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THE DISCURSIVE CONSTRUCTION OF SILENCE IN *THE SILENT PATIENT*

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Abstract

This paper applies Norman Fairclough's three-dimensional model of Critical Discourse Analysis (CDA) to examine the discursive construction of silence in Alex Michaelides' *The Silent Patient*. Rather than treating silence as a psychological symptom or narrative device, the study conceptualizes silence as a form of meaning shaped through language, institutional interpretation and ideology. With the help of a qualitative CDA method, textual excerpts of the novel selected are examined at three levels: textual (lexis, modality, transitivity), discursive (narrator authority, institutional genres and intertextuality) and social (power relations, gender ideology and psychiatric control) levels. The results show that silence is linguistically produced by agency-repressing grammatical structures and evaluative lexical options and institutional discourses, especially psychiatric and managerial discourses, constitute silence as pathology and risk. At social level, the analysis shows that women silence is gendered and pathologized, which relies on culturally passed-down discourse that justified control and surveillance. The paper goes further to suggest that silence is a discursive resistance in that its regulation reveals institutional reliance to speech as a means of knowledge production. On the whole, this paper has shown the analytical value of the Fairclough CDA framework in the discovery of how the modern literary works reproduce and challenge the hegemonic ideologies surrounding the voice, power and normality.

Keywords: *Critical Discourse Analysis, Fairclough, Gender, Power, Psychiatry, Silence, The Silent Patient*

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1. Introduction

Critical Discourse Analysis (CDA) is a multidisciplinary approach that examines the relationship between language, power, ideology and social practice. Instead of viewing language as a neutral tool of communication, CDA theorizes discourse as a social action that constitutes as well as recreates dominance and inequality structures (Fairclough, 1995, 2001). According to this tradition, the discourse is viewed as constitutive: the discourse creates identities, social relations and knowledge systems. The three-dimensional model created by Norman Fairclough, including textual analysis, discursive practice and social practice, has had a significant impact on the discovery of how linguistic options are situated within the context of broader institutional and ideological structures (Fairclough, 2003, 2010). CDA offers an effective method of analysis to question not just political or media texts but also literary narratives, where social meanings tend to be generated implicitly, through representations, silence and language.

Literary texts have been regarded more and more as places of legitimate and productive sites of CDA in recent decades because of their capacities to propagate and naturalize dominant ideologies by way of narrative and discourse (Mills, 1997; Toolan, 2001). Literature is not just a mirror of society; it is also involved in the process of creating social realities as it suggests privileging some voices, visions and knowledge types over others and marginalizes them. Discursive choices such as narrative strategies, Characterisation and patterns of speech or non-speech, as a part of the meaning-making processes with power relations, are discursive choices (Fairclough, 2003; Gee, 2014). The present study places itself in this critical tradition by analyzing how silence functions discursively in a modern-day psychological thriller instead of considering it as an aesthetic or a thematic instrument.

The Silent Patient (2019) by Alex Michaelides is a case that can especially be analyzed in such a way. The novel is focused on Alicia Berenson, a woman who refuses to talk after killing her husband and is readmitted into an institution within a forensic psychiatric facility. Although the main emphasis has been put on the plot, suspense and

psychological twist of the novel, little has been said about the discursive conditions that interpret, manage and control the silence of Alicia. Institutional voices are predominant in the story, and they are psychiatric, managerial and legal, all of which differentiate silence as pathology, deviance or danger. This renders the novel a perfect text to CDA because it is a predetermined fight of the meaning, power and rightfulness to the interpretation of the non-speech.

The paper does not conform to the traditional forms of literary analysis where silence is depicted as a figurative image or symptom of psychology. Based on CDA, it builds the argument that silence is discourse on its own. The discourse/communication scholars have been arguing about the presumption that meaning dwells in speech, since it has been proven that silence may be socially fruitful, ideologically charged and rooted in power relations (Jaworski, 1993; Bruneau, 2008). Silence is never just the lack of language; it is very frequently actively construed, governed and disciplined by the prevailing institutions. *The Silent Patient* (2019) depicts how Alicia refuses to talk and is repeated to be talked to and diagnosed and overwritten by professionals who purport epistemic expertise over what she is going through.

This discursive struggle with silence can be heard in relation to larger theoretical arguments about power, knowledge and social control. Foucault also discusses the concept of madness and disciplinary institutions and points out the way in which the discourse of psychiatry works in defining the norm and the deviant and justifying the interventions aimed at controlling the bodies and preventing opposition (Foucault, 1965, 1977, 1980). Silence is unacceptable not because it has no meaning but because it is disruptive to the institutionalized processes of categorization and domination. It is further complicated by feminist CDA which underlines the gendered aspects of voice and silence and illustrates how non-conformity of women is often pathologized or moralized in the discourses of patriarchy (Lazar, 2005; Cameron, 1998). The silence of Alicia cannot be perceived without the overlapping of discourses of psychiatry, gender and power.

