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Gender, Trauma, and Politics of Silence: Feminist Trauma Theory in “The Silent Patient” by Alex Michaelides

الجنس، الصدمة، وسياسة الصمت: نظرية الصدمة النسوية في "المريض الصامت" لأليكس ميكاليدس

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Abstract

Keywords
Feminist trauma theory; gendered silence; female subjectivity; psychological trauma; narrative authority; institutional power; literary representation

This paper analyzes Alex Michaelides' novel *"The Silent Patient"* (2019) through the lens of feminist trauma theory, particularly the gender-trauma-silence nexus. Centering on Alida Berenson's silence, it brings out gendered traumas as a social construct deeply affected by patriarchal, relational, and institutional systems. Silence is portrayed not only as a sign of psychological distress but also as a conscious, empowering resistance that exposes male dominance and verbal articulation as privileged narratives. Alicia, through her silent art, offers a different voice, which shows that trauma can be portrayed and dealt with in ethical ways of various kinds. By referring to Judith Herman, Cathy Caruth, Laura S. Brown, and Kali Tal, this article focuses on the ethical, political, and epistemic issues linked to the representation of women's pain in literary works. In the end, it is argued that *"The Silent Patient"* through silence plays a crucial role in the struggle for agency and subjectivity, thus the feminist trauma theory remains an important tool for literary analysis.

ملخص

تحلل هذه الورقة رواية أليكس ميكاليدس "المريض الصامت" (٢٠١٩) من خلال عدسة نظرية الصدمة النسوية، وخاصة الربط بين الجنس والصدمة والصمت. مركزاً على صمت أليشيا بيرنسون، يكشف عن الصدمات المرتبطة بالجنس كتركيب اجتماعي يتأثر بعمق بالأنظمة الأبوية والعلاقاتية والمؤسسية. يتم تصوير الصمت ليس فقط كعلامة على الضيق النفسي ولكن أيضاً كمقاومة واعية وممكنة تكشف الهيمنة الذكورية والتعبير اللفظي كروايات مميزة. أليسيا، من خلال فنها الصامت، تقدم صوتاً مختلفاً، مما يظهر أن الصدمة يمكن تصويرها والتعامل معها بطرق أخلاقية من أنواع مختلفة. بالإشارة إلى جوديث هيرمان، وكاثي كارث، ولورا إس. براون، وكالي تال، يركز هذا المقال على القضايا الأخلاقية والسياسية والمعرفية المرتبطة بتمثيل ألم النساء في الأعمال الأدبية. في النهاية، يُجادل بأن "المريض الصامت" من خلال الصمت يلعب دوراً حيوياً في النضال من أجل الوكالة الذاتية، وبالتالي تظل نظرية الصدمة النسوية أداة مهمة للتحليل الأدبي.

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Introduction

Trauma is now one of the main topics in modern literary criticism, especially among feminists who study the connection between suffering, gender and power. Feminist critics postulate that trauma is not just a mental state confined within an individual's brain, it also depends on social, cultural and political structures that decide which wounds are recognized and which are ignored. Caruth (1996) argues that trauma studies should address the fact that women's stories are consistently erased. She highlights that psychological trauma studies must always grapple with the tendency to deny, diminish, or suppress the reality of women's experiences. To study psychological trauma is also to confront human frailty in the natural world, as well as human capacity for evil. "trauma demands a mode of representation that

textually performs trauma and its incomprehensibility through, for example, gaps and silences, the repeated breakdown of language, and the collapse of understanding" (Caruth 1996 115). The repression of these often takes the form of silence, which is not merely the lack of speech, but a powerful reaction to violence, domination, and epistemic injustice.

