

An Analysis of Samra Habib's *We Have Always Been Here*

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Samra Habib is a queer Pakistani Canadian writer, photographer, and activist who won a Lambda Literary Award in 2019 for her memoir *We Have Always Been Here*.¹ But this one-sentence biography only paints part of the picture. Born to Ahmadi Muslim parents in Lahore, Pakistan, she grew up in a patriarchal society characterized by strong misogynist and homophobic attitudes. Her status as a religious minority in Pakistan elicited religious persecution, forcing her to flee to Canada at merely 10 years of age. Though safer in Toronto, she found it difficult to assimilate due to her Muslim, queer, and immigrant identities. Eventually, Habib was able to use her identities to overcome these obstacles and has since become an active proponent of lesbian, gay, bisexual, transgender, and queer (LGBTQ) rights, contributing to the movement through writing, talks, and even a photo documentary project. In many ways, Habib's story embodies the topics discussed in class—her intersecting identities can be analyzed through various health frameworks to explore the ways in which they shaped her life experiences and contributions.

¹ Samra Habib, *We Have Always Been Here: A Queer Muslim Memoir*, Penguin Canada, 2019.

Three of the conceptual frameworks typically used to examine LGBTQ+ health are especially relevant to the contextualization of Habib's life and identity: life course perspective, minority stress, and intersectionality. Life course perspective refers to the "notion that the experiences of individuals at every stage of their life inform subsequent experience."² One key dimension of this perspective is historical context, which is critical to understanding the environment in which Habib was raised. She was born in Lahore, Pakistan in the early 1980s — just a few years after General Muhammad Zia ul-Haq's overthrow of democratically-elected Zulfikar Ali Bhutto. Whereas Bhutto's administration was characterized by increasingly liberal attitudes regarding women, Zia ul-Haq's regime enforced greater Islamization, resulting in fewer freedoms for women. Among his legislative actions were the prohibition of women participating in and viewing sports; the encouragement of purdah, or physical separation of women from men through the use of body coverings and physical walls/curtains; and the reversal of the rights granted to women by Pakistan's 1973 Constitution.³ Additionally, Zia ul-Haq increased the punishment for homosexual activities to life imprisonment and, in some cases, death by stoning.⁴ Such legislation further ingrained

² Institute of Medicine, *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*, Washington, DC: The National Academies Press, 2011, <https://doi.org/10.17226/13128>, pp. 19-20.

³ Hanna Papanek, "Purdah: Separate Worlds and Symbolic Shelter," *Comparative Studies in Society and History* 15, no. 3 (1973): 289-325, <http://www.jstor.org/stable/178258>.

⁴ "Pakistan: Proposed Reforms to Hudood Laws Fall Short," Human Rights Watch, 28 Oct. 2020,

misogynistic and homophobic attitudes in Pakistani society, depriving Habib of representation, opportunity, and self-expression.

In evaluating linked lives, another dimension of the life course perspective, it is important to consider how Habib's relationship with her family directly influenced her perspective on life. She notes that, at the time, she "had only ever been surrounded by women who [did not] have the blueprint for claiming their lives" (20). Habib's mother, for one, closely abided by the explicit and implicit social expectations of women because her own father — Habib's grandfather — had abandoned her mother to care for seven children after discovering she had a stutter. Habib notes that it is because of this experience that her mother "came of age knowing abandonment and neglect intimately" and came to understand that "as a woman, fertility, purity, and beauty were the only currencies she could exchange for a better life" (37). In turn, these values were what Habib's mother deemed worthwhile and necessary to pass down to Habib, making them the values that characterized the environment in which Habib was raised.

The third dimension of life course perspective that is particularly relevant to Habib's life is "life events as part of an overall trajectory."⁵ Habib's own interactions with Pakistan's misogynistic and patriarchal society began at the very moment of her birth. Families desired sons because they "guarantee[d]...prosperity," while having "daughters meant mounting burdens" (22). Though Habib states that her parents were delighted to have her, she notes that several family

<https://www.hrw.org/news/2006/09/06/pakistan-proposed-reforms-hudood-laws-fall-short>.

