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The Discourse of Trauma and Representations of Resilience: A Semiotic and Discursive Analysis of the Film *Sudan: A Hospital Under Siege*

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***Abstract*—This study examines the documentary film *Sudan: A Hospital Under Siege*, focusing on how it frames a discourse of marginalization and resistance through linguistic and visual techniques. Employing a qualitative approach that draws on critical discourse analysis (Fairclough, 1995; van Dijk, 1993) and multimodal semiotics (Kress & van Leeuwen, 2001; Halliday & Hasan, 1989; Aiello, 2020), the study reveals how spoken testimonies and visual imagery collaborate to expose institutional neglect and convey stories of resilience. Key findings include the film's satirization of the "absent authority" through the foregrounding of infrastructural collapse and its reimagining of victims as subjects of moral resilience. Visual signs, such as malnourished children, bombed-out classrooms, and operating room teamwork, are texts fraught with ethical and political meaning. The paper argues that the film is not only a documentary but also a semiotic intervention that disrupts language, images, and power relations. It is an indictment of injustice and a validation of silenced voices in a forgotten war zone.**

***Index Terms*—Critical Discourse Analysis, social semiotics, documentary film, Nuba Mountains, trauma**

I. Introduction

In zones of conflict, where truths disappear amid battles and human voices are lost in the uproar of the global image industry, documentary cinema becomes an urgent necessity. It is not merely a means of presenting truth but also of shaping consciousness and building conscience. Those in the Nuba Mountains suffer added forms of marginalization simply for being part of a country that dismisses their voices. In this regard, the documentary film *Sudan: A Hospital Under Siege*, by Carl Gierstorfer and Laura Salm-Reifferscheidt (Deutsche Welle), is an audiovisual scream in terms of both imagery and language. It restores presence to these muted voices.

The documentary offers a raw portrayal of daily life at Cap Anamur Hospital, which is the only connection to the outside world for an isolated community. The story focuses on flesh-and-blood individuals, including surgeon Joseph Yacoub and his tiny medical team, who are the last line of defense against death. The harrowing footage of war survivors with festering injuries, emaciated children, and women giving birth in hellish conditions is offset by images of hope and resilience. These include the procedure that saved the life of a woman who needed a C-section, a rebel fighter

exchanging bullets for medical supplies, Nidal Devan, a surgical assistant who insists on learning despite breaking social codes by pursuing an education, and Aziz Burma, a man who transitioned from being a fighter to a life-saving medic. The film bracingly and frankly addresses the scarcity of resources and the neglect that has been endemic to the hospital. For example, at the beginning of the crisis, mudslides cut off vital shipments. The film is also full of heroic everydayness, as represented by the doctors, nurses, and patients. Recent multimodal studies of documentary and conflict narratives similarly show how linguistic and visual resources co-construct experiences of trauma and resilience in war-torn communities (Mansoor & Amjad, 2024; Saleh et al., 2022).

When communities such as those in the Nuba Mountains are caught up in war and armed conflict, their voices are often drowned out by marginalization and injustice. Their stories go unreported in the global media. In this context, the documentary showcasing life at the Nuba Mountains hospital becomes a form of media resistance and a voice takeover. It gives the people a voice to speak out against the difficulties suffered by the inhabitants and the medical community, in contrast to a scene of silence and passivity. The film perfectly captures the intersection of difficulties ranging from war and the scarcity of resources to institutional neglect. It commemorates the everyday heroism and resilience shown by the staff and their patients, who display an unbreakable spirit.

However, despite this collection's influence, Election TV's deep discursive organization encourages critical analysis of its text. This analysis focuses on the efficacy of its linguistic and visual means of representing the local area and shaping viewers' awareness of power and human anguish. Thus, one of the main research questions explored in this paper is: To what extent do the linguistic and visual techniques in the Nuba Mountains hospital documentary contribute to constructing a discourse of marginalization and resilience? What effect do these techniques have on how audiences infer power relationships and human suffering in conflict areas according to theories of critical discourse analysis (Fairclough, 1995; van Dijk, 1993) and linguistic semiotics (Halliday & Hasan, 1989)?

