد الأ الدين، وأنها أول ما يُحاسب عليه العبد يوم القيامة، وأنها إن صلحتْ صلح سائر الأعمال، وإن فسدتْ فسد الأمر أمرٌ فكري، وليس له علاقة سائر أعمال العبد، وأنها نور وضياء وبرهان للعبد يوم القيامة، بالسبرالكس أو الزولفت أو غيره.

، أما الجنائز فالإنسان يجب أن يذهب إليها، حتى تُذكّره -أخي الكريم –أرجو أن تأخذ الأمر على هذه الشاكلة نازته، بالآخرة، وحتى يُعدّ نفسه لهذا اليوم، وحتى يدعو لموتى المسلمين والمسلمات ولمن جاء يحضر ج –أيها الفاضل الكريم –حتى يجد من يتبع جنازته ويدعو له حين يصير إلى ما صاروا إليه، والأجر عظيم مَن صلى على جنازة له قيراط من الأجر، ومن تبعها حتى تُدفن له قيراطان، والقيراط قدر جبل أحدٍ.

تردد، وسوف تجد أن الله تعالى قد يسّر لا تجعل الشيطان يتلاعب بك في هذه الأمور، أقْدِم عليها دون أي أمرك.

لا بد أن تُكثّف أنشطتك الاجتماعية، أن تخرج إلى الأسواق، تتناول وجبات في المطاعم، :أخي الفاضل تزور أصدقائك، تُرفِّه عن نفسك بما هو جيد وجميل، أن تدخل أندية الرياضة، وأن تُشارك في ألعابٍ التعويض الإيجابي الذي يُعود عليك بخير عظيم، وطبّق التمارين هذا كله نوع من ...رياضية الاسترخائية، فيها فائدة كبيرة، وكبيرة جدًا.

السبرالكس دواء ممتاز، ارفع الجرعة إلى عشرين مليجرامًا في اليوم، واستمر عليها :بالنسبة للدواء يًا كجرعة علاجية، والسبرالكس دعّمه بعقار لمدة أربعة أشهر على الأقل، ثم خفضها إلى عشرة مليجرام يوم الإندرال، الإندرال أحد كوابح البيتا الجيدة جدًا التي تُقلّلُ كثيرًا من الشعور بأعراض القلق الجسدية، كتسارع القلب والشد العضلي وخفّة الرأس، والتي هي من أكبر المشاكل التي يُعانيها أصحاب الرهاب؛ وفيقدون السيطرة على الموقفلأنهم يعتقدون أنهم س.

أي عشرين مليجرامًا صباحًا ومثلها –ون مليجرامًا صباحًا ومساءً جرعة الإندرال المطلوبة في حالتك هي عشر لمدة ثلاثة أشهر، ثم عشرة مليجرام صباحًا ومساءً لمدة شهرين، ثم عشرة مليجرام صباحًا لمدة –مساءً شهرين، ثم تتوقف عن تناوله.

Translation containing categorization and highlighting in bold

Question

I am a man in my twenties. I have a debilitating fear of attending funerals, which makes me miss the funeral prayers. Do you think Ceralix will help my condition? What about Zoloft and other medications for obsessive compulsive disorders? So that I can overcome my fear and [perform my religious duty by] attending funerals?

Answer

Scolding 1

Brother: **I do not ever want you to think that your treatment could only or mainly be by medication.** No. Medication cannot cure everything. Your fear of attending funerals and praying, for instance, is **irrational.** It can be treated intellectually, cognitively, and psychologically, but not pharmaceutically.

Advice/Scolding 2

Dear brother: **A simple question you must ask yourself:** Do I accept any kind of thoughts or feelings that pop up in my head? The answer is of course not, because God has given men wisdom, insight, foresight and the power of filtering thoughts to choose what is right and reject what is wrong.

Religious explanation

Dear honorable brother: **What you are facing is of the devil and you must stop him.** You must realize that God has honored mankind and preferred him over a multitude of His creatures. You are more honorable than to fall victim to the tricks of Satan,. **Go to pray** in the mosque; only good will come of it. If you encounter minor anxieties, that is natural.

Instructions on how to pray: Authoritative discourse

Oh honorable man, the steps to prayer in the mosque are cumulative: You prepare at home,

performing the ablutions carefully and well, then you make this supplication: "O Allah, make me among the repentant and the purified." Then you recite a supplication upon leaving the house, and when you espy the mosque from afar, you make this supplication as you draw near: "O Allah make of my heart light, and make of my vision light, and make of my hearing light. And cause there to be light to my right, to my left light, below me light, before me light, and behind me light. O Allah make for me a great light." Then, as you enter the mosque, recite the following supplication: "In the name of Allah, peace be upon the prophet of God. O Allah, forgive me my sins and open for me the portal of thy mercy." Then you perform your prayers, and you complete them with glorification, praise, and magnification (*subḥān Allāh wa l-ḥamdu li-llāh w Allāhu akbar*). Then you perform the supererogatory prayers. Then, as you exit the mosque, recite the following supplication: "In the name of Allah, peace be upon the prophet of God. O Allah, forgive me my sins and open for me the portal of thy favour." These are all great steps of preparedness, making easy for you the prayer in the mosque and aiding you in its performance in all humility and calm.