Feminist trauma theory rejects the old trauma views that talk about human suffering as if it is the same for everyone and at the same time fail to recognize that the roots of trauma are in gendered power relations. The first trauma models, by and large, were concerned with big and terrible events like wars and natural disasters, indirectly favoring male-coded experiences and sidelining trauma types women get through the most. Laura S. Brown (1995) points out the problem by saying that

“many forms of trauma experienced by women are not seen as traumatic at all, because they are embedded in normative social relations, private, secret experiences that women encounter in the interpersonal realm and at the hands of those we love and depend upon” (Brown 1995 122). Normalizing trauma in this way makes women’s pain invisible and unmentionable within the main narratives, so the silence here is not the result of women’s free will but rather a structural effect. Within this framework, silence becomes a critical site of analysis, revealing the power dynamics that regulate voice, credibility, and testimony.

One of the key aspects of feminist trauma theory understands that a traumatic event might not be able to be fully expressed through words. Cathy Caruth (1996) considers trauma as a certain kind

of experience that is “not fully grasped as it occurs” yet later reappears in indirect and fragmented ways. Such traumatic events are characterized by a suddenness and an extremeness that the individual’s reaction is delayed, and this is manifested in hallucinations and other intrusive phenomena, “describes an overwhelming experience of sudden or catastrophic events in which the response to the event occurs in the often delayed, uncontrolled repetitive appearance of hallucinations and other intrusive phenomena” (Caruth, 1996 11). Although Caruth was the one who first put forward this work, the feminist scholars have gone beyond and deepened her ideas by demonstrating that the silence is not only caused by the ineffability of the trauma but also by the social circumstances that actually discourage and even punish women’s expression of their suffering. As Brown aptly notes, “traumatic experiences

are often defined by those in power, leaving marginalized subjects without a language through which to name their suffering” (Brown 1995 101). Thus, silence is the result not only of psychological wounding but also social prohibition.

These theoretical worries are clearly shown in “The Silent Patient,” (2019) a modern psychological novel that focuses on Alicia Berenson, a woman who stops talking after her husband’s violent death. Alicia’s silence is quickly turned into a source of fascination, suspicion, and a reason for her being controlled by the authorities. Instead of being seen as a significant way of coping with the trauma, her being mute is medicalized and explained through the authority of male professionals who try to understand her mind. Trauma experts warn that the desire

to make trauma victims talk can lead to disregarding the fact that the very nature of trauma speech incapacitates the victim (Caruth 1996 4). So, Alicia’s silence is a kind of paradigm that where questions are being raised about who is the authority to interpret trauma and under what circumstances speech is recognized as valid.

From a feminist point of view, silence should be regarded not just as an indication of trauma but also as a politically potent event. Silence might be the sole response to experiences that are so radical they cannot be represented through the dominant modes of depiction. When it comes to literary texts, silence might serve as a refusal to submit to the explanatory frameworks that tend to reduce trauma to story-telling or resolution. Alicia’s being silent is refusing to be the woman, the

wife, and the patient whose confessions are demanded but not the understanding granted. Her silence throws the authority of those who want to dominate her story into doubt, illustrating the hollowness of control over interpretation as well as the violence that can be rationalized in it.

Furthermore, feminist trauma theory demands that trauma be located in the larger political and institutional contexts. Herman points out that trauma is not only caused by the initial violent act but also by the reaction of society to it, stating that “the ordinary response to atrocities is to banish them from consciousness” (Herman 1992 10). The institutions such as marriage, psychiatry, and law are seen in “*The Silent Patient*,” (2019) functioning within gendered hierarchies that give preference to male voices and view female silence as a symptom. Hence, Alicia’s

silence cannot be separated from the political circumstances which make women’s trauma at once hyper-visible as a spectacle and invisible as a testimony.

This paper is making the point that “*The Silent Patient*” (2019) is a novel whose story, when viewed from the perspective of feminist trauma theory, reveals how the politics of silence that surround women’s traumas are the major issue. Narrated in the first person, the author is forced to plea for help: By focusing on the silence of Alicia Berenson as a gendered and political issue, rather than simply a psychological problem, this work reveals how the book echoes feminist discussions about voice, power, and epistemic violence. This paper intends to delve deeply into the novel with an interpretation based on feminist trauma theory and through such interpretation

reveal the mechanisms through which silence plays the role of both the aftermath of trauma and a forceful challenge to the very structures that make women speak and still not listen to them.

