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THE STIGMATIZATION OF MENTAL ILLNESSES IN MAINSTREAM PAKISTANI TELEVISION DRAMAS USING CRITICAL DISCOURSE ANALYSIS

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ABSTRACT

Mainstream television Pakistani dramas serve as the primary cultural narrative, substantially influencing public perceptions of social realities. However, their portrayal of mental problems and illnesses frequently reinforces long-standing cultural stereotypes and stigmas. This study uses a Qualitative Critical Discourse Analysis of selected famous Pakistani dramas to explore how a range of mental illnesses are stigmatized both verbally and structurally. Additionally, it used Norman Fairclough's Three-Dimensional Framework to study the data at three levels: textual linguistic choices, discursive production, and socio-cultural activities. The results of the text-level analysis showed a recurrent usage of derogatory or offensive local lexicons (such as pagal, tension, and waham) and discourse patterns that attribute complex psychological issues to attention-seeking behavior, structural flaws, or supernatural interventions. Narrative arcs sometimes characterize mental health issues via a strongly gendered lens at the discursive and social levels, discounting women's suffering as "hysteria" and men's sensitivity as a sign of a lack of manhood. Additionally, rather than relying on expert psychiatric support, the discourse often bases solutions on spiritual rectitude or marital partnership.

I. INTRODUCTION

Mass media, particularly television, is a strong tool for shaping and spreading sociocultural norms in modern society. In Pakistan, television drama serials retain a special and unparalleled status as a key source of domestic entertainment, acting not only as a passive mirror of society but also as an active influencer of public consciousness. The landscape of Pakistani television has changed dramatically over the last few decades, from traditional family-oriented storytelling to prime-time serials that overtly confront delicate societal taboos, domestic tensions, and, increasingly, psychological suffering (Arif et al., 2026). However, the increased visibility of mental health concerns in these plays has not always resulted in clinically accurate or progressive portrayals of mental health conditions (Shalbafan et al., 2025). Instead, psychiatric illnesses and everyday psychological struggles are tightly linked to systemic stigma, gender biases, and traditional ideologies, resulting in complex media discourse that heavily influences how audiences perceive, discuss, and approach mental health (Alnaimi et al., 2025; Yang et al., 2016). The representation of mental health issues in mainstream Pakistani television is diverse, ranging from highly sensationalized, pathologized stereotypes to occasionally well-intentioned but faulty

portrayals (Aziz & Nayab, 2025). When describing mental illness, scripts commonly use linguistic indicators that promote sociocultural detachment. Characters who are experiencing psychological distress, clinical depression, or serious psychiatric illnesses (such as schizophrenia or bipolar disorder) are commonly labeled in a "bad light." Textual scripts frequently use dismissive or pejorative local lexicons such pagal (mad/insane), waham (morbid doubt/paranoia), tension (misused as a catch-all for severe clinical anxiety), and psychi (a slang distortion of a psychotic or psychiatric patient) (Aziz, 2026). These statements purposefully undermine the medical and psychological credibility of the condition, turning a complicated biochemical and psychological struggle into a punchline, joke, moral failure, or useful plot device to fuel domestic conflicts (Wagner & Temmann, 2025).

Certain contemporary dramas, on the other hand, aim to portray mental health concerns in a "good or sympathetic light," focusing on the emotional struggles of protagonists suffering from extreme trauma or grief (Abbas, 2024). However, even in these well-meaning narratives, linguistic choices and story arcs frequently favor a romanticized or victimized portrayal. Distress is commonly portrayed through the lens of spiritual lack or ultimate resilience, with vocabulary shifting to ideas such as sabr (patience) and azmaish (divine trial) (Karim et al., 2025). While critically valid, this framework may unwittingly, imply that therapeutic or medical intervention comes second to spiritual endurance, thereby strengthening the cultural barrier to seeking professional psychological treatment (Aqtam, 2026). The language and narrative construction of mental health in Pakistani dramas is intertwined with the country's sociocultural tapestry. In a collectivist community where family honor (izzat) and structural hierarchies govern individual behaviors, mental health diagnoses are rarely viewed as individual health concerns; rather, they are typically treated as sources of collective household shame (Causier et al., 2024). Traditional causal attributions, such as supernatural possession (jinnat), black magic (jaadu), and the evil eye (nazar), are heavily incorporated into drama scripts, reflecting widespread local beliefs that attribute psychological anomalies to spiritual or external forces rather than neurological or environmental stressors (Dobson & Stuart, 2021).