Scolding 3
The matter is of the utmost simplicity. Don't give yourself excuses. Feel the importance of prayer and its greatness as the main pillar of Islam; it is the first thing that you will be asked about on the Day of Resurrection. If you perform your prayers correctly, everything else will be right. If you perform them incorrectly, everything else will be wrong. Prayers are the light of the believer. This is a conceptual matter; it has nothing to do with Ceralix or Zoloft or any other medication.

Advice/Imperative
You must deal with it as such, dear brother. As for funerals, the living simply must attend funerals as a reminder of the afterlife, as preparation for their own day, and to pray for the dead amongst Muslims so that they will find people attending their own funerals and praying for them, when the time comes. The benefits are immense. "Whoever prays at a funeral gains a carat of reward, and whoever follows [the coffin] until burial, gains two carats, and a carat is the size of a big mountain."

Warning
Do not let the devil trick you. Attend [funerals] without hesitation. You will find that God will make it easy for you.

Psychological advice
Honorable brother: You need to step up your social life: Go out to the market. Eat in restaurants. Visit friends. Entertain yourself with what is good and beautiful. Go to the gym. This will bring great returns and be of great help to you. Do relaxation exercises. They are beneficial, very beneficial.

Medical advice
As for medication: Ceralix is an excellent medication. Take 20mg a day for four months at least. Then lower the dose to 10mg a day. And augment Ceralix with Inderal. Inderal is one of the best medications for suppressing the physical effects of anxiety on the body such as fast heart rate, tense muscles, and light headedness, the main problems suffered by people with phobia because of their fear of losing control over situations. The Inderal dose for you is 20 mg in a day and 20 mg at night for three months. Then 10 mg twice a day for two months, followed by 10 mg during the day only, then stop.

In this excerpt, the consultant constructs obsessive compulsive disorder as a work of Satan easily resolved through will, first, and then medication (unlike schizophrenia-Excerpt 3); that is, although mental illness is framed and explained within a religious context, the medical approach is provided too (but at the end as a second option). Specifically, throughout the response, the consultant seems to downplay the severity of the mental illness, stating it is irrational (line 11), and emphasizing that medication will not resolve the problem (lines 9–10).

Only at the end, after keeping Islamic authoritative discourses intact through intertextually referencing hadiths, is the question of medication addressed – seemingly as a second resolution. Throughout the majority of the response, the consultant primarily relies on speech acts of scolding and warning to elicit the poster's adherence to religious and cultural authoritative discourses because the poster's request deals with failure to uphold a particular Islamic action (attending funerals) which consists of two parts: prayer and physical presence. Notably, the consultant is stricter with the former as prayer (in any form) is a major act in Islam. The intensity of the approach is also reflected in the address terms used that start with a terse *brother* (line 9), to the warmer *dear brother* (line 15), to the warmest *dear honourable brother* (line 21), as the consultant moves from scolding, to advice, to explanation. First, the consultant urges the poster to reject fearful thoughts that oppose Islamic rituals, explaining that succumbing to the fear means submitting to Satan, whose main task is to prevent believers from fulfilling their Islamic duties (lines 14–24). Second, a detailed description of how to do the funeral prayer and another reminder of the importance of attending funerals are provided (lines 26–41). Third, the consultant reminds the poster of the importance of engaging in funeral prayers for both the deceased and the supplicant (lines 43–56). Fourth, the consultant provides psychological advice of getting out, becoming social, and exercising (lines 62–66). Finally, medication is suggested with specific doses and periods (lines 68–75). As customary, the consultant uses the response to keeping Islamic authoritative discourses intact through intertextual references to religious and cultural discourses.

5 Concluding remarks

Psychological health is rarely considered a legitimate medical concern in the Muslim world; it is often attributed to supernatural powers and treated primarily with religion (Hickey et al. 2016; Okasha/Karam 1998; Okasha et al. 2012). This paper demonstrates in an exemplary and explorative manner how these tenants surface in online health interactions. Specifically, through an illustrative set of examples from *Islamweb.net*, I demonstrate the tendency of medical authorities to intertwine, and permeate, psychological consultations online with religion and other cultural discourses presented as unquestionable. In this final section of the paper, I list and discuss some of the main findings of this paper.

