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Health, Care and Social Exclusion: A Medical Humanities and Critical Discourse Analysis of Mohammed Hanif's *Our Lady of Alice Bhatti*

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ABSTRACT

The current study examines the narratives of health, care and social exclusion in Mohammed Hanif's *Our Lady of Alice Bhatti* (2011). The novel brings to the forefront the lived realities of the marginalized populations in Karachi's public healthcare system through the intersections of illness, poverty, gender, religion, institutional violence and inequitable access to healthcare. The study is informed by theoretical frameworks of Social Determinants of Health, Medical Humanities and Critical Discourse Analysis and focuses on how language and narrative maps out health care as a contested social space, in which socio-political power dynamics, discrimination, and structural inequalities recognize and condition illness and narratives of care. The research method is qualitative which uses close reading of selected text to investigate the encoding of institutional practices, moral judgments, and unequal social relations in these choices. The analysis shows that illness in the novel is not only a biomedical phenomenon but also a socially constructed phenomenon, which is influenced by poverty, religious marginalization, gender-based violence, occupational hierarchy, and institutional neglect. The lexical and semantic patterns show that the hospital is a place of healing and exclusion and that vulnerable patients and health care workers are negotiating systemic discrimination and disparities in care access. The study also reveals the use of irony, satire, metaphor, and dialogic interaction by Hanif in criticism of structural violence that is built into the health sector and the social structure. Finally, the study advances interdisciplinary research in the medical humanities by demonstrating how literary analysis can be applied effectively to the study of health inequalities, healthcare practices and social justice in the Global South.

1. Background of the Study

With the increasing recognition that illness is influenced by social, cultural, economic, and political factors as well as by biological factors, the relationship between health and society is now a major concern within the social sciences. The current field of medical sociology and medical humanities literature shows that health outcomes are shaped by a wide range of structural inequalities, such as poverty, gender, ethnicity, religion, education, access to health care, etc. This view, known as the Social Determinants of Health (SDH) framework, represents a rejection of the biomedical view of disease and healthcare

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experiences as being located in a social context, and an emphasis on social power and social systems (Marmot et al., 2008; Solar & Irwin, 2010). Therefore, sickness is now recognized as a social process.

Medical anthropology has been a significant force in fostering this conceptual change. Kleinman et al. (1978) separate disease from illness, the latter being the experience of sickness shaped by cultural and social factors. This distinction depicts that people understand sickness as a result of their own convictions, family relations, ethnic values, and institutional experiences. In the wake of this, the understanding of stories as an important means to the knowledge of suffering, caring, and healing has taken centre stage in the narrative medicine and the medical humanities. For Charon (2006), narratives promote empathy and moral involvement because they afford healthcare providers and researchers an understanding of the complexity of patients' lived experience. In a similar fashion, Greenhalgh and Hurwitz (1999) argue that narratives provide aspects of illness not captured by the clinical diagnosis and thus should be considered as resources for the study of healthcare and social justice.

Over the last few decades, literary fiction has increasingly served as an important arena for exploring the social aspects of care and sickness. Novels can give a more complex depiction of family, institutional, cultural, and social dynamics that influence health, unlike clinical reports or epidemiological studies. Medical humanists believe that the study of literature yields insight into the emotional, ethical, and political aspects of health care by portraying the lived experiences of patients, caregivers, and health care practitioners (Whitehead, 2014). Fiction highlights the impact of structural violence, institutional neglect, discrimination, and inequity in access to health care through characterization, dialogue, and the lens of the story's point of view. Consequently, literature has become a valuable resource for comprehending the social complexities of dealing with issues of sickness, frailty, and caring.