Furthermore, these portrayals were strongly gendered and stereotypical. Women's psychological discomfort used to be typically portrayed in the media as "hysteria," fragility, or attention-seeking behavior, with resolution often linked to domestic obedience, spousal endurance, or tragic self-sacrifice (Malik & Rahman, 2021). For male characters, expressing psychological fragility or seeking emotional help is frequently presented as a failing of masculinity or a lack of resilience, reinforcing societal silence on male mental health (Gürkan, 2017). The repeating linguistic choices and thematic patterns of Pakistani dramas have a strong tridimensional impact on their large viewership. From a psychological standpoint, the constant portrayal of mental illness as an incurable, volatile, or shameful condition creates deep-seated public and self-stigma among viewers (Khan & Irfan, 2023; Corrigan & Rao, 2012). When people watch characters with mental health problems being criticized or isolated regularly, they internalize these negative scripts. This significantly reduces help-seeking behavior, resulting in an underestimation of severity and a strong unwillingness to visit formal mental health experts (Goepfert et al., 2019). Emotionally, the sensationalized and frequently violent portrayal of psychiatric crises causes increased anxiety, panic, or desensitization among the audience (Kesner et al., 2025). In contrast, romanticizing trauma can cause depressive symptoms or undesirable emotional alignment with characters who use maladaptive coping techniques, such as absolute submissiveness or suicide, instead of seeking therapeutic resolutions (Sulaiman, 2023).

In terms of social impact, these dramas reinforce the marginalization and exclusion of people suffering from psychiatric disorders in the community (Henderson et al., 2026). Media discourse actively discourages open conversation by validating familial surveillance, institutional abuse, and social ostracism in the name of protecting cultural norms (Green et al., 2023). This creates an environment that pathologizes the sufferer while absolving systemic or domestic abuse. To better understand the process of media influence, numerous fundamental psychological and sociological theories can be linked to the Pakistani cultural context. Bandura’s Social Cognitive Theory explains how humans learn actions, emotional responses, and social scripts by seeing and imitating role models in their surroundings, including media characters (Turner, 2026). For example, when a popular protagonist in a hit television serial resolves severe emotional trauma or marital abuse by silently suffering (sabr) until she wins her abuser's affection, as seen in classic archetypes such as Bashar Momin, the audience observes and replicates this submissiveness as a culturally sanctioned script for dealing with trauma, rather than recognizing it as clinical distress requiring intervention (Rahaman, 2021).

This theory holds that long-term, repetitive exposure to media content alters and "cultivates" a viewer's perception of social reality, making it more closely aligned with the televised world than with the true statistical reality (Pelzer, 2021). In Pakistan, where public mental health literacy is low, frequent exposure to drama serials that associate mental illness with dangerous unpredictability or spiritual weakness causes viewers to accept these highly stigmatized perceptions as objective social facts (Zahra et al., 2023). Additionally, Craig Anderson and Brad Bushman developed the General Aggression/Script Model, a comprehensive psychological framework that explains how personal and situational elements interact to produce aggressive conduct. According to this concept, media consumption triggers distinct cognitive scripts in memory, which individuals use to judge behavior and real-life circumstances (Ferguson & Dyck, 2013). When drama scripts repeatedly use derogatory vernacular (such as calling a depressed person pagal) instead of accurate psychological terms, the viewer develops a cognitive script that normalizes linguistic mockery and disregard of mental health issues in everyday social interactions (Sumalrot et al., 2023).

This is a very important topic, and investigating the language and structural causes of mental health stigmatization in television dramas is crucial, since the media serves as a de facto mental health educator for a large segment of Pakistani society. In a country with a chronic scarcity of certified psychologists and psychiatrists, millions of people navigate their emotional realities solely through the baseline awareness offered by primetime television. Unmasking these scripts' hidden ideologies, language biases, and power dynamics is critical for moving public discourse away from pathologization and toward true, medically informed empathy. Despite the prevalence of mental health themes in modern Pakistani television shows, there is a noticeable absence of critical linguistic analyses of how these narratives are created. While public health campaigns seek to minimize psychiatric stigma, mainstream media continue to spread pejorative local lexicons, gendered stereotypes, and supernatural or moral causation attributions that pathologize and marginalize those experiencing psychological illness. Existing local research has primarily relied on quantitative surveys or broad theme studies of media material, leaving a significant gap in understanding the discursive structures, linguistic choices, and sociocultural power dynamics that contribute to this stigma. Without a critical, desk-based or secondary research investigation of the language encoded in these cultural texts, the systemic media ideologies that actively obstruct mental health literacy and professional help-seeking behaviors in Pakistan will remain unexplored and uncontested.