This study seeks to develop a deeper understanding of the processes involved in using language, imagery, and text to construct documentary narratives about humanitarian crises. The study aims to demonstrate how these narratives inform audiences about the mundane experiences of people in fragile contexts and enrich academic literature by critically appraising state-of-the-art language philosophy and critical discourse analysis (CDA) theories of contemporary semiotic trends.

II. Trauma and Resilience: A Semiotic Analysis of the Nuba Mountains Documentary

According to Halliday and Hasan (1989), "the significance of a message is not only a function of what is said but also of how it is combined with the relevant social, visual, and auditory contexts" (p. 12). The juxtaposition of these two approaches is analytically rich. Unlike Critical Discourse Analysis, which focuses on the linguistic manifestations of reproduced power inequalities and the distribution of suffering, semiotics invites readers to understand how words and images are interrelated and mutually influential in the creation of meaning. Consider the warning issued by nurse Hasna Khojaly: "If you wait to come to the hospital with your child, they will either die or be paralyzed." Such verbal warnings are deliberately juxtaposed with imagery, such as close-ups of emaciated children or shots of worried mothers sitting in dingy hallways. This calculated intersection of linguistic and visual signs considerably heightens the film's emotional impact, aligning with Kress and van Leeuwen's (2001) observation in multimodal semiotics that “visual and verbal signs together create an intersemiotic dynamic…” (p. 38), and with more recent work on visual semiotics and multimodal documentary discourse (Aiello, 2020; Saleh et al., 2022). Thus, the film's discourse is not merely reportage but also a significant tool for influencing public consciousness regarding marginalization and resilience, rousing empathy and social mobilization on issues of conflict. As Robinson (2020, p. 76) notes, "Documentary films that draw on language and images are not simply documents of reality; they are acts of resistance, movements against, and questions of prevailing narratives. They give voice to marginalized people".

The genuine power of the documentary film *Sudan: A Hospital Under Siege* does not merely derive from the shocking imagery it portrays, but fundamentally from the intricate discursive structures woven through its characters’ testimonies. To understand these structures, it is crucial to view language not as a neutral vehicle for conveying facts, but as a complex "social practice," as conceptualized by Norman Fairclough and Teun van Dijk. Through precise linguistic strategies, the documentary transforms individual testimonies into coherent political and humanitarian arguments that expose power relations and shape viewers' consciousness.

According to Fairclough (1995), discourse is a social practice in which language is strategically employed to reveal the concept of an "absent authority." This concept is exemplified by state neglect, which is manifested through infrastructural collapse and service inadequacies. This concept is vividly articulated by Dr. Joseph Yacoub, a surgeon, when he describes the difficulty of transporting supplies (at 1:15): "This is the only road leading to the Nuba Mountains, through which aid and medicine come from South Sudan. Some tractors carrying supplies and medicine to the Nuba Mountains are stuck here, unable to cross. Some of these tractors have been waiting here for two or three weeks." The deliberate choice of the word "only" is not neutral. It linguistically constructs a narrative of isolation and neglect, implicitly reflecting the failure of authority to provide viable alternatives. Furthermore, the passive voice in "stuck" obscures the responsible party, making neglect seem inevitable—a process Fairclough describes as "ideological normalization" (Fairclough, 1995, p. 27).