There is still a significant gap in the analyses of Institutional power and ideology. The silence as a discursive phenomenon is seldom addressed in the current interpretations. Rather it tends to be minimized to a narrative puzzle to be cracked or a symptom to be expounded. In this work, this gap is bridged by using the CDA framework by Fairclough to discuss the linguistic construction of silence, its discursive management and social regulation in the novel. In such a way, it puts the analysis on what silence means in the psychological sense to how a meaning is imposed on silence by discourse.

This study is important because it facilitated the analysis of literary discussions through studies of power critical studies. Using the example of how silence functions as a meaning and not as a lack, the research brings out the ability the CDA has in unearthing the concealed ideological premise in popular fiction. Furthermore, it highlights how the model by Fairclough can be applied to the analysis of modern literary works that address the institutions like psychiatry and law. This paper contends that *The Silent Patient* (2019) is a psychological thriller and a discursive location where voice, power and knowledge struggling are played out and a useful text to a critical linguistic study.

1.1. Problem Statement

Despite the fact that *The Silent Patient* (2019) has been broadly talked about as a psychological thriller, there is scant scholarly focus on the discursive creation of silence as a power and a control mechanism in the novel. Current literature is more likely to focus on narrative suspense and plot resolution and make the silence of the protagonist look more of a psychological conundrum than a socially and ideologically significant event. These readings ignore how silence is actively construed, governed and controlled by institutional discourse, namely psychiatric and legal discourses.

In the light of Critical Discourse Analysis (CDA), silence cannot be perceived as an unbiased lack of language. Instead, it is a discursive location where meaning is forced upon by the dominant institutions that assert epistemic authority (Fairclough, 1995, 2003). The ability of Alicia Berenson not to speak in *The Silent Patient* (2019) does not serve to be in its own right. Rather, it is over and over again constructed as pathology, risk or

deviance that needs to be explained, treated or contained. Managerial and legal practices reinforce the psychiatric discourse that silence is a problem to be fixed appropriating other interpretation of non-speech as resistance, trauma or agency.

This institutional sense of silence demonstrates the wider power relations of the contemporary systems of discipline. Psychiatric knowledge serves not to describe the mental states only but to generate regimes of truth according to which Foucault (1965, 1977) argues that surveillance, diagnosis and intervention are legitimized. In this context, people who fail to comply with a normal expectation of communication are deemed abnormal and they can be controlled. The silence of Alicia in the novel is only made readable by institutional voices that determine what is truth, sanity and recovery and as such, her own subjectivity is usurped.

The discursive creation of silence in The Silent Patient is highly gendered. Feminist CDA has demonstrated that the voices (and silences) of women cannot be as readily judged as those of men and are often moralized or pathologized as elements of the patriarchal discourse (Lazar, 2005; Cameron, 1998). The non-speech of Alicia is not perceived as mere personal behaviour but as a symptom of emotional ill health, ill-informed-ness or immorality. This gendered pathologization supports stereotyping of irrationality in women and follows historical trends of reconstructing resistance by women as mental illness.

The major issue discussed in this paper is the insufficient critical approach to silence as discourse in The Silent Patient. In the absence of a CDA-based analysis, it is unclear what the ideological consequences of the construction and control of silence are. The research aims to fill this gap by investigating the interplay of institutions power, gender ideology and psychiatric power to create certain senses of silence in the novel.

1.2. Research Questions

Guided by Fairclough's three-dimensional model of Critical Discourse Analysis, this study seeks to address the following research questions:

1. How is silence linguistically constructed in *The Silent Patient* through lexical choices, grammatical structures and narrative strategies?
2. How do institutional discourses particularly psychiatric, managerial and legal discourses shape and regulate the interpretation of Alicia Berenson's silence?
3. What power relations and ideological assumptions are reproduced through these discursive practices?
4. How does the novel reflect and reinforce broader social assumptions about gender, mental illness, authority and normality?

1.3. Research Objectives

The main aim of the paper is to analyze discursively the construction of silence in The Silent Patient through Fairclough's CDA. Specifically, the study aims:

- To analyse the linguistic representation of silence at the textual level, focusing on lexis, transitivity and modality.
- To examine discursive practices surrounding psychiatric and institutional authority, including how silence is interpreted and managed.
- To identify the ideological assumptions embedded within institutional discourse, particularly those related to power, control and normality.
- To explore the gendered dimensions of silence and its pathologization within the novel.
- To demonstrate the applicability of Fairclough's CDA model to the analysis of contemporary literary texts.

2. Literature Review

Critical Discourse Analysis (CDA) was created as a reaction to methods that viewed language as unrelated or independent of social mechanisms. The main assumptions of CDA are that discourse is a type of social practice as a result of which power relations and ideologies are created and reproduced (Fairclough, 1995, 2001). Though earlier CDA

studies concentrated on texts that were mainly political, media and institutional, more recent studies have come to appreciate literary texts as important production venues of ideology (Mills, 1997; Toolan, 2001). Literature is not simply a reflection of reality but it actively builds social meanings, identities and relations using discourse.