⁵ Institute of Medicine, 2011, pp. 20.

friends and neighbors would “drop by unannounced and express their condolences to [her] parents for having yet another girl” (22). These prevailing attitudes inflicted emotional stress on Habib at an early age, lowering her sense of self-esteem and self-worth.

Furthermore, she encountered first-hand the effects of Zia ul-Haq’s new policies when she was sexually harassed at just four years of age by her father’s friend. Rather than take Habib to a medical professional or file the case in court, Habib’s mother inspected her daughter herself, knowing that anyone finding out would be “the worst possible outcome” and that Habib would suffer not for psychological trauma but rather for the “hindrance to [Habib’s] ability to find a suitable husband” (37). From that point on, she was not allowed out of her parents’ sight, losing her “right to be a child” (38). Not only does Habib suffer the most from something that was in no way her fault, her sisters also are forced to bear the consequences — they too must always be watched over, and their chances of marriage too would have been affected had Habib’s rape been discovered. Yet again, Habib demonstrates the patriarchal values of the society in which she grew up — women are judged per men’s standards, and women suffer the consequences of men’s actions — and how these directly affected her day-to-day lifestyle.

In addition to life course perspective, minority stress theory is also vital in analyzing Habib’s identity and experiences. Theorized by Virginia Rae Brooks in 1981 and refined by Ilan Meyer in 2003, minority stress refers to the unique stress experienced due to one’s status as a sexual

and/or gender minority.⁶ Though minority stress theory traditionally describes sexual and gender diverse minorities, it can be extrapolated to discuss Habib's identity as a Ahmadi Muslim religious minority in Pakistan. Ahmadis were persecuted by Sunni Muslims – which constitute 85-90% of Pakistani Muslims – “for anything from using a traditional Muslim greeting in public to reciting the Muslim prayer” (44). Habib notes that she constantly lived in fear while in Pakistan and that “hiding that [she] was Ahmadi...became part of [her] everyday reality” (60-61). When religious persecution ultimately forced her and her family to flee to Canada for safety, the high vigilance she formerly had to maintain as an Ahmadi in Pakistan transitioned into new vigilance: keeping her queer identity a secret from those closest to her. Habib acknowledges that she was so afraid of coming out to her family and the world that she sought invisibility under the guise of “acceptance and security” in a heterosexual marriage (174). She goes on to reflect upon how “the shame...and the burden of hiding [her] authentic self [were] almost too much for her to bear...[and] once again [she] entertained thoughts of suicide” (176). Thus, Habib demonstrates how LGBTQ+ individuals who choose or are forced to conceal their identity in turn experience the effects of minority stress-induced proximal stressors, particularly feelings of hopelessness and suicidal ideation.⁷

⁶ National Academies of Sciences, Engineering, and Medicine . Understanding the Well-Being of LGBTQI+ Populations, Washington, DC: The National Academies Press, 2020, <https://doi.org/10.17226/25877>, pp. 44.

⁷ R.P. Douglass, S.E. Conlin, Minority stress among LGB people: Investigating relations among distal and proximal stressors, *Curr Psychol*, 2020. <https://doi.org/10.1007/s12144-020-00885-z>.

Intersectionality, coined by Kimberlé Crenshaw, in many ways expands upon minority stress theory, asserting that it is the unique combination of one's intersecting identities — race, gender, sexual orientation, class, etc. — that establish and perpetuate forms of structural inequality and discrimination.⁸ Intersectionality is perhaps most critical to evaluating Habib's experiences, as she belongs to numerous stigmatized groups: the queer community, Ahmadi Muslims, women, refugees, and low-income families (at the time of her immigration to Canada). Habib explains intersectionality best in remarking that "many of the queer Muslims [she] met in America and Europe dealt with racism on top of the homophobia, transphobia, and Islamophobia they continually experience" (260). For her specifically, the challenges lay in a lack of representation for individuals who identify as both queer and Muslim, making her feel as though her "fears, pains, needs, and desires are not valid" (230). As a result, Habib initially had nobody to turn to for support or advice on how to endure the constant stress of existing with several different, at times even contradictory, identities.