This linguistic strategy is also evident in the testimony of Nurse Hasna Khojaly (at 07:53), who shifts the blame for

child deaths. "Many of us have lost our children due to health neglect, disease, and malnutrition. We want a future where no child is lost." Rather than attributing child mortality solely to natural causes, Khojaly emphasizes "health neglect," a politically charged term that shifts the cause from the medical to the structural domain. This discourse of neglect expands further into a discourse on future devastation, as exemplified by surgical assistant Nidal Devan at the 46:18 mark: "I fear the coming rainy season because most people have not been able to plant their fields. If the situation remains the same, it will worsen." This discourse culminates dramatically in the scene of the destroyed school described by teacher Ahmed Azraa at 38:59: "Yes, when they heard the plane, they ran out. A girl went out with a teacher, and both were cut in half... Shrapnel pierced the wall and struck students inside the classroom." This narrative does not merely recount physical destruction. Rather, it symbolizes the assassination of the classroom as a social institution designated for building the future. In doing so, it exposes how authoritative violence targets not only human bodies but also hope for knowledge and progress (Fairclough, 2003; Wodak & Meyer, 2015).

The film reveals the "absent authority" and skillfully uses language to construct identities and assign moral roles. This can be effectively interpreted through van Dijk's (1993) "ideological square" framework. This approach is strikingly evident in the testimony of displaced resident Rashida Muhammad at 25:31, which epitomizes the "negative representation of the other": "All my neighbors who remained there were killed. If we hadn't left early, we wouldn't have survived. They don't distinguish between women and men. If they find a little girl, they rape her. Killing is their method. They killed all my neighbors' children." By describing the perpetrators' actions in generalized and brutal terms, the narrative constructs a mental model of the adversary as devoid of humanity (van Dijk, 1993, p. 250).

Conversely, "positive self-representation" strategies highlight resistance and identity formation. An example is surgical assistant Nidal Devan at 13:55: "We have a saying: 'Boys learn, but girls don't.' People think educating girls is pointless because when girls grow up, they marry and follow their husbands. But I was among the girls who refused this. I told my family I didn't want to marry; I wanted to learn." Here, Nidal engages in counter discourse, challenging social authority and reconstructing a new identity. Identity formation also encompasses role transformation. Surgical assistant Aziz Burma illustrates this concept by narrating his transition from fighter to medical caregiver: "I was trained as an opposition fighter. But I was wounded in a military operation. Eventually, they told me, 'Aziz, next time we'll lose you for nothing. We need to find you another job that will bring you comfort instead of fighting." This discourse signifies identity reconstruction, transitioning from "fighter" to "healer" and reshaping one's value within the community (van Dijk, 1998). Similar patterns of reconstructing agency and identity under conditions of war-related trauma have been documented in recent multimodal analyses of conflict and terrorism narratives (Khasawneh et al., 2025; Mansoor & Amjad, 2024).

This discursive strategy culminates in Dr. Joseph's final testimony (51:11), which abstractly frames the political "other." "Therefore, I have no hope for the future of Sudan yet. As long as they don't change their mentality, I have no hope. I'm certain that when they finish there, they'll turn on us." Here, the "other" is defined not by individuals but by a "political mindset." This portrays conflict as perpetual and reinforces the "us" identity as perpetual victims facing immutable evil (van Dijk, 2008).

A thorough linguistic discourse analysis of the film ultimately reveals its cohesive and logical structure. Using Fairclough's framework, the film explicitly exposes power through linguistic implications, transforming daily problems into structural issues. Using van Dijk's analytical tools, the film intricately constructs a sharp polarization between "us," the resilient victims, and "them," the absent or oppressive authority. Thus, language in this film serves as the primary battleground for constructing meaning, assigning blame, and legitimizing resistance. This renders the documentary a profound critical argument that shapes viewer consciousness (Wodak & Meyer, 2015; van Leeuwen, 2008).

III. Visual Image Analysis and Semiotic Significations

The film's visual power emerges not only from its depiction of events but also from its ability to establish a system of signs that together constitute a highly expressive visual language. According to the framework of social semiotics established by Halliday and Hasan (1989), we can view images not as windows on the world but as visual texts constructed within particular social environments. Any text (written or visual) can only be understood by referencing its "context of situation": Field, Tenor, and Mode. This analysis always takes place in the ESP classroom and can ultimately be completed using the grammar options in the page settings.