The use of literary narratives is particularly appropriate to CDA since dominant ideologies are frequently naturalized in Characterisation, narration and plot development. According to Fairclough (2003), a discourse is active at textual, discursive and social levels, which means that literary texts can be used as a valuable source of data to study the ways in which the choice of language can be related to general social practices. Other researchers like Gee (2014) and Wetherell (2001) also stress that discussion analysis of narrative texts can enable researchers to reveal hidden assumptions of normality, power and morality that otherwise would not be subjected to scrutiny. Accordingly, CDA has now emerged as a more acceptable and fruitful method of studying modern fiction which addresses institutions like law, medicine and psychiatry.

2.1. Fairclough's Model in Literary Studies

The three-dimensional framework by Norman Fairclough has been one of the most powerful frameworks in CDA. His method combines a detailed analysis of text with the study of discursive practices and social structures that are broader (Fairclough, 1995, 2003, 2010). On the textual level, lexis, grammar, modality and transitivity are addressed; the level of discursive practice covers the processes of text production, distribution and interpretation, in the level of social practice, discourse is placed within the ideological and power structures.

The model has been especially applicable in literary studies in the analysis of how the voice of the narrative and the authority bring out the interpretation to the reader. According to Toolan (2001), narrators are frequently used as gatekeepers of discursive information, they lead the reader in a certain assessment and discard other possible views. Mills (1997) also shares the same viewpoint that in literary discourse, people often reproduce hegemonic assumptions in the guise of narration. Using the framework

developed by Fairclough, scholars can show how so-individual stories are integrated into the institutional and ideological backgrounds.

Van Dijk (1998, 2001) contribution to the ideology fills the gap in the Fairclough model because it highlights the cognitive aspects of discourse, especially how shared beliefs influence interpretation. These combined, help justify the idea of applying CDA to the analysis of works of literature as a way of discovering the contribution of works to the perpetuation of dominant world-views. When it comes to The Silent Patient, the model created by Fairclough can be applied to the systematic analysis of the linguistic representation of silence, the discursive interpretation of silence and the social regulation of silence.

2.2. Silence as Discourse

Conventional linguistic methods have commonly considered silence as lack of communication. But discourse scholars have questioned this premise, stating that even silence is a significant and socially Organised phenomenon (Jaworski, 1993; Bruneau, 2008). Silence may also be strategic, symbolic or even coercive depending on the social context where it takes place. The nature of silence is significant in the CDA approach as it leaves the audience to a certain kind of interpretation by those in power in the discourse.

The work of Foucault gives an invaluable theoretical base on explaining silence as discourse. Foucault (1965) in Madness and Civilization illustrates that silence has been traditionally enforced to the people considered mad as they are not included in the regimes of reason and truth. In Power/Knowledge, Foucault (1980) points out that what remains unsaid is equally significant to what is said because the silence is frequently created in the power relationship where the voices of who hold legitimacy are defined. There is no silence outside the discourse but rather it is actively formed by it.

Gendered aspects of silence have also been pointed out by the feminist theorists. Lazar (2005) claims that women silence is often perceived in patriarchal ideologies that value non-speaking as a sign of weakness, irrationality or guilt. The same observation is made by Cameron (1998), who observes that the expectations of verbal expressiveness are

skewed along gender, as women are expected to talk and are punished at the same time. Silence in literary terms may be a place where gender power relations are negotiated and even enforced. This is the main theoretical understanding behind the analysis of silence of Alicia Berenson as a space that is not emptiness but rather a space that is discursively occupied.

2.3. Psychiatry, Discourse and Power

The psychiatric discourse has been noted as one of the most influential forms of social control. The disciplinary institution analysis that Foucault (1977) gives is used to explain the way medical and psychiatric knowledge can generate norms that govern behaviour and provide rationalization to intervene. Psychiatry is not just a description of mental conditions, it creates a system of normality and deviance, which has material repercussions. Those who oppose or do not fit into these categories are taken through surveillance, diagnosis and treatment.

In CDA, psychiatry is perceived as institutional discourse that asserts epistemic control over the experiences of people (Fairclough, 2001; Parker, 1992). Diagnostic, treatment and risk management language tends to marginalize the subjective meaning and instead of that, they offer professional interpretations which are projected as objective truth. According to Machin and Mayr (2012) such discourses are based on evaluative language and suppositions that legitimize institutional power and hide its ideological underpinnings.

The psychiatric discourse in The Silent Patient is interwoven with managerial and legal discourses to be able to define the issue of silence as a problem and intervene in it. This is in line with Foucault (1980) observation that contemporary power operates on the basis of production of knowledge that justifies power. CDA gives the mechanisms to look at the interactions of these discourses as well as the construction of authority using language.

2.4. Gender, Voice and Ideology

The gender voice has been a major issue among feminist discourse studies. Studies have always shown that woman speech and silence have different interpretations compared to those of men, in most cases, moral or psychological interpretations (Lazar, 2005). The idea of performativity introduced by Butler (1997) further indicates that voice and silence are controlled by norms which define what can be expressed or be intelligible or acceptable.