Galtung (1969) and Farmer (2004) have developed the concept of 'structural violence', which is helpful in examining these. Structural violence is the systematic nature of social, political, and economic institutions that create unequal life chances and the inability of some population groups to enjoy good health and well-being. Structural violence is more than just physical violence; it includes discriminatory policies, lack of health care systems, poverty, gender inequality, and social exclusion. These structural factors affect the poorest and most vulnerable groups, without being evenly distributed across all groups, and can affect access to the health care system. So, depictions of hospitals, health care institutions, and health care practices in literature often reflect broader systems of institutional power and social injustice. Asian context is of particular interest for the South Asia's relationship between illness and inequality. While there have been significant advances in health care infrastructure, there remains significant variation in access to health care services, health of mothers, infectious diseases, mental health, and socioeconomic wellbeing in the region. (Sherin, 2025) All these inequalities are accentuated by gender discrimination, religious marginalization, urban poverty, and political instability, particularly for socially marginalized groups. (Inequalities and opportunity gaps for two religious' groups: A case study of regularized Katchi Abadi, in Islamabad Pakistan, 2021) The importance of considering health in South Asia outside the context of caste, class, religion, and gender, which influence illness experience and treatment seeking, has been increasingly highlighted (Sen, 2002). (Amin & Bentley, 2002) This has been well documented in modern South Asian fiction, as disease is often used as a prism through which writers examine the shortcomings of institutions and reveal social inequalities and policy gaps (Thapa et al., 2021).

In modern Pakistani literature, Mohammed Hanif's *Our Lady of Alice Bhatti* (2011) is one of the most interesting literary reflections on healthcare inequality in the South Asian context. The novel takes place at the Sacred Heart Hospital in Karachi, where Christian nurse Alice Bhatti of a marginalized community is influenced by prejudices against women, religion, the hierarchy of professions, and corruption in the hospital. Hanif uses satire, irony, and dark humor to depict the hospital as a microcosm of Pakistani society where class privilege, the power of fathers, and religious intolerance are the factors that drive the distribution of care. The novel also portrays the individual victimization of the healthcare professionals by the institution itself, and how both ethically responsible and vulnerable patients negotiate with the healthcare professionals. (Khan et al., 2025) The hospital thus becomes a place of conflict where the process of healing is accompanied by exclusion, compassion by bureaucracy, and professional ethics by systemic injustice (Malik et al., 2025).

The scholarship that has been written on *Our Lady of Alice Bhatti* has been mostly centered on the postcolonial identity, gender relations, religious discrimination, satire, and political crisis. These studies have greatly contributed to understanding the social and cultural aspects of the novel, but little has been examined so far from the perspectives of the medical humanities and health sociology regarding the portrayal of health, care, and health institutions. (*Our Lady of Alice Bhatti*, 2011) The close reading techniques are used to gain insight into the ideologies, institutional power, and social inequalities that are constructed in language (Partington, Duguid, & Taylor, 2013). The study brings together interdisciplinary research approach that fits within the developing research field of interdisciplinary studies in literature and health sociology. More generally, it illustrates the potential of literary narratives as a source of information on social realities of inequality in healthcare and structural violence in the Global South.

1.1. Statement of the Problem

Medical humanities and health sociology have seen significant growth over the past few years, showing that illness is no longer just a biomedical issue but a socially constructed experience influenced by structural inequalities, institutional practices, and cultural beliefs. The power to portray experiences of illness, caring, and health care, and to offer insights into the impact of poverty, gender, religion, class, and power, makes literary narratives an important source to examine the lived realities of illness, caring, and health care. Although there has been an increasing number of publications on illness narratives, most literary research on healthcare has been characterized by highly qualitative close reading of texts, and few have focused on empirical linguistic studies that enable the systematic identification of discourse patterns. As a result, there is a lack of evidence of the language mechanisms used to build inequalities, institutional exclusion, and care work in literary texts. *Our Lady of Alice Bhatti* (2011) by Mohammed Hanif is a novel that has been the subject of much scholarly research and discourse in relation to gender discrimination, religious marginalization, satire and postcolonial social critique. Prior research tends to focus on the novel from the feminist, postcolonial, political, and cultural viewpoints and addresses themes such as minority identity, violence, and institutional corruption. The novel, however, has been comparatively little studied from the perspectives of health sociology and the medical humanities regarding its representation of health, illness, caregiving, and health institutions.

The study aims to show how the novel, on the linguistic level, builds the concept of illness, health care, acts of caring, and social marginalization, and how the structural inequalities of health care institutions and Pakistani society are revealed. By doing so, it helps encourage interdisciplinary scholarship by melding computational literary analysis with critical social science perspectives on health, inequality, and justice.

1.2. Research Objectives

- To investigate the ways health, illness and caring for the sick are socially constructed in relation to both poverty and gender, religion and institutional inequalities as experienced in a narrative of Mohammed Hanif's *Our Lady of Alice Bhatti*.
- To analyze the discursive construction of healthcare institutions, social exclusion and structural violence using Critical Discourse Analysis informed by Medical Humanities and the Social Determinants of Health.
- To examine the way in which Hanif uses language and literary techniques such as irony, satire, metaphor and dialogic interaction to challenge aspects of health care and unequal social relations and social justice concerns within present day Pakistani society.