Aim

- To examine how major Pakistani TV dramas employ language and narrative structures to stigmatize mental health issues and how these portrayals reinforce long-held cultural biases.

Objectives

1. To identify specific derogatory and dismissive local lexicons used in drama scripts to pathologize or mock mental distress.
2. To evaluate how television text frames, the causes of mental illness, looking at the clash between clinical explanations and supernatural or spiritual beliefs.
3. Critiquing the gendered framing of mental health, specifically how scripts often dismiss female trauma as "hysteria" and male vulnerability as a failure of masculinity.
4. To study how familial and social structures in drama scripts suppress the individual agency of mentally distressed characters to protect collective family honor.
5. To assess whether the final arcs of these stories promote professional psychological help-seeking or validate maladaptive coping mechanisms (such as suicide, isolation, or absolute submissiveness).
6. To provide actionable, ethically sound recommendations for media regulators and screenwriters to foster accurate and empathetic portrayals of psychological struggles.

Research Questions

1. How are linguistic choices, local vocabulary, and dialogue structures utilized in mainstream Pakistani television dramas to construct the identity of characters experiencing mental illness?
2. In what ways do the discursive and narrative practices of Pakistani television dramas reinforce or challenge traditional cultural ideologies, gender norms, and spiritual attributions regarding mental health?

3. How does television discourse position the relationship between institutional and familial power structures and the agency of characters suffering from psychological distress?

II. LITERATURE REVIEW

In Pakistan, cultural institutions, religious beliefs, mass media, and television dramas strongly influence mental health discourse. Because public health infrastructure is under-resourced, prime-time television drama serials serve as the primary source of mental health education for millions of viewers (Sadeeqa, 2025; Naz & Ameer, 2022). However, a critical examination of these texts reveals that media representations usually pathologize and marginalize people suffering from psychological distress rather than creating actual clinical understanding (Fareeha et al., 2026; Pasini, 2024). In Pakistani society, mental health issues are rarely viewed through a biomedical perspective. Instead, collectivist cultural norms and traditional belief systems strongly ascribe psychological discomfort to supernatural happenings (such as jinnat or jaadu/magic) or a lack of religious faith (Ali at al., 2026).

This cultural attribution is reflected in media texts that use highly stigmatizing local linguistic terms. Critical analysis of theatrical scripts reveals that characters exhibiting indicators of mental illness are commonly discarded using disparaging vernacular such as pagal (crazy), waham (paranoia), and psycho (Mughal et al., 2024). This language lowers complicated psychiatric diseases to a punchline or a serious character fault, effectively stripping the illness of medical legitimacy and discouraging help-seeking behavior in real life. The representation of mental health is heavily gendered in Pakistani dramas, with patriarchal ideals at their center. The media regularly perpetuates a binary construct in which the "perfect woman" is portrayed as docile, submissive, and spiritually enduring (sabr), whereas modern, career-oriented, or autonomous women are characterized as unstable, fragile, or neurotic (Mahesar et al., 2024).

III. METHOD

Research Design

This study uses a qualitative, desk, or secondary-based Critical Discourse Analysis (CDA) approach to investigate the linguistic, structural, and narrative representations of mental health problems in popular Pakistani television programs. Rather than collecting primary data (via interviews or surveys), this study uses cultural materials as secondary data sources. Norman Fairclough's Three-Dimensional Framework is used to study the chosen media discourse across three interconnected levels: **[I]** Textual Analysis (Micro-level): An examination of linguistic choices, dialogue patterns, metaphors, and local vocabulary used to explain mental health issues. **[II]** Discursive Practice (Meso-level): An analysis of how these media texts is created, circulated, and consumed within the Pakistani television environment. **[III]** Socio-cultural Practice (Macro-level): The study examined how television speech combines with larger cultural ideas, patriarchal norms, religious attributions, and institutional power systems in Pakistan.