In the CDA terms, gendered discourse works by naturalization of unequal power relations. The social-semiotic perspective of language as Halliday and Hasan (1989) see it can be expected to help in this analysis by stating that linguistic decisions are influenced by the social context. The gendered expectations tend to be incorporated in the character roles and the narrative consequences in literary narratives and support the dominant ideologies (Mills, 1997).

The silence of Alicia in the case of The Silent Patient is not considered neutrally but discursively connected with femininity, emotional instability and danger. This is a broader social supposition about female voices and bodies and especially in medicalized worlds. This literature review highlights the significance of studying silence as a gendered and ideological construct because the novel is framed in the context of feminist CDA and discourse studies.

3.Theoretical Framework

The present research is based on the three-dimensional model of Critical Discourse Analysis (CDA) developed by Norman Fairclough who views discourse as a type of social practice where power relations, ideology and social identities are created and reproduced. Fairclough is also especially adaptable to the analysis of literary texts working with institutions like psychiatry and law since it goes beyond the field of strictly linguistic analysis and combines both textual elements with processes of interpretation and the wider

social formations (Fairclough, 1995, 2001, 2003). The approach in this paradigm does not assume that language is neutral or reflective but rather comprising of social reality.

The model developed by Fairclough functions in three dimensions that are closely interrelated and these are the textual level, the level of discursive practice and the level of social practice. These dimensions are analytically separate but mutually constitutive that gives the researcher the opportunity to pass through the close linguistic analysis to the wider ideological critique. In this paper, the three dimensions are used to investigate the construction, interpretation and control of silence in The Silent Patient.

3.1. Textual Level: Lexis, Modality and Transitivity

The CDA textual level deals with the formal aspects of the language in terms of vocabulary, grammar and syntactic forms because the choice determines the way social reality is represented (Fairclough, 2003). The lexical choice is especially important because the choice of words gives judgmental attitudes and ideological presuppositions. Certain areas of lexical expression may dominate in institutional language, i.e, medical or legal lexical fields, which represent individuals and actions in very limited manner. In the literary texts, these lexical patterns play a role in the character identity and reader interpretation.

The other category of analysis is modality which is the state of certainty, obligation or authority in the language. Fairclough (2001) says that modality is interconnected with power, speakers with institutional power usually use high-modality statements and make interpretations boldly as facts and not opinions. Low modality is merely linked with marginalized voices or omitted. The lack of a speaking subject in the context of silence is an ironic enhancement of the power of those who read that silence and modality is an essential analytical instrument in the given research context.

Transitivity analysis is the analysis of the representations of processes, participants and circumstances in clauses which display agency and responsibility patterns (Halliday and Matthiessen, 2014). Fairclough takes this practical view to demonstrate the role of grammar in concealing or making visible agency. Examples of the passive constructions

include: the action might be erased, whereas in active constructions the responsibility is explicitly given. In the evaluation of the Silent Patient, transitivity assists in defining the agency within the protagonists of institutionality and the silent subject as well as the ways in which silence is discursively put into place as something done to Alicia and not something she is the bearer of.

3.2. Discursive Practice: Interdiscursivity and Genre

The second aspect of the model that is developed by Fairclough is the discursive practice that studies the production, distribution and interpretation of texts in the specific social situations (Fairclough, 1995). The main idea on this level is the so-called interdiscursivity, that is, mixing and interaction of disparate discourses in a single text. Literary narratives tend to rely on various institutional discourses, including medicine, law and morality and combine them in such a manner that they construct meaning and authority.

Fairclough (2003) points out that interdiscursivity is a major arena of ideological contention as the dominant discourses may be used to colonies others excluding other points of view. Texts dealing with psychiatric environments often reach out and interact with medical discourse, managerial and legal genres, creating a hybrid genre that authorizes control. The examination of these intersections enables researchers to discover the manner in which some interpretations are naturalized and other interpretations are suppressed.

Another very important element of discursive practice is genre. Conventionalized forms of using language that relate to particular social practices include genres, diagnosis, therapy and institutional management (Fairclough, 2001). The Silent Patient has therapeutic dialogue, clinical reporting and narrative confession in the larger genre of the psychological thriller. This generic hybridity determines the ways in which silence will be interpreted by the readers; it will be presented as mystery, positionality or resistance alternately. Through an analysis of genre, the paper will then discuss literature on how the form of narration itself can be involved in the construction of meaning.

3.3. Social Practice: Ideology and Power

The third dimension of the model by Fairclough makes discourse a part of a larger social practice with an emphasis on ideology and power. Ideologies are perceived as world representations that promote the perpetuation of social relations of dominance (Fairclough, 1995). They can be deployed in discourse in a manner that is natural or commonsensical and is especially hard to contest.

CDA aims at relating linguistic and discursive practices to broader societal arrangements, including institutional power, gender and knowledge. Fairclough (2010) states that power is not just coercive but also consensual and this is done through normalization of certain forms of speaking and thinking. The role of discourses which are definitions of what is considered to be true, sane or normal is a key aspect of institutional control.