2. Literature Review

2.1. Illness, Health, and the Medical Humanities

The medical humanities is an interdisciplinary field that has broadened the conception of illness from a strictly biomedical one to a social, cultural, and moral one. Medical humanities take as their starting point not only the physiological malfunction of disease, but also the subject's experience of suffering, caring, identity, and interaction with institutions. Kleinman, Eisenberg, and Good (1978) differentiate between disease, which is a biological sickness experienced by medicine, and illness, which is experienced by the person through culture. This divide is now considered essential for the analysis of the negotiation of health in social relationships, cultural discourses, and health systems beyond the clinical definition.

Literary texts have also been used to express a sense of the health experience, a practice reinforced by narrative medicine. Reading a story develops "narrative competence," which helps readers and health care providers identify patients' distress, make sense of their experiences, and engage with them compassionately (Charon, 2006). Likewise, Greenhalgh and Hurwitz (1999) argue that narratives offer aspects of disease which cannot be captured from biomedical information, and so literary narratives can be useful tools in the study of healthcare, ethics, and social justice. As a result, novels have grown in significance within the medical humanities as a means of offering insight into emotional suffering, institutional practices, and caring relationships, all of which are often overlooked by quantitative health research. Enhanced by recent developments, the medical humanities have grown beyond a focus on close literary interpretation to include interdisciplinary efforts at collaborations with linguistics, sociology, anthropology, and digital humanities.

2.2. Health, Social Determinants, and Structural Inequality

The Social Determinants of Health (SDH) framework now broadly recognizes that socioeconomic, political, and environmental factors affect health outcomes, and that their impact is not only significant but also greater than that of biological factors. The World Health Organization's (WHO) Commission on Social Determinants of Health (Marmot et al., 2008) shows that the patterns of disease and well-being are jointly shaped by the combination of income, education, housing, employment, gender,

ethnicity, and access to health care. The unequal access to, quality of, and outcomes of health care services are structural and perpetuate inequities in health care across societies.

In medical sociology, illness is also viewed as a social process embedded in institutional and political contexts. (Conrad & Barker, 2010, pp. 67-79) Bury (1982) coined the notion of biographical disruption, which suggested that chronic illness is an event that disrupts people's identities and social relationships. Farmer (2004) later developed this by introducing the notion of structural violence, which describes the systematic, socially created disadvantage experienced by the marginalized groups, which prevents them from enjoying access to health care, education, or social services. However, the concept of structural violence is useful for thinking about the role of the hospital, patient, and health worker in the literature, where the suffering is linked to a sense of unequal power distribution, rather than to a condition of the individual.

In the field of literature, academics are increasingly proposing fiction as a special form of representation of health inequalities, as it represents the lived effects of poverty, discrimination, gender violence, and institutional neglect. Literary narratives provide insight into the conditions of the structure and lived experience of illness, care, disability, and recovery, while enriching sociological and public health research through rich accounts of lived experience.

2.3. Healthcare Institutions and Literary Representation

Hospitals play a pivotal role in the medical humanities, as they are places of healing and sites of bureaucracy, discipline, and institutional power. Literary depictions often present a vision of health care institutions that is different from the idealized one, revealing professional stratification, ethical issues, discrimination, and inequities in access to health services. Institutions of medicine (such as hospitals) not only treat illness but also regulate bodies through judicial methods and professional authority, as Foucault illustrates in his study of medical institutions. As a result, in the healthcare environment, doctors and nurses are faced with negotiating the power relations with a patient and the administration.

In recent years, there has been a growing interest in studying hospitals as social facts that mirror the greater political and cultural disparities. (Franz et al., 2019, pp. 1-10) Nursing stories, specifically, have been increasing in the spotlight because nurses often are in the middle of institutional authority and patients' care. (al., 2025, pp. 1-10) Emotional labour, professional ethics, caring, and gender aspects of health care work are the themes that emerge in these stories. (Bilwani & Anjum, 2022, pp. 73-89) This is especially relevant to the *Our Lady of Alice Bhatti*, whose main character represents the merging of work-based care and the feeling of being on the fringe of society.