Data Collection

Prime-time Pakistani television drama serials that aired on major entertainment channels (such as HUM TV, ARY Digital, Green, and Geo Entertainment) in the last ten years (2016-2026) were chosen using a purposive criterion sample technique. Using this sampling techniques four popular television dramas were chosen for analysis: Behroopia, Raaja Rani, Saraab, and Ishq Zahe Naseeb. The following criteria were used to include the dramas.

1. The drama must have been broadcast within 10 years (e.g., 2016-2026).
2. The plot must center on a major individual suffering from a mental illness or mental health condition such as depression, anxiety, schizophrenia, psychosis, autism, ADHD etc.
3. The textual selection was restricted to drama scripts that had explicit discourses on psychological pain, suffering, psychotherapy, traditional treatment methods for mental health issues.
4. The analysis examines public attitudes, judgements, and labeling of mental health disorders. It investigated how families cope with and manage the suffering of the person and these circumstances at homes.

5. It also examines individual characters, focusing on how their inner struggles, words, and behaviors are portrayed.

Measures and Procedure

Data analysis followed a methodical, non-statistical qualitative procedure based on Fairclough's three-dimensional model. **[I]** Step 1: Textual Analysis (Micro-Level): This step examined dialogues and settings to identify specific words, local terms (e.g., pagal, waham, tension), and speech patterns that label, romanticize, or ignore mental distress. **[II]** Step 2: Discursive Analysis (Micro-Level): This step maps character arcs and stories to determine how the media portrays mental illness, focusing on whether it is attributed to medical, spiritual (aazmaish), or supernatural (jinnat, jaadu) reasons**. [III**] Step 3: Socio-Cultural Analysis (Macro-Level): This step connects these media patterns to the broader Pakistani society by investigating how the dramas promote or challenge deeply held beliefs about family honor (izzat), gender norms (sabar, hysteria), and societal taboos. Since this study relied exclusively on publicly broadcasted media texts, human subject approval and primary informed consent were not required. To ensure qualitative rigor, trustworthiness, and credibility, the analysis maintained strict critical self-evaluation, ensuring that interpretations were grounded directly in verbatim script excerpts and explained using established socio-psychological theories such as the cultivation and social cognitive theories.

IV.RESULTS

The Critical Discourse Analysis of selected Pakistani television dramas and serials found four main discourse patterns. These studies show how script choices, character development, and story resolution interact to shape public perception of mental health. These narratives reinforce a profoundly negative portrayal of psychological distress through inaccurate portrayals of mental illness and the use of anti-therapeutic and traditional management practices for mental health.

Pathologizing Language and Devaluing Mental Health

Characters suffering from psychological distress are rarely addressed in drama episodes using proper medical and psychological terms such as depression, anxiety, schizophrenia, or post-traumatic stress disorder. Instead, the scripts frequently use dismissive everyday slang and insulting words.

Common Derogatory Words Used in Scripts

- “Pagal” (Insane/Mad): A generic term used to dehumanize and dismiss character as illogical.
- “Tension” (Daily Stress): A term used informally in conversation to downplay severe, excessive anxiety, as merely typical and every normal daily stress.
- “Waham” (Morbhid Paranoia/Delusional): A term used to dismiss genuine emotional, traumatic, or fear as fabricated drama, paranoia, delusional, or just a normal thing.

For instance, in Saraab when the main character Hoorain exhibits early symptoms of schizophrenia, her sisters and family do not seek medical or psychological attention. Instead, they describe her behavior as waham (imagination) and criticized her for being unrealistic pr aggregating it. Similarly, in the Behroopia drama, the childhood trauma and dissociative identity disorder of the main character are reduced to daily dialogues of him being a dangerous person or just having different mood swings, rather than actual recognized mental health disorder criteria. When family members in these television dramas use such derogatory words for mental health conditions without being criticized, the audience learns that mental illness is something to be made fun of rather than treated.

Religious Framing vs. Mental Health Reality

Furthermore, the analysis found a strong tendency in scripts to explain mental health in spiritual, religious or moral reasons rather than biological, emotional, or environmental causes.

1. **Supernatural and Religious Explanations:** Symptoms of mental illnesses such as schizophrenia and psychosis, such as hearing voices, experiencing sudden mood swings, or isolation, are widely blamed on

black magic (kala jaadu), evil eyes (nazar), or spirit possession (jinnat) in Pakistani dramas and in our culture.