Section 2: Theoretical Framework – Feminist Trauma Theory

Through feminist trauma theory, one can critically examine how gender, trauma, and narrative representation are intertwined. The main idea of this framework is to emphasize that trauma should not be interpreted as solely a psychological or individual experience; instead, it is highly influenced by the social environment, gender-based hierarchies, and the apparatus of power. Laura S. Brown notes that “the power to define trauma is the power to silence” (Brown, 1995 105) showing how social authority limits both acknowledgment and

expression of misery. In literature, this viewpoint raises the question of the moral obligation of writers, audiences, and reviewers to acknowledge the political aspects of trauma, particularly when it is the story of women.

Foundational work on trauma emphasizes the relational and structural conditions of trauma and how it is processed. It says that recognition is dependent on social validation. In the case of women, this recognition is often limited by patriarchal institutions regulating their speech, agency, and interpretive authority. In “*The Silent Patient*” (Michaelides, 2019), Alicia Berenson’s silence is a perfect illustration of this dynamic. Her silence resists being defined by others as a victim of trauma and at the same time illustrates the moral implications of interpretation.

Cathy Caruth (1996) thinks of trauma as something that is complicated over time and in different stories. She notes that trauma “is not fully grasped at the moment it occurs” and often appears again in broken pieces. In fact, “it is always the story of a wound that cries out, that addresses us in the attempt to tell us of a reality or truth that is not otherwise available” (Caruth 1996 4). This point of view is very important for looking at literary depictions, where silence, gaps in the narrative, and non-linear storytelling are means of expressing the unspeakable nature of trauma. In the same vein, feminist trauma theory takes Caruth’s ideas further by showing that gender not only influences the experience of trauma but also the ways trauma is represented. This theory also brings to light the role of systemic inequalities in the expression of suffering.ing.

The politics of silence is central to feminist trauma theory. Kali Tal (1996) points out that sometimes silence is the only way a person can react to certain traumatic experiences because these experiences “Accurate representation of trauma can never be achieved without recreating the event since, by its very definition, trauma lies beyond the bounds of ‘normal’ conception” (Tal 1996 15). From a feminist perspective, silence after a traumatic event is both a lack of expression and a refusal to give up one’s voice. It is hardly coincidental that the expression “gender is not a noun, but a set of repeated acts within a regulatory frame” comes from a feminist scholar because this statement very much underpins the point - social norms limit the possible forms of expression. Women’s trauma is most times conveyed through the use of different channels such as visual arts, written work,

and physical movement. Taking a step further, abjection really helps us understand such behavior. The abject or the one who is cast out, disrespects borders positions rules. It unsettles identity system order. ... Alicia's silence, as a response to relational and institutional violence, is abject in nature. It is a way of venting partitioning and giving a different direction to a patriarchal discourse. With her silence, she not only shows the trauma but also becomes a different ethical agent.

Hélène Cixous and Luce Irigaray offer a solid theoretical foundation for grasping gendered traumas and silenced voices. According to Cixous: "woman must write herself: must write about women and bring women to writing" (Cixous, & Clement 1986 94), she highlights the moral, political necessity for women to reclaim their narrative authority.

Irigaray in the same vein states that "the speaking of women must be recognized as its own discourse" (Irigaray 1985 23). In view of these ideas, Alicia Berenson's silence in "*The Silent Patient*" (Michaelides, 2019) could be understood as more than just muteness - it is a subtle move to regain one's voice and identity in a male-dominated society..