The construction of mental illness online

Analysis of the four examples demonstrates that psychological concerns on *Islamweb.net* are handled mainly through the lens of religion. In Excerpt 3, the poster directly and the consultant indirectly construct mental illness as being caused by jinn (supernatural entities), with treatment consisting of religious intervention delivered hand-in-hand with medication. In Excerpt 4, the consultant lists the Islamic process of handling grief supported by direct quotes from the Quran and hadith rather than providing the requested medical information and explaining the psychological process of grief. Tragedy and loss are constructed as gifts from God, grief and sadness are constructed as useless, and submission to God's will is constructed as an easy resolution to the poster's woes. In Excerpts 5 and 6, wherein posters mention behaviors that oppose authoritative discourses concerning suicide and funeral attendance, the consultants downplay the posters' mental conditions, instead using imperative speech acts of warning and scolding to remind posters of the eternal consequences of their behaviors. Col-

lectivity is highlighted in these excerpts, while mental conditions are constructed as concerns easily overcome through patience, will, and other Muslim virtues. Although certain psychological conditions are recognized (e. g. schizophrenia in Excerpt 3 and to some extent OCD in Excerpt 6), other mental disorders that the consultants apparently perceive as less severe
(e. g. grief, anxiety) are downplayed or dismissed. Religion is considered a main treatment for all conditions, and medication is not advised for most conditions. Consistent with Muslim offline reality, these excerpts suggest that religion, culture, and medicine are intertwined online, creating blurred lines between health and faith.

Intertextuality as key to health online

Intertextuality is commonly used as a tool for examining health online and identity in general. This paper further demonstrates the use of two specific types of intertextuality as communicative strategies Muslim medical doctors turn mental health consultations into platforms that directly or indirectly perpetuate Islamic authoritative discourses. These are what Authier-Revuz and Maingueneau (1992, cited in Sinatora 2016) refer to as "manifest intertextuality" (e. g. explicit reference to religious texts, overtly or covertly) and "constitutive intertextuality" (e. g. using Islamic greeting style to bookend psychological consultations). Moreover, the *Islamweb.net* consultants construct themselves as religious experts (and, thereby, construct mental illness as a problem addressed by religion), in various ways and on multiple levels (e. g. direct quotes from the various religious books of Islam, speech acts that indirectly evoke certain cultural and religious practices and beliefs). Though not the focus of the analysis, terms used to address posters (e. g. *brother*) and bookending consultations with religious greetings and prayers all indirectly evoke a religious context or identity aligned with the general purpose of the website to advance religious ends and establish the imagined Arab Muslim community. I have further illustrated in this paper that intertextuality is also used as a tool to keep authoritative discourses intact by authorities; in Al Zidjaly (2010) I demonstrated how intertextuality is used by the masses to question authority; the same instrument thus can be used by different groups for different agendas, which speaks for the validity of intertextuality as a tool for identity construction online, especially in regards to religious, health, and political discourses.

Style of advice and relationship between poster and consultant

The relationship between advice seekers and providers on *Islamweb.net* is top-down, evidenced in several ways. Advice is given in an imperative, non-negotiable manner in the form of directives (i. e. orders or scolding) or commissives (e. g. warnings); language choice of instruction, preaching, or schooling with religious rationale provided; and the absence of follow-up comments or questions (save expressions of gratitude). Indirectly, these excerpts evoke a top-down relationship where the high status of medical and religious authorities in Islamic contexts is never to be questioned and individual choice and personal responsibility are backgrounded in favor of the common good. In turn, the severity of mental illness is downplayed and mentally ill posters are warned and scolded (like children) to not digress from the norm. This is in sharp contrast to research conducted on mental health and support groups online in Western contexts (e. g. Giles/Newbold 2013; Locher 2006, 2013; Locher/Hoffmann 2006; Morrow 2006). Thus, whether online or offline, Muslims appear to

face the same stigma associated with mental illness and bear the substantial responsibility to handle their conditions with religion and personal will. Only for certain conditions (e. g. schizophrenia) is medical treatment considered legitimate (but it is always provided hand in hand with religious treatment).

To conclude, similar to the offline constructions, psychological health is not considered a legitimate medical illness or concern online on *Islamweb.net*, as demonstrated through analysis of four illustrative examples. Instead, expressions of psychological concerns are responded to through religious and cultural lenses, wherein individuality and independent thinking are dismissed in favor of connection to God and the Islamic social world. In turn, certain Islamic authoritative discourses (submission, gratitude, prayer, avoidance of Satan) and key social practices and features of Muslim communities are highlighted (e. g. collectivism or *ruqias*, described as Islamic authoritative 'healing' acts). I further demonstrated how consultants use intertextuality on social media platforms to construct themselves as religious scholars who cannot be questioned because they support their opinions with authoritative discourses that cannot and should not be questioned.[5] Thus, posters are scolded, and their mental illnesses are downplayed. Posters are then advised to adhere to religious and cultural authoritative discourses, rather than to seek medical or psychological interventions (including but not limited to therapy). The result is the construction of a worldview where the lines between mental health and religion are blurred and a lack of clarity persists regarding what constitutes psychological health in the Islamic world.

Future linguistic research should further examine this apparent clash in the construction of mental illness within the Islamic Arabic context and investigate the possibility of the existence of counter-discourses to the current merging of the lines between mental health and religion; this is key given the ubiquity of support groups online.

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[5] Notably, these discourses are questioned on other websites by the Muslim public (see Al Zidjaly 2010, 2015).

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