Many intersectionality-based instances of prejudice and discrimination Habib faced are linked to the social ecological framework, which consists of various levels that shape health and well-being.⁹ At the interpersonal level, she was the victim of substantial bullying — a distal stressor — at school, often being mocked for "'wearing boys' pants' ...as though it were the

⁸ Kimberlé Crenshaw, , Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics, University of Chicago Legal Forum, 1989(1), Article 8, 1989, <http://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8>.

⁹ Institute of Medicine, 2011, pp. 22.

worst thing in the world,” for “being ‘Paki,’” for “looking so malnourished and skinny,” and for “using the British English [she] picked up in Pakistan” (85-87). As a result, she turned to avoidance and assimilation, strategies that eroded her identity. In contrast to her former enthusiastic and involved self, she resolved to “stay out of [the bullies’] way...never raise [her] hand, even when [she] was dying to share the answer...and feign illness in gym class to avoid having balls thrown at [her] face” (88). Additionally, rather than embracing and sharing her culture with others, she attempted to “lose [her] accent and shed whatever branded [her] as different and foreign” (98). Though this bullying might not have visibly affected her physical health, it most certainly inflicted emotional and mental trauma that would continue to plague her as she tried to search for support and embrace her identity later in life, thereby depicting the lasting effects of such interpersonal interactions.

Another instance of interpersonal-level health influences was Habib’s support system, or lack thereof. As discussed by Newcomb et al., lack of a support system and family acceptance “is strongly associated with mental health problems and suicidality, substance use, and sexual risk.”¹⁰ More specifically, Ryan et al. found that an LGB adult who encountered rejection by a parent for their identity is “5.9 times more likely to report high levels of depression” than an LGB adult who was accepted by their family.¹¹ When Habib finally came out to her parents,

¹⁰ M. E. Newcomb, M. C. LaSala, A. Bouris, B. Mustanski, G. Prado, S. M. Schrager, & D. M. Huebner, , *The Influence of Families on LGBTQ Youth Health: A Call to Action for Innovation in Research and Intervention Development*, *LGBT Health*, 6(4), 2019, pp 140, <https://doi.org/10.1089/lgbt.2018.0157>.

¹¹ C Ryan, D Huebner, RM Diaz, J Sanchez, “Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay,

she could only speak to them “without caring about the consequences...by wearing the armour of anonymity in a city” far away (190). Though Habib’s parents would grow to eventually support her after she came out, they initially feared association with the LGBTQ+ community. For instance, when Habib told her parents she had befriended Sonia, a girl likely also a member of the LGBTQ+ community, her parents forbade the two from seeing each other again, denying them both someone who could potentially recognize and validate each’s unique struggles. As expected, this lack of support was a contributing factor towards Habib’s first instance of suicidal ideation. Intersectionality even presented itself when she called the suicide hotline: she notes that “it was as if the counsellor at the other end had never encountered [her] specific situation – a teenage Muslim girl trapped in an unhappy arranged marriage” (140). Such interactions are especially worrisome because counselors are supposed to be trained in cultural competency to ensure they can help individuals in their most desperate moments. Fortunately, Habib did not go through with the act, but someone in her position may have – the lack of understanding they received from the other end of the line may even have been their tipping point. Therefore, in line with Goldbach et al.’s research, it is important to not only create interventions like suicide hotlines but also to vet these interventions to ensure that they have their intended effect and are able to respond appropriately to all situations.¹²

and bisexual young adults,” *Pediatrics*, 2009 Jan; 123(1):346-52. doi: 10.1542/peds.2007-3524. PMID: 19117902.

¹² JT Goldbach, H Rhoades, D Green, “A Fulginiti, MP Marshal, Is There a Need for LGBT-Specific Suicide Crisis Services?” *Crisis*, 2019 May; 40(3): 203-208, doi: 10.1027/0227-5910/a000542, Epub 2018 Aug 15, PMID: 30109965.