Scholars like bell hooks expand feminist trauma theory by linking trauma to relationships and society. hooks emphasizes that the desire to change requires the identification of systemic oppression and rewriting cultural stories. She argues that man's domination over women cannot be excused by acknowledging that men can also be harmed by their roles defined by patriarchy, "Male oppression of women cannot be excused by the recognition that

there are ways men are hurt by rigid sexist roles” (hooks, 2004, 36). At the same time, she highlights that mothering is socially reproduced and that women’s subjectivity and relational abilities are conditioned by social contexts. These ideas reveal that the trauma of women is deeply connected to the social, relational, and gendered structures, which influence both the lived experience and its manifestation in narratives.

Dominick LaCapra, Shoshana Felman, and Dori Laub all tackle issues of historical trauma, witnessing, and testimony from various angles. One of LaCapra’s main points is that trauma should be dealt with through both historical consciousness and memory of the person. LaCapra argues, that it “neutralization of trauma and an insufficient basis for a critical attempt to

work through one’s transference implication in the processes one studies” (LaCapra, 1998, 89), emphasizing, that witnessing is a power negotiation between the survivor and the listener. When these ideas are used in relation to “*The Silent Patient*” (Michaelides, 2019), they show how Alicia Berenson’s silence is a factor of social, institutional, and narrative limitations, thus casting light on the ethical considerations of interpretation.

Feminist trauma theory takes all these factors into account and gives a more complex tool for analyzing Alicia’s case. Silence can be a sign of a problem and also a way of coping and it mirrors different political, moral, and knowledge aspects of women’s selfhood. By bringing together thinkers such as Brown, Herman, Caruth, Tal, Butler, Kristeva, Cixous, Irigaray, Scott, hooks, Chodorow, LaCapra, Felman,

and Laub, the framework illuminates how trauma, relationality, and institutional authority converge, revealing Alicia's negotiation of voice and agency within patriarchal and clinical contexts.

Section 3: Overview of “*The Silent Patient*”

Alex Michaelides’ “*The Silent Patient*” (2019) is a gripping psychological thriller that explores the story of Alicia Berenson, a famous artist who chooses not to speak after her husband’s murder. The book artfully mixes suspense with a deep dive into trauma, silence, and psychological dominance, which makes it an excellent text for a feminist trauma critique. The silence of Alicia, although at first the cause of a medical diagnosis, is used as a strong storytelling element that challenges the male-dominated power systems. In fact, her not talking makes her

not only a mere spectacle but also a controllable subject. This highlights the novel’s discourse on voice politics and the control of knowledge. The plot however uncovers that “Alicia never spoke again” (Michaelides, 2019, 12) which is a line that gracefully summarizes her mental retreat as well as her defiance against the external world.

Alicia’s silence, her silence is dummy checked medically and institutionally, most of the time through the character of Theo Faber, a psychotherapist, whose role represents patriarchy authority. His endeavors to read Alicia’s injury are a mirror of bigger power control aspects in trauma talks. As Herman (1992) states, “The trauma is resolved only when the survivor develops a new mental ‘schema’ for understanding what has happened” (Herman, 1992, 30).

In fact, in “*The Silent Patient*,” this recognition comes through a male authority figure rather than Alicia herself, which is a reversal of the originally feminine position in feminist trauma theory criticism. Therefore, her silence reveals the conflict between personal experience and the way institutions interpret it.

Furthermore, the novel really highlights how trauma, silence, and secrecy are interrelated. Alicia’s not being able to talk is not a result of the violent act only but also of a long history of emotional and psychological struggle. So, her trauma is not one event but a series of events that build up. Brown (1995) gives the idea of insidious trauma, and she says, “Trauma may be inflicted through repeated exposure to social structures that normalize harm” (Brown, 1995, 107). So, in a way, Alicia’s

silence is a manifestation of her inner psychological fragmentation as well as the external factors that are responsible for the systematic erasure of female voice.