Figure 1. The Body as Evidence: When the Infant's Body Becomes a Text Inscribed With the Marks of War and Political Neglect, Turning Suffering Into a Visual Indictment of Silence

The image of the malnourished baby at 5:44 (Figure 1) in the documentary *Sudan: A Hospital Under Siege* is one of the densest and most potent visual signs in the documentary. To understand it, it must be unpacked as a visually dense text. A sociosemiotic approach, blending with critical political philosophy and visual ethics, should be applied.

In terms of Halliday and Hasan's (1989) "context of situation," the field projects the social action symbolized as an immediate humanitarian disaster, accentuating the biological collapse through violence. The tenor creates an asymmetrical subject-object relationship by portraying the helpless infant victim and the viewer as a witness, confronting the viewer with the infant's suffering and requiring them to take on emotional and moral responsibility. The mode, a close-up shot from a high angle, reinforces the feeling of helplessness by placing the baby in the center as the absolute victim.

However, this is not merely a question of semiotics but also an engagement with political philosophy, as mediated by Agamben's (1998) theorization of "bare life." The baby's delicate body literally represents this idea: outside of state protection, its biological existence is in jeopardy. This suffering is not only a health issue but also political evidence of the authorities' willful neglect in protecting citizens. As such, the image transcends sadness, offering a damning indictment of how life in contexts of war and marginalization exposes the human body to violence and reduces it to a mere biological entity devoid of political and social significance.

This political manifestation of pain raises important ethical questions about the ethics of looking, an issue that Sontag (2003) thoroughly explores in *Regarding the Pain of Others*. Although the director tries to elicit sympathy through this image, Sontag argues that incessantly displaying suffering can make us apathetic rather than sympathetic.

Therefore, the picture of the baby is a "multisemiotic text" (Halliday & Hasan, 1989) and powerful political evidence of dehumanization (Agamben, 1998), as well as an ethical challenge to the beholder (Sontag, 2003). A close analysis reveals it to be a montage that incites consideration of the power that creates this tragedy and the moral responsibility of spectators toward such suffering.

A sign outside the hospital reads, "No Weapons Allowed." At 3:18, a still image conveys dense semiotic significance, or a "sign," which goes beyond its informational value. It is a rich text full of meaning, social, and philosophical subtexts. Interpreted through Halliday and Hasan's (1989) system, the field enforces law to shape social behavior not bound by wartime law. The tenor establishes a contemporary ethical authority structure between the protective hospital institution and its visitors, as its presence demands an end to violence. The mode is a medium in which language and symbols combine as a multimodal text with the haptic feel of the handmade, suggesting fragile social agreements rather than the state's stentorian orders.

Building on this interpretation, we can view the hospital as a "heterotopia," according to Foucault (1986)—a space within society that operates under its own set of rules. The hospital is quintessentially heterotopic in that it takes the external wartime logic and turns it inward for the purpose of healing. The threshold signifies the separation of violence outside and healing inside, communicating the opposite: "Here, the outside law ceases; ours begins." The sign engages in "impression management," as defined by sociologist Goffman (1959), by shaping personal identity at the entrance. Fighters who disarm themselves relinquish their identity as warriors and may assume a new role as patients or visitors while still managing the interaction in a way that requires the hospital to follow its script of care and healing.

Ultimately, this unadorned visual indicator of complexity obscures the complex reading of regulatory texts (Halliday & Hasan, 1989), the heterotopian gateway (Foucault, 1986), and the device for managing identities (Goffman, 1959). It represents the conscious struggle of humans to improve their spaces and lead meaningful lives amid chaos.

Figure 2. Semiotic Sign at the Threshold of Hope, Where the Law of Humanity Confronts the Law of War

The wide shot of the operating room at the 28:12 mark best encapsulates *Sudan: A Hospital Under Siege*. According to Halliday and Hasan, the field represents a patterned scientific endeavor amidst wartime confusion, the tenor represents the reciprocal relationships between medical personnel and patients, and the mode, through the long shot, represents the institution's unwavering faith.