The social practice dimension in the analysis of The Silent Patient allows applying the ideology of silence as deviance when the discourse of psychiatry constructs such an ideology and its consistency with the general social ideologies of gender and mental illness. Through this association of textual characteristics and discursive practices with these ideological constructions, the model by Fairclough offers an extensive paradigm on how to perceive silence as a social construct and not an individual inadequacy.

4. Methodology

The present study is based on the qualitative research design that is based on Critical Discourse Analysis (CDA) to explore the discursive formation of silence in the novel The Silent Patient by Alex Michaelides. The qualitative methodology is especially suitable in the current research since CDA is looking to understand meaning, power relations and ideology in the form of how they are represented in language and discourse, as opposed to quantification or generalization (Fairclough, 1995; Wodak and Meyer, 2009).

4.1. Research Design: Qualitative CDA

The three-dimensional model of CDA by Norman Fairclough that encompasses textual analysis, discursive practice and social practice informs the methodological approach (Fairclough, 2003, 2010). It is this systematic transition between narrow linguistic analysis and wide ideological analysis which makes this model particularly appropriate in analysing literary texts which address the institutions of power in some way. CDA is not a hard or structured approach but an interpretive and reflexive one and necessitates the researcher to make theoretically motivated analytic decisions (Fairclough, 1995).

By applying CDA, the present research considers language as a social action and regards the literary text as a place where meanings are negotiated as opposed to being merely represented. This means that the methodology is concerned with focusing on depth of analysis and critical interpretation rather than breadth or representativeness.

4.2. Data Source: Text as Data

The main source of the research is the novel The Silent Patient (Michaelides, 2019). According to the CDA research practice, the text is not viewed as a self-contained narrative but a socially situated artefact. To analyse the novel not only in what it describes but how discourse functions in it to form certain versions of reality, authority and subjectivity.

The analysis of the whole novel line by line is not provided in the study. It narrows down on examining the passages specifically within the research questions, including those which involve psychiatric assessment, institutional administration and commentary within the narrative in regard to silence. This discriminative process is in line with CDA methodology that does not focus on the discursively relevant moments of a text but rather on complete coverage of the text (Wodak and Meyer, 2009).

4.3. Purposeful Selection of Excerpts

Purposive sampling was chosen as it is a typical qualitative method when analyzing discourse (Gee, 2014). The criteria that directed the selection of the passages were based on the objectives of the research and were aimed at passages that.

- Explicitly or implicitly address silence and non-speech
- Involve institutional or professional discourse (psychiatric, managerial or legal)
- Illustrate power relations and interpretive authority
- Reflect gendered assumptions about voice, agency and normality

Short excerpts were chosen and close analysis was done so that emphasis was also concentrated on discourse instead of narrative summary. In this way, it is possible to do a thorough linguistic and discursive analysis and still retain analytical integrity.

4.4. Analytical Procedure

Analysis is detailed in three dimensions following a systematic and transparent approach of Fairclough.

On the textual level, the chosen passages are analyzed in the form of lexical use, modality and transitivity. Lexical analysis is devoted to evaluative language and repetitive semantic domain, especially those words that relate to pathology, control and authority. The modality is discussed to depict measures of certainty and commitment, which show how the voices of institutions establish interpretative superiority. The analysis through transitivity explores agency assigning or covering the agency especially the silent character of the protagonist.

On the level of discursive practice, the analysis is conducted on the intersection of various discourses in the text. This involves interdiscursivity analysis, which involves the mixing of psychiatric, managerial and legal discourses and genre conventions that relate to therapy, diagnosis and confession (Fairclough, 2001). Narrative voice and narrative

perspective are also given attention, especially the way power is formed by both professional and institutional status.

On the level of social practice, the results of textual and discursive analysis are placed in more general ideological frames. This is based on observing the production of assumptions of mental illness, gender, normality and institutional power through discourse. Based on the concept that ideology is reflected in the discourse, the analysis links linguistic forces with broader systems of dominance and social control (Fairclough, 1995, 2010).

4.5. Reflexivity and Researcher Positioning

CDA accepts the fact that analysis is not value neutral. Theoretical commitment and social positioning influence the interpretations of the researcher (Wetherell, 2001). Reflexivity is upheld in the present study by establishing the interpretations based on Fairclough framework specifically and providing evidence in texts to substantiate the analytical claims. Other readings will also be taken into account where appropriate but the critique will be more concerned with finding out the prevailing discursive patterns, as opposed to being a speculative reading.

4.6. Ethical Considerations

In this study, the focus on the ethical considerations is most important, especially in terms of copyright and responsible scholarship. Since the book The Silent Patient is a copyrighted literary work, the analysis does not provide any in-depth quotation or replication of the big parts of the novel. The quotations used are only briefly long enough to be analytical, which can be explained by the principles of fair use and the academic traditions. Where feasible, paraphrasing is used in order to reduce reproduction as much as possible without compromising analytical clarity.