2. **Spiritual Shortcoming:** This particular framing places the blame for physical and mental illness entirely on the personality and spiritual status of the patient. Television drama scripts suggest that an individual suffers as a result of their moral failing rather than depicting psychological discomfort and suffering as a valid health condition. Therefore, the story implies that either silent patience (sabr) and divine punishment (azaab) or religious repentance is the only path to recovery and faith. In addition to teaching the audience to view mental illness as a spiritual crisis rather than clinical reality. This discussion successfully invalidates professional mental health treatment.

For example, in Saraab drama, Hoorain's family claims that her hallucinations are the result of jaadu (magic) conducted by envious relatives. Rather than taking her to a psychologist or a psychiatrist, they used spiritual healing and social isolation for her as way to treat her symptoms. Similarly, in Ishq Zahe Naseeb, Sameer's spit personality, caused by horrific childhood abuse, is kept hidden partly because society considers his condition as a moral flaw, divine punishment, or craziness rather than a trauma-induced psychiatric disorder. In Asian culture, many families and people still believe that mental illness is the result of divine punishment, moral flaws, or being away from religion. When an individual suffers from any sort of mental health issues, he or she is subjected to all sorts of judgements, such as having done something wrong morally, or it being a punishment from God, or the patient being recommended spiritual and religious healing rather than actual psychiatric or medical treatments (Subu et al., 2022). By presenting mental illness as a spiritual failing, television scripts throw all of the blame on the individual, implying that prayer or spiritual rituals are the only acceptable ways to cure it in the absence of expert medical care.

Table I: Gender Stereotypes in Pakistani Dramas about Mental Health

Gender (of characters)	How Drama Scripts Portrays their mental health conditions	Cultural Takeaways
Female	Emotional breakdowns, panic, or grief are referred to as dramatic overreactions, agitation, stubbornness, or being overly emotional.	Healing is primarily dependent on a woman's "sabr" (patience) and silently accepting family requests.
Male	Showing feelings of sadness, crying, or asking for help is interpreted as a lack of male strength and authority or as being weak and unmasculine.	Emotional suppression in men is seen as a sign of masculine strength, deterring men from openly communicating.

When female leads in Pakistani dramas display significant sadness or suffering, their family members frequently advise them to be patience (sabr) and compromise. Similarly, in Raaja Rani, the male protagonist experiences sudden mental regression and vulnerability due to severe trauma. Additionally, the plot focused heavily on how his elite family is concerned about his loss of authority, viewing his emotional state and mental health as shameful weakness that undermines his status as a man.

Similarly, in Behroopia Mekail suffered from severe childhood trauma because of his father's death when he was just nine years old, and he was subjected to physical and mental abuse by his stepfather. His mother was also unable to provide him with affection and emotional support, which resulted in his mental condition dissociative identity as he grew up. Irrespective of all these many professional things that were shown wrong, including the therapist giving random advice like facing reality and communicating in a nonformal way with the client, overly dramatic sessions, and the client showing overly dramatic symptoms of the disorder, like showing nine different personalities of himself that switch suddenly in a short timeframe. In clinical psychology, while several personality traits may exist, showing nine unique, highly dramatic identities on television serves. Most importantly, all the disorders were shown as a result of family neglect and childhood trauma only, but there are many other reasons for dissociative identity disorder. In therapeutic practice and reality, while early childhood trauma and neglect are the most commonly documented risk factors, the DSM-5-TR criteria and the larger biopsychosocial model expressly identify several additional key causes.

Undermining Professional Help and Harmful Plot Endings

One important finding of this study in the manner in which Pakistani dramas approach recovery and treatment. Mental health professionals, such as psychologist and psychiatrists, are frequently absent, portrayed as incompetent, or viewed as the last choice for people with severe mental health conditions. Moreover, professional ethics are not shown correctly by mental health experts in many dramas, such as psychologists or psychiatrists being overly friendly with the client, talking on the phone, having romantic relationship with them, and giving too much advice instead of using proper therapy. Furthermore, psychologist and psychiatrist terms are used interchangeably, which does not provide an accurate view of the profession to the audience.

Typical Story Endings:

1. Marriage as a Cure: Scripts frequently suggest that marrying off a mentally ill person will “fix” them and will substitute medical treatment with household duties.
2. Tragic Departure: TV Characters with mismanaged mental conditions are frequently written out by suicide, permanent confinement, or isolation, conveying the idea that long-term healing is impossible.