Further analysis using the notions of "habitus" and "field" (Bourdieu, 1990) provides insight into the social factors that allow the hospital to endure. The operating room is a social world with its own logic: scientific healing opposed to the logic of external warfare. The medics who act as a team, efficiently performing under extreme circumstances, embody professional habitus—shared dispositions for calm responses to chaos. Their coordinated movement and flawless execution of protocol reflect the cultural and social capital necessary to navigate this perilous realm safely. This professionalism is performed, as conceptualized by Butler (1990). "Ritual practices—such as sterilizing instruments and operating—reinforce the scientific and safe aspects of the operating room during times when violence is being symbolically battled in the surrounding environment".

The director's decision to use a wide-angle shot visually portrays the collective performance and the idea that resilience is a practice, a discipline, and a social project. Accordingly, the operating room is more than just a room; it is a dense semiotic and social text representing order against disorder (Halliday & Hasan, 1989), a professional habitus field (Bourdieu, 1990), and a mise-en-scène reaffirming life values against death. The scene's power lies in displaying resilience as disciplined, collective, and embodied practices of everyday life.

Figure 3. In This Room, Operations Extend Beyond Bodies—Daily Rituals Reaffirm Order Amid Chaos

At the heart of the documentary *Sudan: A Hospital Under Siege* is the relationship between what we hear and what we see. No description of the film can replace an embodied engagement with it. This dynamic, multimodal discourse, as theorized by Kress and van Leeuwen (2001) and further developed in recent work on auditory meaning-making in documentary discourse (Pan, 2025), highlights the fact that linguistic and visual elements work together to establish deeper levels of meaning.

In a montage scene, for example, we hear the spoken version of surgical assistant Nidal Devan's story of personal struggle: "I told my family I didn't want to marry; I wanted to learn," while we see her performing complex medical

tasks with great confidence and precision despite overwhelming pressure. A double sign is formed here: the distinction is realized symbolically through the verbal articulation of inner resistance and resolve, as well as the visual representation of hard work in difficult conditions. Devan's lyrical testimony tells the story of her historic battle against oppressive powers, paired with visuals illustrating her victory. The result is a powerful mixed message—a potent potion of hope and hurt.

This process of making meaning is reiterated in Aziz Burma's testimony as he describes his transformation from combatant to nurse. We hear his voice as he explains his history: "I was trained as an opposition fighter. But I was injured... They said, 'We've got to get you into another line of work that's a little more comfortable than combat,'" while visuals show him calmly and skillfully assisting in surgery. The contrast between the narrated past and the visual present, with its apocalyptic and symbolic images, creates an aura of transformation and identity restructuring. The oral narrative describes a body removed from the battlefield, and the images reflect that the body has been reimagined for saving lives. The discrepancy between words and actions, between the past and the present, conveys an ambiguous message about society's capacity to transform weapons into instruments of healing (van Leeuwen, 2008).

This push-pull is a perfect metaphor for a larger tragedy and its impact on the architecture of society and the future. Teacher Ahmed Azraa's mournful voice-over—"Shrapnel penetrated the walls and hit students inside the classroom"—is intercut with a tour of the ruined school at that moment (38:59): broken walls, empty classrooms, and a blackboard with an incomplete math lesson still on it. This juxtaposition of sound and image creates ironic meaning: the sound describes violence, but the image reveals its permanence—the education and hope for the future were cut short. A chalkboard with an incomplete lesson is an iconic visual reminder of a suddenly interrupted existence (Sontag, 2003).