Michaelides’ depiction of Alicia Berenson’s artworks complicates the connection between trauma and its expression. Presenting art as a different form of testimony, despite Alicia’s total verbal silence, she keeps on painting and her paintings express a very deep suffering as well as psychological breakdown. The painting “*Alcestis*” especially represents sacrifice and silenced suffering, emphasizing the notion that “Alicia never spoke again” (Michaelides, 2019, 12), still she kept on communicating through visual means. Therefore, her art works as a silent language or a non-verbal one, on the other hand, this supports Tal’s (1996) statement that “silence may be the only available

response to experiences that defy dominant modes of representation” (Tal, 1996, 27). Therefore, Alicia’s works can be considered as testimonies and yet they reveal that if ordinary language fails symbolic expression can be a way of showing traumas.

Dynamics further shape the interpretation of Alicia’s silence. Although Theo Faber takes the lead as the narrator and interpreter, Alicia is simply depicted as an object for analysis, her silence is pathologized instead of explained. Just as Diomedes notices, “But you think she might find it easier to relate to someone younger? Let me guess.... Someone like you? You think you can help her, Theo? You can rescue Alicia? Make her talk?” (Michaelides, 2019, 33), this is how the institution viewcompels the voiceless through speech. Caruth (1996) claims that

“mode of existence determined by the impossible structure of the response” (Caruth, 1996, 100), a thought present in Alicia’s non-verbal communication. Her silence is a great counterpoint to Theo’s narrative control, showing a gender imbalance in voice and power.

Moreover, the novel highlights the political aspects of silence in both home and institutional settings. Alicia’s wedding is full of secret and unfaithfulness, and her institutionalization is a symbol of larger methods of control. According to Herman (1992), the usual reaction to horrors is to push them out of memory, Herman identifies, trauma “amplif[ies] the common gender stereotypes” in the way women are supposed to present their trauma so that it is acceptable to society or else they will be seen as mentally ill (Herman, 1992, 82), a method that can be seen by the way

Alicia's trauma is handled and kept. Hence, her silence becomes not only a human reaction but also a formal condition, which is a way of highlighting that feminist trauma theory is Trauma is vividly and powerfully linked to all types of social and government institutions the essay concludes.

The narration style of *The Silent Patient* strengthens the complex bond between trauma, silence, and interpretation. The story switches back and forth between Theo Faber telling the story in the first-person and Alicia Berenson's diary jotting, revealing pieces of her mind while keeping her silent in the actual dialogue. This two-way structure highlights the knowledge boundaries regarding trauma, as she confesses,

“Thank God I have this diary to write in. It's keeping me sane. There's no one else I can talk to.

No one I can trust.” (Michaelides, 2019, 204),

Yet it faces some difficulty in interpreting it properly. On the other hand, Alicia's diary unveils her fragility, “I ran my hand across the first page, feeling its smoothness—then sharpened my pencil and began” (Michaelides, 2019, p. 8), which helps to figure out her mental condition despite the fact that she is not given a direct voice in the present story. This kind of a plot device also brings out the notion of Tal (1996) that literary stories about trauma mostly even disallow closure because they want to be the most true to the survivor's trauma experience which is “a cultural and political product, shaped by historical and collective conditions” (Tal,

1996, 22). Michaelides, by not giving voice to Alicia, through that, he manages to keep the dual nature of trauma which, on the one hand, is a personal experience and, on the other hand, is a part of the social context.

Moreover, the novel shows how trauma, gender, and silence are interconnected, and this is in line with feminist trauma theory. Alicia's silence is more than just a symptom of a problem; it is a physical and clever way to react to being betrayed by a loved one and controlled by the system. Brown (1995) has noted that "the power to define trauma is the power to silence" (Brown, 1995, 105), and this is the kind of power Theo uses by being the narrator and interpreter who has the final say. His insistence that "To have any success at getting Alicia to talk, I needed to win her trust"

(Michaelides, 2019, 71) is a way of showing the patriarchal desire to define and limit female trauma.

To sum up, "*The Silent Patient*" (2019) is an excellent point of reference to depict feminist trauma theory practically. Alicia's silence is a psychological symptom, a gendered response to the storyline, and a critique of the authority all at once. It draws us to ethics of voice, interpretation, and literary representation.