2.4. The South Asian Literature on Social Exclusion

Social exclusion is still one of the most significant issues in the South Asian fiction today. (Pervaiz et al., 2021, pp. 1183-1194) The prevalence of the divide between classes, religions, castes, ethnic groups, and genders in access to education, health care, jobs, and legal justice is commonly portrayed by writers from throughout Pakistan and India. (Thapa et al., 2021, pp. 101-113) These stories do not focus only on illness as a medical disorder; they also show the impact of social inequalities on vulnerability to illness and treatment options. (Rahman & Hossain, 2025, pp. 87-106).

Our Lady of Alice Bhatti by Mohammed Hanif has received much scholarly interest due to its depiction of religious discrimination, violence against women by men, and corruption within the institutions. The criticism currently available mostly focuses on feminist, postcolonial, and political interpretations of the novel, exploring Alice's position as a Christian woman, operating in a male-dominated health care institution. (Ahmed & Nasir, 2022) The use of satire and dark humour is a technique Hanif uses to reveal the hypocrisy of the institutions, religious intolerance, and the failure of the state, according to scholars. (Sancheti, 2025) But the studies tend to focus on identity politics and comparatively less on the text and context of healthcare, illness discourses, and discourses of care as key analytical categories. (Zahid et al., 2025)

Furthermore, studies of language and hospitals generally don't consider the systematic nature of the constructions of hospitals, nurses, patients, illness, and institutional exclusion. Qualitative close reading is currently the primary method used in most analyses, thereby neglecting the potential of computational methods to detect lexical and semantic patterns that recur throughout the novel.

2.5. Research Gap

Our Lady of Alice Bhatti has been studied extensively but the previous research largely focuses on the novel from the perspectives of postcolonialism, feminism, minority identity, religious discrimination, satire and political corruption. While these studies have greatly contributed to the understanding of Hanif's critique of the Pakistani society, comparatively fewer studies have focused on the novel as a central concern of literature and Pakistani society of health and illness, care and care institutions. The intricate connection between health and social inequalities in wider social contexts has not been explored systematically from Medical Humanities and Social Determinants of Health (SDH) perspectives in particular.

Moreover, much of the former research is based on the qualitative literary criticism and thematic interpretation of the novel, while only a few have paid attention to the linguistic devices in which the novel develops discourses on health, care and exclusion. There is limited use of Critical Discourse Analysis (CDA) on healthcare discourse in the context of OLA and a lack of studies on the role of language in terms of institutional power, moral evaluation, discrimination and structural violence in healthcare discourse.

There is also a lack of interdisciplinary connections between literary studies and health-related social sciences. To date, there is little scholarship that has combined the theoretical lenses of Medical Humanities, Critical Discourse Analysis and SDH to examine the socio-political aspects of health care in Pakistani fiction. The novel's depiction of hospitals as spaces of contestation, of caring and of exclusion, of bureaucracy and of unequal access to medical care is therefore largely untheorised.

This study is designed to fill these gaps by conducting Critical Discourse Analysis (CDA) of health, care and social exclusion in *Our Lady of Alice Bhatti*. The study brings together theory from the Medical Humanities, the Social Determinants of Health and Critical Discourse Analysis to provide a full picture of the ways that linguistic and narrative forms shape representations of illness and caring, of institutional power and of structural inequality. In the process, it adds to interdisciplinary research on literature and health and shows how current South Asian fiction can contribute to how health inequalities and other social justice concerns can be understood in the Global South.

2.6. Theoretical Framework

The three theoretical underpinning perspectives in the present study are complementary. Language is the instrument with which to analyse discourse and its contribution to the process of constructing institutional power, inequality and social identities is possible by the use of Critical Discourse Analysis. Medical Humanities can be understood as a new approach to the study of disease and the human experience, focusing on empathetic, ethical, caring and narrative-based concepts of disease representation. Social Determinants of Health are factors that impact health and are influenced by poverty, religion, gender, occupation, education and access to institutions. Through these perspectives, a transdisciplinary discussion on the ways our health institutions, such as *Our Lady of Alice Bhatti*, materialise social inequalities is possible.