Similarly, the film powerfully illustrates the link between cause and effect, most notably in scenes depicting malnutrition. As Khamis Ismail, the father, succinctly says, "There is no food. No one has enough food." This grim verbal portrayal is visually juxtaposed with his daughter, Shishia, being measured for bicep circumference with her severely atrophied arm in a red-marked malnutrition tape [09:41]. This medical evidence materializes the father's words about his personal suffering and establishes the connection between the verbal narrative and the visual image. This kind of integration is unequivocal, and the scene becomes a forceful representation of an argument against those responsible for causing famine (Halliday & Hasan, 1989).

A critical semiotic analysis would expose the film's discursive construction as purposeful and intricate—that is, resulting from the complex interaction of language, visuals, and social situations. Oral histories articulate distinct frameworks for marginalization, resilience, and resistance, providing an intellectual genealogy. In turn, the visuals deepen and flesh out these meanings, prompting raw emotional responses from the audience, who become both witnesses and participants. The film creates a discursive effect by combining verbal and visual elements to reshape awareness of an overlooked humanitarian disaster. It also critiques resilience versus neglect and violence (Fairclough, 1995; Kress & van Leeuwen, 2001).

IV. Conclusion: The Semiotics of Resilience Against Marginalization

In concluding this analysis of the ways visual and linguistic discourses co-construct *Sudan: A Hospital Under Siege*, we argue that the documentary is more than just documentation. It is a complex semiological and discursive system that attempts to reshape unsuspecting viewers through its macrosemiotic functions regarding a forgotten human crisis. Our analysis of the film, which is based on critical discourse and semiotic analyses, reveals that the work's emotional power does not stem from isolated stories or images. Rather, it comes from a richly entwined weave of personal stories and visual images that create a layered discourse on marginality and resistance.

Our study demonstrates that, as discussed by Fairclough (1995) and Van Dijk (1993), language as discourse consists of two interrelated dimensions. First, it constructs a political case around "absent authority," as represented by stories of systemic neglect, such as blocked roads and a lack of supplies, transforming everyday deprivation into structural abandonment. Second, the film establishes a moral universe through ideological polarization between "us" (victims and resisters) and "them" (aggressors and political powers), as illustrated by displaced people's narratives portraying the aggressor as an inhumane "other." Conversely, caregiver narratives reinforce resistance and strength.

In contrast, Halliday and Hasan's (1989) semiotic analysis is driven by the idea of recognizing visuals as autonomous "visual texts" that run parallel to linguistic stories. The malnourished child's body becomes a symbolic condemnation of war, the "No Weapons Allowed" sign becomes a symbol of a safe space, and the surgeons' teamwork visually demonstrates ordered resilience in the face of chaos. Every visual image, framed and composed, conveys significance and elicits an emotional response from the viewer. In Kress and Van Leeuwen's (2001) sense, the brilliance of the film reaches its peak in the organic integration of language and image. Stories of verbal rebellion are supported by visual evidence of the ability to perform surgical functions with ease and competence. "Famine, described in words, becomes manifest through an emaciated child's arm." This fusion of oral storytelling and visual imagery gives the documentary a strong emotional and intellectual impact.

This analysis showcases how critical linguistic and semiotic tools can be utilized in studying media discourse on humanitarian crises, providing suggestions for future research. One approach could involve conducting a comparative discourse analysis of documentaries on other conflict regions to unveil similarities and differences in narrative construction strategies. Additionally, I propose utilizing reception studies to analyze the documentaries' impacts on

public knowledge and perception of humanitarian issues.

In conclusion, this study argues that *Sudan: A Hospital Under Siege* effectively constructs a discourse of marginalization and resilience through two intertwined strategies: exposing structural authority mechanisms that contribute to suffering and simultaneously instilling stable victim identities with embedded resistance. The film goes beyond shock value and delves into the root causes of the crisis. It amplifies the voices of the victims. Therefore, it transcends mere documentation to become an act of resistance itself, reshaping the relationships between image, language, and authority in one of the world's most overlooked regions, while also extending recent multimodal and visual-semiotic approaches to trauma and humanitarian crises (Aiello, 2020; Mansoor & Amjad, 2024; Pan, 2025).

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