Also, the research is academically upright with all theoretical references being cited and the text not being distorted. The analysis is meant to be a critical analysis and not an assessment of the author and the morality of the novel itself.

5.Analysis

This section uses the three-dimensional CDA model provided by Fairclough to explain how the silence is constructed, discursively interpreted and socially governed in The Silent Patient. The discussion reveals that silence is not a vacuum but a place of meaning, which is created by the institutional power, gender ideology and the power of psychiatry. The section is designed at textual, discursive and social levels and this directly addresses the research questions and objectives of the study.

5.1. Textual Analysis (Micro Level)

On the textual level, the analysis is concerned with grammatical and lexical decisions forming images of silence and agency. Based on Fairclough (2003), the specific focus is put on passive constructions, lexical repetition, modality since these aspects demonstrate how power works through language.

5.1.1. Passive Constructions and the Suppression of Agency

Passive constructions are common when it comes to treatment of Alicia, her confinement and diagnosis. These grammatical decisions logically obscure institutional actors and prefigures Alicia as the receiver of actions which naturalizes control.

Table 1: Passive Constructions and the Representation of Agency

Linguistic Pattern	Grammatical Effect	Discursive Function	Ideological Implication
Passive voice in treatment actions	Actor deleted	Focus on procedure	Authority appears neutral
Backgrounded decision-makers	Agency obscured	Accountability reduced	Control legitimized
Subject as grammatical object	Reduced subjectivity	Silence objectified	Dehumanization normalized
Institutional processes foregrounded	Action depersonalized	Routine emphasized	Power made invisible
Lack of first-person agency	Voice removed	Subject marginalized	Silence depoliticized

These patterns demonstrate how grammar contributes to the construction of silence as a condition imposed upon Alicia rather than a position she occupies.

5.1.2. Lexical Repetition and Discursive Framing

Lexical repetition promotes dominant senses of silence as it repeatedly links up silence to medical and institutional semantic domains. This repetition limits interpretive potentials and fixes meaning.

Table 2: Lexical Repetition and Semantic Fields

Lexical Category	Repeated Semantic Field	Discursive Meaning	Interpretive Effect
Medical lexis	Diagnosis, illness	Silence = symptom	Pathologization
Institutional lexis	Management, control	Silence = risk	Regulation justified
Evaluative adjectives	Abnormal, disturbed	Silence = deviance	Moral judgement
Procedural vocabulary	Observation, assessment	Silence = object of scrutiny	Surveillance normalized
Absence of affective lexis	Emotion suppressed	Silence = emptiness	Alternative meanings erased

Such lexical options fit into the position taken by Fairclough (1995) that vocabulary has an ideological power by framing social reality in limited terms.

5.1.3. Modality and the Distribution of Authority

Modality shows the differences of power between the institutional voices and silent subject. High-modality statements are assertive and authoritative and Alicia is silent, which puts her above the modal economy altogether.

Table 3: Modality, Authority and Knowledge Claims

Speaker Position	Modal Type	Degree of Certainty	Power Effect
Psychiatric voice	Epistemic high modality	Certainty asserted	Knowledge monopolized
Managerial voice	Deontic modality	Obligation imposed	Compliance enforced

Legal discourse	Declarative modality	Truth fixed	Meaning stabilized
Narrative commentary	Evaluative modality	Interpretation guided	Reader alignment
Alicia's silence	Modal absence	No epistemic claim	Subject erased

5.2. Discursive Practice (Meso Level)

At the discursive practice level, the interpretation of silence and its management is explored with the help of narrative power of the narrator, institutional genres and intertextuality. This level is important in the production and distribution of meaning.

5.2.1. Narrator Authority and Interpretive Control

Narrative authority is closely linked to institutional expertise. The narrator's professional positioning grants legitimacy to interpretations of silence and marginalizes alternative readings.

Table 4: Narrator Authority and Discursive Alignment

Discursive Feature	**Source of Authority**	**Interpretive Role**	**Effect on Reader**
Professional identity	Psychiatric expertise	Meaning-maker	Trust established
Diagnostic framing	Medical discourse	Silence medicalized	Resistance erased
Explanatory narration	Expert commentary	Interpretation narrowed	Ideology naturalized
Absence of counter-narrative	Silenced subject	No challenge	Hegemony maintained
Normalizing tone	Institutional voice	Authority softened	Power legitimized

5.2.2. Institutional Genres and Discursive Hybridity

The novel incorporates multiple institutional genres that converge to frame silence as a problem requiring management.

Table 5: Institutional Genres and Their Functions

Genre	Institutional Origin	Primary Function	Discursive Outcome
Psychiatric genre	Medical institution	Diagnosis	Pathology normalized
Therapeutic genre	Clinical practice	Interpretation	Subjectivity managed
Managerial genre	Institutional governance	Risk control	Safety prioritized
Legal genre	Judicial system	Responsibility	Meaning fixed
Narrative genre	Literary form	Mediation	Authority disguised

5.2.3. Intertextuality: Alcestis

The intertextual reference to the Greek myth of Alcestis situates Alicia within a long-standing discourse of feminine sacrifice and silence.