Section 4: Gendered Silence and Female Subjectivity

In "*The Silent Patient*," Alicia Berenson's silence is the result of a complex combination of trauma, gender, and power that not only shows her personal pain but also symbolizes the patriarchal power structures in general. Feminist trauma theory points out that the trauma of women is not only a result of

their personal experience but also of the institutional and relational factors that control one's voice and agency. Brown (1995) states, "trauma is frequently defined by those in power, leaving marginalized subjects without a language through which to name their suffering" (Brown, 1995, 101). Alicia's silence is a perfect example of this issue: after killing her husband, she becomes a subject of media frenzy, as "Alicia never spoke again" (Michaelides, 2019, 12). Her silence is initially considered a symptom of mental illness by the psychiatrists, but at the same time, it is a way of showing her inner resistance and of questioning the male interpretation and control, thus emphasizing the critical dimension of female subjects.

The construction of gendered silence within the novel indeed mirrors Butler's (1990) idea of performativity where it is

the society that through laws and norms determines what kinds of expressions are acceptable. Butler explains that "gender is performative sought to show that what we take to be an internal essence of gender is manufactured through a sustained set of acts, posited through the gendered stylization of the body" (Butler, 1990, xv). Therefore, Alicia's silence can be interpreted not only as a sign of a deeper psychological issue but also, and perhaps more importantly, as a protest against being subjected to these societal norms. Christian's insistence, "but how can Alicia benefit from therapy if she doesn't talk?" (Michaelides, 2019, 65) highlights the necessity from the system's side to "give reason to" or to "render to sense" the female silence which in turn, serves to uphold the male domination over the narrative and signification.

Kristeva's (1982) theory of abjection is a great help in explaining the embodied and psychic aspects of Alicia's reaction. She claims that "the abject does not respect borders... it disturbs identity, system, order" (Kristeva, 1982, 4). Alicia's muteness challenges the standard ways of communicating, showing how trauma can cause a splitting of a person's self. Her silence is a way of setting limits, a refusal to be absorbed by the sidebar discourses trying to define her experience. And this is backed up by her diary, where she mentions, "I've got to get this down while I still have the strength" (Michaelides, 2019, 229), indicating both mental breakdown and defiance..

Feminist trauma theory draws attention to the relational and structural aspects of gendered silence and stresses how women's trauma results from a

combination of individual incidents and societal factors. Chodorow (1978) points out that "mothering and relational experiences are reproduced within social contexts that condition women's subjectivity and relational capacities" (Chodorow, 1978, 18), which implies that trauma is not only internalized but also socially mediated. In "*The Silent Patient*," Alicia Berenson's trauma is related to her close relationships, especially her marriage, which is characterized by betrayal, secrecy, and control. Her silence is a representation of both the internalization of relational trauma and the rejection of male-dominated narrative expectations. She writes in her diary, "Thank God I have this diary to write in. It's keeping me sane. There's no one else I can talk to" (Michaelides, 2019, 190), which shows that silence can be both a

way of protecting oneself and a form of resistance.

Spivak (1988) in the subaltern framework throws light on Alicia's epistemic marginalization: the subaltern is not given a voice in systems that reject the legitimacy of their voice (Spivak 1988 28). Therefore, the silence of Alicia can be understood as an ethical and political impenetrable act that questions male-centered interpretation while still protecting her subjective truth. Silence is turned into a medium of resistance that fights the patriarchal power instead of showing a person's surrender. Mardi J. Horowitz (1986) has pointed out that "The trauma is resolved only when the survivor develops a new mental 'schema' for understanding what has happened" (Horowitz, 1986, pp 93-94); however, in the case of Alicia, the recognition is done

through the male-dominated clinical lenses, as Theo Faber repeatedly asserts, "I want to help you—I want to help you see clearly" (Michaelides, 2019, 258). Her silence presses the ethical aspects of institutional representation, resisting being contained within the traditional psychiatric or narrative frameworks.