3. Research Methodology

3.1. Research Design

The methodology of this study is qualitative interpretive research with Critical Discourse Analysis (CDA) approach to analyze the language construction of the concepts of health, illness, caregiving and social exclusion in the novel *Our Lady of Alice Bhatti* (2011) by Mohammed Hanif. The research takes place in an interdisciplinary context, including Critical Discourse Analysis, Medical Humanities and the Social Determinants of Health (SDH). The study looks at the representation of healthcare institutions in literary discourse, not just as a biomedical phenomenon, but as a place where power relations, structural inequalities and social identities are negotiated.

Our Lady of Alice Bhatti is the main source of information. The extracts were purposefully used to access the text from relevant sentences to the objectives of the research. The episodes that included particular focus on hospitals, caring practices, institutional interactions, illness stories, gender discrimination, religious marginalisation, and on the power of bureaucracy were highlighted. The analytical corpus of the study consists these segments of text.

The analysis is based on Fairclough's (1995, 2015) model of Critical Discourse Analysis which consists of three dimensions: discourse, text, and context. Lexical selection, metaphor, evaluation, irony, dialogue and representation in the narrative are analyzed at the textual level, in order to find the discursive patterns. The study takes into account reproduction of institutional ideologies and healthcare discourses at the discursive practice level, through literary narration. At the social practice level, these linguistic patterns are read through the prism of the social context in general, such as poverty, religion, gender, class inequality and health access in modern-day Pakistan. The results are then analyzed using the lens of Medical Humanities and the Social Determinants of Health, to understand the relationship between literary discourse and structural violence and differential health care experiences.

3.2. Analytical Procedure

The analysis has been carried out in four stages. The novel was first read several times to find passages on illness, the hospital, caring and authority, and marginal identities. Secondly, the following passages were coded based on frequent themes of healthcare institutions, hierarchy, discrimination, structural violence, caregiving, and social exclusion. Third, the analysis of the linguistic features involved (lexical selection, metaphor, irony, evaluation language, dialogic interaction, and the framing of the narrative) was carried out in accordance with the critical discourse analysis theory. Finally, the discourse patterns found were analysed using the theoretical frameworks of Medical Humanities and Social Determinants of Health to illustrate the intersection of language and social inequalities in healthcare and the institutional power in Pakistani society.

4. Results and Discussion

4.1. Institutional Power and Health Care Bureaucracy Discourses

The Sacred Heart Hospital is not just a place of medicine; it is a representation of institutional power and institutional regulation in a discursive way. In most of the book, the attentions of the administrative world overtook compassionate medical care, turning patients into things in an impersonal institutional system. Hanif regularly depicts the bureaucratic processes as vehicles for the perpetuation of unequal power relations. Efficiency, regulation, routine hides institutional neglect and allows for unequal treatment of vulnerable patients. These linguistic representations reveal how dominant social ideologies are reproduced in healthcare institutions both through the normalization of discriminatory practices and the limitation of agency of patients and healthcare providers, from a Critical Discourse Analysis perspective.

The institutional encounters, in turn, are read by Medical Humanities as ethical lapses in health care practice. Institutional discourse, in contrast, has the authority, hierarchy and administration as its focus, rather than empathy and patient-centred care. Thus, the hospital is a metaphor of the deeper level of structural inequalities within the Pakistani society.

4.2. Caregiving as Ethical Resistance

In the novel, the issue of institutional neglect and structural violence emerges, but a caring attitude is often portrayed as an ethical statement of resistance. Alice Bhatti's career consistently confronts the indifference and discriminatory practices of bureaucracies. Her caring relationship with patients is an expression of compassion in an environment of religious prejudice, gender discrimination and professional marginalization.

Medical Humanities sees caring as an ethical relationship, based on empathy, and an understanding of shared human vulnerability. Again, Hanif shows nursing as a moral activity, one which challenges institutional dehumanization for Alice. The novel engages the reader with a combination of dialogue, narrative description and characterization and contrasts the attitude of the bureaucracy with that of the compassionate healthcare workers, thus emphasising the moral aspects of healthcare practice.