Table 6: Intertextuality and Gendered Meaning

Intertext	Cultural Meaning	Gender Ideology	Discursive Effect
Alcestis myth	Female self-sacrifice	Idealized silence	Compliance valorized
Classical authority	Cultural legitimacy	Patriarchal norm	Interpretation stabilized
Mythic silence	Moral virtue	Femininity moralized	Resistance obscured
Artistic reference	Aesthetic framing	Pain beautified	Violence neutralized
Historical continuity	Timeless narrative	Naturalization	Ideology reproduced

5.3. Social Practice (Macro Level)

The discursive patterns are linked to the large ideological orders that include gender, psychiatric power and resistance in the analysis at the social practice level.

5.3.1. Gender Ideology and Pathologization

Feminist CDA demonstrates that women's silence is frequently interpreted as deviance or instability.

Table 7: Gender Ideology and Discursive Control

Social Belief	Discursive Expression	Institutional Response	Ideological Effect
Women must speak	Demand for explanation	Pressure to confess	Silence problematized
Emotional transparency	Moral evaluation	Surveillance	Femininity regulated
Silence as threat	Pathology discourse	Medicalization	Control justified
Deviance as illness	Diagnostic framing	Treatment enforced	Resistance erased
Compliance as recovery	Normative discourse	Behaviour rewarded	Power normalized

5.3.2. Psychiatry as Control

Psychiatry functions as a disciplinary system that produces knowledge to legitimize intervention (Foucault, 1965, 1977).

5.3.3. Silence as Resistance

Despite dominant discourses, silence can function as resistance by refusing institutional meaning-making. The intense effort to interpret and control silence reveals its disruptive power.

5.3.4. CDA Synthesis

Table 8: CDA Integration Across Levels

CDA Level	**Dominant Finding**	**Supporting Objective**	**Research Question**
Textual	Agency erased linguistically	Objective 1	RQ1
Discursive	Institutions define meaning	Objective 2	RQ2
Social	Ideology legitimizes control	Objectives 3–4	RQ3 & RQ4
Overall	Silence = meaning	Central thesis	All RQs

5.4. Silence as Narrative Finality: Linguistic Closure and Ideological Fixation

The Silent Patient relies on one of the most effective discursive tactics of framing silence as a terminal and irreversible condition. One such major narrative statement, that is, Alicia never spoke again, is more than a descriptive statement; it seals off with language other possible ways to interpret silence. This declarative construction, in a CDA sense, turns silence into an essentialized identity and not an incidental reaction to a traumatic or institutional constraint (Fairclough, 2003).

Lack of modality, explanation or agency in such statements creates ideological closure whereby readers embrace silence as a fact and not a phenomenon that is being disputed.

Table 9: Narrative Finality and Discursive Closure of Silence

Linguistic Feature	**Short Quote**	**Textual Effect**	**Discursive Function**	**Ideological Outcome**
Declarative clause	"Alicia never spoke again."	Certainty asserted	Interpretation fixed	Silence essentialized
Temporal absolutism	"never"	Permanence implied	Alternatives erased	Resistance foreclosed
Lack of causality	No explanation given	Context removed	Meaning naturalized	Power concealed
Absence of agent	No actor named	Responsibility blurred	Control depersonalized	Authority normalized
Narrative omniscience	Authoritative voice	Truth legitimized	Reader alignment	Hegemony maintained
Zero modality	No "might / could"	No doubt allowed	Debate closed	Ideology stabilized
Identity reduction	Silence = state	Subject flattened	Complexity erased	Dehumanization
Repetition across narrative	Recurrent framing	Pattern reinforced	Meaning sedimented	Dominance reproduced

This part contributes directly to RQ1 and Objective 1, proving that silence is constructed as an object linguistically as meaning and not as nothingness.

5.5. Silence, Surveillance and the Institutional Production of Knowledge

Institutional discourse in the novel does not leave silence unread but uses it as a stimulus of further observation and reporting. There is a significant word phrase, the mere absence of speech, which is defined as non-speech and the beginning of professional examination. Silence, on Foucauldian views, does not run away but exercises disciplinary power (Foucault, 1977).

Silence proves fruitful to institutions: it produces documentation, diagnosis and commentary by experts, bolstering the position of professionals at the expense of the subject meaning.

Table 10: Silence, Surveillance and Knowledge Production

Discursive Process	Textual Cue	Institutional Action	Discursive Logic	Power Effect
Identification of silence	“Simply silence”	Difference marked	Silence problematized	Subject targeted
Diagnostic gaze	Clinical attention	Observation intensified	Silence medicalized	Authority expanded
Interpretive substitution	Experts speak for subject	Voice replaced	Meaning monopolized	Subject erased
Documentation	Notes / reports implied	Knowledge archived	Silence objectified	Control extended
Risk framing	Silence = danger	Monitoring increased	Fear legitimized	Coercion justified
Normalization attempt	Treatment logic	Compliance expected	Deviance corrected	Discipline enforced
Temporal persistence	Ongoing silence	Long-term scrutiny	Resistance pathologized	Power sustained
Professional consensus	Shared interpretation	No dissent	Truth stabilized	Ideology fixed

This part is a strong support of RQ2 and Objective 2, explaining the use of institutional discourses in determining truth on silence.