At the structural level, the intersection of Habib's refugee status with her family's economic security directly affected her wellness, as they no longer lived with the fear that they would be killed by Sunni extremists but now with the fear that they would not be able to pay the rent. She remarks that though they had "asylum and government-issued blankets, [she] still didn't feel free to be a child" due to the additional stresses that accompany these identities (81). Furthermore, misogynistic values and traditions continued to plague Habib in Canada, where her parents forced her into an arranged marriage with her first cousin Nasir. This arrangement gave rise to individual-level influences, including loss of her sense of self-worth and personal freedom. This dejection and hopelessness is evident in phrases such as "their need to control me was something I simply had to accept," "the price I had to pay for being a woman," and "there were limitations to how much I could pursue an individual identity because my identity had already been decided for me" (137; 123). Though these individual, interpersonal, and structural influences had detrimental impacts on Habib's mental health and led to depression and increased suicidality, she was able to overcome such struggles by seeking out LGBTQ-friendly communities and learning to embrace her queer, Ahmadi Muslim, women, and immigrant identities.

As surveyed by Hudson and Romanelli, the benefits and values of LGBTQ+ communities can be categorized into three groupings: safety, acceptance, and support; interconnectedness and resource sharing; and advocacy, collective action, and community potential.¹³ All of these aspects contribute to a

¹³ KD Hudson, M Romanelli, "'We Are Powerful People': Health-Promoting Strengths of LGBTQ Communities of Color," *Qual Health Res*,

reduction in LGBTQ+ health disparities, directly counteracting any alienation or hopelessness LGBTQ+ individuals may experience.¹⁴ The first community in which Habib truly felt a sense of camaraderie and acceptance once she immigrated to Canada was in her English as a second language (ESL) class, largely because of its heterogeneity. Though this was not an LGBTQ+ community in the truest sense, it still provided her with “temporary relief from being bullied” and offered her the opportunity to let down her closely-held guard (87). In her journey towards self-discovery, Habib was also able to find LGBTQ+ friends, who provided a source of hope, encouragement, and support – a stark contrast to her home life. She explains that “it was validating to know that despite [her] voice being muted at home, people [she] respected believed in [her] and were rooting for [her]” (133). Her platonic and romantic relationships also acted as an educative source, providing her with “an example of what a queer relationship could look like” and teaching her “what fluidity looked like, and how to enjoy [her] body with a spectrum of queer lovers” (184; 204). These friends became her chosen family, which she acknowledges is a “cornerstone of queer culture, especially for those whose biological families [do not] accept them” (209).

What makes Habib’s experience especially unique is that she was able to find a LGBTQ+ community that also shares in her other minority identities – namely, being a Muslim in the Christian-majority nation of Canada. Queer-run and queer-

2020 Jul; 30(8):1156-1170, doi: 10.1177/1049732319837572, Epub 2019 Mar 28, PMID: 30920896.

¹⁴ AJ Martos, PA Wilson, IH Meyer, , Lesbian, gay, bisexual, and transgender (LGBT) health services in the United States: Origins, evolution, and contemporary landscape, PLoS ONE 12(7) 2017: e0180544, <https://doi.org/10.1371/journal.pone.0180544>.

welcoming, Unity Mosque has been a source of acceptance, support, interconnectedness, and representation, as well as a way for Habib feel less like an outsider, in both the Muslim and queer communities. To Habib, prayer services at the mosque “[feel] like group therapy sessions” and give her an opportunity to “see how [her peers deal] with” the consequences of their intersecting identities, particularly “rejection from their families and Islamophobia from non-Muslims” (223). Most of all, these communities and experiences are a source of hope: she has “finally found [her] people,” “create[d] a community for [herself] when society denie[d her] one,” and redefined what queerness means to her (226).

All that mattered to Habib for a considerable part of her life was fitting in. Given her distinct and intersecting identities, however, all she did was stand out. Being a queer woman in Pakistan stripped her of many liberties, establishing a sense of unbelonging and hopelessness in her mind from an early age. Additionally, she and family are Ahmadi Muslims – an identity so dangerous in Pakistan that they were forced to seek refuge in Canada. In acclimating to her new lifestyle, she was repeatedly targeted for her differences; this bullying, coupled with a lack of acceptance from and transparency with her family, significantly harmed her mental health, giving rise to negative mental health consequences. Despite these challenges, however, Habib was able to find support, acceptance, resources, and role models in various school, cultural, and LGBTQ+ communities, allowing her to not only embrace her identity but use her story to inspire others. Now while interacting with scholars and activists all over the globe, she hopes to share the same visibility, welcomeness, and validation

with other LGBTQ+ individuals as these communities shared with her.

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