4.3. Health and Illness as Social Experience

Our Lady of Alice Bhatti does not only see illness as a purely biomedical phenomenon, but also views health as a social state that is rooted in poverty, institutional neglect, religious marginalization and day-to-day violence. The novel crosses the boundaries between physical illness and social poverty, and the hospital is a microcosm of Pakistani society, where social inequalities are the factors that decide access to health care and the value of life. This representation is similar to the Social Determinants of Health model, which holds that social determinants of health – like income, occupation, education, gender, religion and institutional access – are important to health outcomes, and that these determinants are not only social, but also structural, meaning that they cannot be changed by a biological intervention. (Marmot et al., 2008)

Alice Bhatti is not just a new nurse in Sacred Heart Hospital, but a part of a marginalized Christian community whose professional identity is constantly articulated and challenged by prejudice and institutional power structures. Sister Hina Alvi advises her before she starts to work in the psychiatric ward that "you have to tell them that everything is normal."

While it might be a practical clinical rule, the discourse role of this statement goes far beyond psychiatric (mental health) medicine. The word normal is repeated but with a sarcastic tone, revealing the institutionalization of violence, psychological trauma, and social dysfunction. Normativization is a component of Critical Discourse Analysis and refers to an ideology-producing method that renders structural inequalities invisible. The hospital does not seek to doubt the conditions that can cause mental illness, but instead asks health care workers to redefine abnormal experiences as normal. Thus, psychiatric treatment is more about keeping the order in the institutions than about curing the illness.

Immediately afterwards, Sister Hina Alvi says that patients can do "horrific things" because "some god told them to do it," but nurses must continue to tell patients that "it's normal. The combination of religion, violence, and psychiatric discourse is used to highlight Hanif's comment upon oversimplification in psychiatric discourse. Medical Humanities scholarship suggests otherwise, that illness narratives can be used to uncover the social meanings that are not apparent from biomedical diagnosis (Charon, 2006). Similarly, Hanif describes mental illness as not only a part of the social environment in which it emerges, but also as a social environment in and of itself. The psychiatric ward is thus a society that has become normalised, as its political instability, religious extremism and institutional failures have become normal.

This is further reinforced by the layout of the Sacred Heart Hospital. As Alice goes into the psychiatric ward, she starts noticing familiar scents of disinfectants fade away and that the corridors are neglected, dead plants can be seen, broken walls, and abandoned nursing stations. Instead of a therapeutic space, Hanif creates an architectural symbol of the decay of the hospital.

The most vivid and odd portrayal of the discrepancy in healthcare in the novel is when Alice runs into an old man under a rusty roof, lying with his head exposed to the rain, while another member of the family tries to protect him with an umbrella. After a while, the woman tells him, "This is the place where people die."

The term death can be used to describe death and can be used as an institutional metaphor. The words do not refer to a single patient, but instead to the atmosphere of the hospital. The co-occurrence of these things repeatedly indicates that health care institutions can be described as places of social abandonment rather than healing.

Right after this, Alice realizes that "This entire area, here, is a huge Charya Ward. The metaphor reaches beyond the mental ward to describe the hospital as a place of sickness, and thus Pakistani society. Hanif breaks down all barriers between institutional sanity and madness, suggesting that there's a collective social madness in the form of systemic corruption and normalized injustice."

The repeated lexical choices associated with illness, bureaucracy, decay, and institutional authority construct healthcare as a socially contested space where unequal power relations become normalized. These terms do not just represent medical language but also carry other ideological intensities and associations with governance, bureaucracy, and institutional violence.

Invisible, marginalized healthcare workers are also a major theme in the novel. In one of the positions in the institutional hierarchy, Alice repeatedly demonstrates professional competence and ethical commitment. After being told not to go into the psychiatric ward alone, she says that she has "real patients. That adjective "real" is of special importance. It questions institutionalized norms and conventions for whose suffering is listened to, and whose labour is considered "healthcare labour". Alice's words are a declaration of professional identity in the context of nursing discourse, both in relation to the bureaucratic paternalism and gendered expectations.

Hanif also employs sensory imagery to create a body of work that is a social and embodied experience of illness. Smells, sounds, bodily fluids, decay, and crowded areas are used to repeatedly describe the hospital. These multimodal descriptions provide an experiential representation of healthcare beyond the visual, mediated by them. Instead of being medical facts, disease is painted as an object of study, a material reality of abnormally high population density, falling standards of housing, and the body's physical fragility.