In Ishq Zahe Naseeb, Sameer seeks solace in the form of engagement and marriage, expecting that a relationship will heal his profound trauma. At the same time, his stepmother conceals his condition in a basement to escape social stigma. Marriage as a Cure: Scripts frequently imply that marrying off a mentally ill character will instantly "fix" them, substituting medical care with household duties, whereas in Saraab, the tendency finally breaks by portraying the female character receiving medical treatment; most major dramas continue to end on terrible notes, such as suicide or lifelong solitude, giving viewers the sense that clinical recovery is unlikely. The findings of this Critical Discourse Analysis show that popular Pakistani television shows serve as major cultural mechanisms for maintaining and exacerbating mental health stigma. Marriage as a Cure: Scripts frequently imply that marrying off a mentally ill character will instantly "fix" them, substituting medical care with household duties.

V. DISCUSSION

This section situates these findings within recognized psychological theories, societal norms, and Pakistan's overall healthcare landscape. At the textual micro-level, replacing clinical language with disparaging local lexicons like pagal, waham, and tension does much more than simplify discourse; it actively develops a stigmatized social schema for the observer. Marriage as a Cure: Scripts frequently imply that marrying off a mentally ill character will instantly "fix" them, substituting medical care with household duties. According to Gerbner's Cultivation Theory, long-term exposure to these recurrent media scripts influences how audiences perceive real-world clinical realities (Waheed et al., 2025). When viewers often hear characters in distress characterized as pagal, they develop a rigid cognitive script that associates mental distress with irrationality, danger, or moral weakness. This linguistic degradation presents a significant barrier to self-identification, causing real-world individuals to conceal their sorrow for fear of being awarded the same demeaning labels by their relatives (Chui, 2021). At the meso-level of discursive practice, the inclination to assign psychological disorders to supernatural forces (jinnat, jaadu, nazar) or moral shortcomings (azaab) reveals a deep-rooted cultural resistance to biological and psychological explanations (Alemu et al., 2025). Within Pakistani collectivist society, presenting mental illness through a spiritual lens serves two purposes: it provides a culturally recognizable explanation while also shifting the "fault" onto the individual's spiritual status.

At the macro level of socio-cultural practice, the findings show that mental health discourse overlaps directly with gendered power relations. Television scripts reinforce the institutional repression of women's trauma by habitually referring to female emotional pain as "overly emotional" or "dramatic" and presenting submission or being tolerant (sabr) as the ultimate treatment. Female characters are skillfully taught that their suffering is only legitimate if it results in quiet self-sacrifice for family honor (izzat) (Shahwar & Ashraf, 2025). In contrast, vulnerable men showing too much emotion are textually portrayed as a threat to established patriarchal power. When male characters display grief or fear, they are seen as "weak" or failing in their masculine roles, reinforcing an emotional suppression culture. This dynamic is completely compatible with Bandura's Social Cognitive Theory. When viewers see and imitate gender-specific emotional scripts showing men who show emotions as weak in their daily lives, they

normalize the suppression of male psychological anguish while invalidating female emotional trauma (Shahwar et al., 2025; Usher & Ford, 2022).

Limitations and Suggestions

The study is solely on textual analysis of TV scripts, with no direct data from viewers to assess real-world psychological effects. Moreover, as the study utilized interpretive qualitative discourse analysis, the findings depend on researcher reflexivity and are susceptible to interpretation bias. The selection of dramas was concentrated on a small number of prime-time broadcast dramas, perhaps excluding progressive portrayals in non-mainstream entertainment. Additionally, the study was limited to traditional television dramas, leaving out the rapidly expanding mental health conversation on Pakistani web series, YouTube content, and social media platforms, as well as other non-mental health dramas that can also somewhat talk about mental health indirectly in a wrong way. Future research should use audience focus groups or surveys to determine actual changes in viewer perceptions. Moreover, researchers can improve analytical neutrality by having many independent coders cross-check discursive themes. Additionally, future studies should broaden their focus to include digital web series, short films, and social media content providers. Lastly, mental health organizations should work with media regulators such as PEMRA, and screenwriters should hold ethical training focused on appropriate clinical representation of mental illness.

VI.CONCLUSION

To conclude, mainstream Pakistani television dramas frequently reinforce public stigma. By combining mocking words and derogatory language, supernatural explanations, gender double standards, and anti-therapy depictions of the treatment of mental illness, these shows make it harder for people in real life to understand mental health or seek professional help (Sultana et al., 2024).

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