5.6. Alcestis, Gendered Silence and Ideological Inheritance

The direct mentioning of "Alcestis" the title of the picture of Alicia, brings in a culturally dominant discourse of female sacrifice and silence. The Greek mythology of

Alcestis glorifies the fact that she dies without complaint on behalf of her husband, a suggestion that femininity has always been historically linked to endurance, obedience and self-denial. By referring to this myth unquestioningly, the novel relies on what Fairclough (1995) refers to as intertextual authority and permits the circulation of patriarchal meanings at an implicit level.

This intertext places Alicia in a lengthy lineage of gendered silence making her non-speaking morally vocal and not politically subversive.

Table 11: Intertextuality, Gender and Ideological Continuity

Intertextual Element	**Short Quote**	**Cultural Meaning**	**Discursive Function**	**Ideological Effect**
Myth reference	"Alcestis"	Female sacrifice	Silence moralized	Compliance valorized
Classical authority	Greek myth	Cultural legitimacy	Meaning naturalized	Patriarchy reinforced
Feminine virtue	Silent endurance	Ideal femininity	Resistance erased	Gender norms fixed
Aesthetic mediation	Painting title	Suffering beautified	Violence softened	Power obscured
Historical continuity	Myth → modern text	Timeless framing	Ideology universalized	Naturalization
Absence of critique	No narrative challenge	Assumptions preserved	Hegemony maintained	Consent produced
Gender coding	Woman + silence	Moral judgement	Deviance redefined	Control justified
Symbolic closure	Art replaces voice	Speech displaced	Silence aestheticized	Agency denied

This part specifically answers RQ4 and Objective 3, showing the way gender ideology works in the form of intertextual discourse.

5.7. Silence as Discursive Threat and Contested Resistance

Despite the fact that the institutional discourse of silence is subjected to pathology, the degree of its control makes it clear that silence is viewed as a threat as well. Unless silence were meaningless, there would be no need in such continued interpretive effort. In

the CDA approach, silence is recalcitrant in that it does not want to join the dominant confession and explanation discourses (Fairclough, 2010).

Table 12: Silence as Threat, Control and Resistance

Institutional Reaction	Interpretation of Silence	Discursive Strategy	Power Response	Ideological Insight
Anxiety	Meaning withheld	Interpretation intensified	Surveillance	Knowledge dependence
Pathologization	Silence as illness	Medical discourse	Treatment	Authority preserved
Moral suspicion	Silence as guilt	Ethical framing	Judgment	Deviance assumed
Demand for speech	Confession expected	Pressure applied	Coercion	Voice enforced
Persistence	Non-compliance	Escalation	Control	Resistance exposed
Frustration	Silence endures	Institutional failure	Aggression	Power vulnerability
Exclusion	Silence unmanaged	Isolation	Containment	Discipline
Final fixation	Silence essentialized	Closure imposed	Narrative control	Ideology secured

6.Conclusion

This study applied Norman Fairclough's three-dimensional model of Critical Discourse Analysis to examine the discursive construction of silence in *The Silent Patient* (2019). To answer the initial research question, the discussion showed that silence is a linguistically constructed phenomenon (through the use of passive grammatical forms, limited modality and repetition of words and constructions) and that put together these efforts to erase agency and stabilize silence as a fixed state, not a response to a situation. In answering the second research question, the results indicated that the institutional discourses especially the psychiatric discourse, the managerial discourse and the legal discourse are decisive in defining silence, making it pathology, risk and deviance. These discursive action practices enable institutions to establish a truth and justify intervention.

As far as power relations and ideology are concerned, the research found that silence is entrenched in larger systems of dominance. Psychiatric discourse is a control mechanism because it generates knowledge, which legitimizes surveillance and treatment and gender ideology additionally influences interpretation by pathologizing non-speaking women. The analysis revealed that the novel shows greater social assumptions about gender, mental illness and power, by referring to culturally inherited scripts- like the myth of Alcestis- to naturalize the silence and sacrifice of women.

The analytical power of Fairclough CDA framework has also been confirmed in the study. The model was useful in that it made visible the way through which linguistic elements are related to institutional authority and ideological significance within a literary work by incorporating textual, discursive and social planes of analysis. The study has limitations in the fact that it examines only one novel and a limited number of textual excerpts, limiting the extent to which the findings can be generalized.

Future studies may build upon this review by comparing the images of silence in various literary texts or genres or by applying the reader-response approaches to the study of how silence is read by the audience based on discursively constructed silence. These researches would also contribute to the existing knowledge on silence as a socially and ideologically meaningful meaning.

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