Bell hooks (2000) offer a complementary perspective on power, agency and gender voice. According to her, the desire for change is the result of one's acknowledgment of the perpetuation of oppression and the transformation of cultural stories. She points out that "they send the message that male survival demands holding on to some vestige of patriarchy" (hooks, 2000, 123). In Alicia Berenson's case in "*The Silent Patient*," her silence is her voice. It serves as a quiet but strong challenge to different layers of

oppression, both systemic and personal, as she is able to assert her selfhood in situations where she is being defined and controlled. Her silence is a defiance against the male authority of interpretation since as Theo Faber acknowledges, “I don’t know about rescuing her, but I’d like to help her. I’d like to try” (Michaelides, 2019, 32), It is showing the power of the institution vs. the individual choice. Just like that, feelings are exchanged in the social and institutional environment, where Alicia’s silence is understood as the place where the pressures of gender, relationships and institutions meet, creating a mixture of vulnerability and strength.

Kali Tal (1996) sees female silence as a narrative and ethical tool in trauma literature, stressing that such stories “literary narratives of trauma often refuse

the comfort of resolution in order to remain faithful to the survivor’s experience” (Tal, 1996, 22). By keeping silent, Alicia not only keeps the story intact but also defies the patriarchal ways of interpreting things (male domination). In fact, her silence here is not simply the absence of words or a kind of passivity but it is on the contrary conscious expression of one’s self and resistance.

To sum up, Alicia Berenson’s silence vividly illustrates the intricate combination of factors such as trauma, relational issues, institutional powers, and societal norms. Feminist trauma theory, enriched by the works of Brown, Butler, Kristeva, Cixous, Irigaray, Chodorow, Spivak, Herman, LaCapra, Felman, Laub, hooks, and Tal, sees silence not only as an indication of trauma but also as a deliberate expression of one’s power. This

dual aspect of silence draws attention to the moral, political, and knowledge-related challenges of depicting women's suffering in modern literary works.

Section 5: Conclusion and Comparative Insights

In “*The Silent Patient*” (Michaelides, 2019), Alicia Berenson's silence is a metaphor for how trauma, gender oppression and institutional power come together. This shows the ethical and political issues of how women's pain is portrayed. Silence in the novel is not an absence or passivity; it is a deliberate response to the relational, patriarchal, and clinical limitations. Feminist trauma theory states that a woman's trauma should not be understood in isolation but in relation to the wider socio-political and ethical environment. In other words, the acknowledgement of women's pain is

always the subject of social power and cultural norms.

Alicia's silence is a symbol of relational and intergenerational trauma, trauma that through social and relational contexts not only gets reproduced but also shapes women's capabilities for connection and autonomy. Silence here is a result of close relational experiences, it is a kind of withdrawal from and reaction to a dominating act in the relationship which is why the author points out that trauma cannot be dealt with if it hasn't been recognized by others however patriarchal and institutional systems tend to misrepresent women's stories. Alicia's silence to speak is a form of protest against such knowledge gaps and at the same time it is a counter-narrative asserting female subjectivity (Michaelides, 2019, 46).

The ethical aspects of silence are underscored by those who claim that the very process of witnessing entails a power struggle between the survivor who tells her story and the listener who receives it. Alicia's silence poses a dilemma not only to the characters in the book but also to the readers as it requires an ethical engagement with her trauma. This goes hand in hand with the understanding that trauma can never be fully comprehended in the moment; it makes its presence felt at a later time in unassimilated forms. The evidence of this is Alicia's art.

Analyzes Alicia's silence as a form of abjection, the abject is something that not only unsettles a person's identity but also the system, order, and boundaries. He/she/they should also illustrate political urgency of female voice and at the same time, stress that Alicia's silence is a way

that she overturns the gendered expectations and at the same time points to the system that oppresses women. Therefore, Alicia Berenson's silence serves as a means of resistance as well as offering a witness to the fact that a feminist trauma theory offers a lens through which one can understand the female subjectivity, power in relationships, and the representation of ethics in literature.

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