Medical Humanities scholars contend that stories can elicit the reader's empathy by allowing him/her to feel the phenomenon of illness (Charon, 2006). Hanif does so not by sentimentally characterizing his subjects, but by using rich, multisensory language to put the readers into institutional settings characterized by neglect. Many of these lexical items can be categorized into the semantic domains of Body and Physiology, Health and Disease, Emotion, and Environment. Equality is also given a tongue-in-cheek treatment. As they are studying patient notes, Alice observes that the same medication and the same comments are given to all patients, "At least they treat them all equal," she says.

This is one of Hanif's greatest examples of satirical irony. Equality means not personalized medicine, but blanket drug administration. The same prescription is the symbol of institutional efficiency, at the cost of human complexity. In the view of Critical Discourse Analysis, the discourse of the standardisation found in the bureaucracy serves as a discourse of neutrality and neutrality of administration, which hides unequal treatment under the guise of fairness.

This means that for Hanif, sickness is a symptom of structural inequality. The Sacred Heart Hospital is more than just a place for treatment and healing; it is emblematic of a society where equality in access to dignity, compassion, and care is lacking. The novel satirizes, ironically, and in a richly textured institutional discourse, the pervasiveness of the disease among the characters, but also among the social institutions that shape everyday life.

4.4. Health as a Social Experience

Our Lady of Alice Bhatti's lexical field of health encompasses not only biomedical treatment but also social suffering and institutional neglect. At the induction into the psychiatric ward, Sister Hina Alvi says that the patients have "life," which points to the fact that the causes of psychological distress are social rather than individual. (PDF p. 48; book p. 39)

This short statement could sum up the novel's critique of the biomedical model. Rather than considering mental illness as a personal illness, Hanif creates mental illness as a result of poverty, violence, and the precarity of everyday life. The hospital can thus be seen as a place where structural inequalities manifest as sickness, according to the Social Determinants of Health (Marmot et al., 2008). The choice of lexical component is figurative, show the frequent occurrence of words like "life", "hospital", "patient", "pain", and "death", as well as the many other words that would be extracted, suggesting that illness is a recurring part of social life, not just a clinical phenomenon.

4.5. Limitations of the Study

This study is a qualitative Critical Discourse Analysis of one literary text. Thus, the results do not represent the general characters of literature, or medical narratives in Pakistan. Moreover, although the study is based on corpus linguistics and DH studies, it does not use computational corpus techniques, nor quantitative linguistic analysis. A further future research is to use the corpus-based discourse analysis method in conjunction with the literary interpretation method to analyze a larger number of texts in the field of illness narration from South Asian texts to find similarities in the lexical, semantic, and ideological elements of the texts.

5. Conclusion

This study shows that *Our Lady of Alice Bhatti* represents illness, health care and care as an experience of social production, in which institutional power, religious marginalization, gender discrimination and structural inequality play a significant role in creating the experience of illness, health care and care. The study shows how Critical Discourse Analysis informed by Medical Humanities and the Social Determinants of Health reveals that Hanif utilizes irony, metaphor, evaluative language and institutional discourse to illuminate the ideology of healthcare inequalities. The Sacred Heart Hospital is a medical center and a representation of wider social injustice and the reproduction of existing relations of power and exclusion in healthcare systems.

The representation of illness, caring, and marginalization in Mohammed Hanif's *Our Lady of Alice Bhatti* has shown a deep criticism of health care, inequality in society, and the power of institutions. In a novel, Critical Discourse Analysis, informed by the Medical Humanities and the Social Determinants of Health (SDH) framework, the study finds that the novel not only represents illness as a biomedical disease but also as a socially produced illness that is affected by poverty, gender discrimination, religious marginalization, inefficient bureaucracy, and structural violence. The lexical and semantic patterns in these recurring themes were investigated by using qualitative discourse analysis, the unequal power relations in the healthcare institutions were revealed. Through the use of satire, irony, metaphor, and sensory imagery, Hanif turns the Sacred Heart Hospital into a symbol of a divided society, in which health care reflects the division and injustices of society at large. Overall, the study shows that *Our Lady of Alice Bhatti* is not just a novel about working as a nurse in a hospital; it is a forceful literary intervention that challenges the ways that hospitals perpetuate social hierarchies and exposes the resilience, ethics, and humanity of health workers in a fundamentally unequal system. Future work could expand this interdisciplinary study by analyzing the intersection of imaginative representations of health and illness in postcolonial narratives, or by looking at public health issues, such as the portrayal of disability, in the history of postcolonial fiction, using a larger literary corpus supported by AI tools.

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