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## Words as Medicine: The Therapeutic Art of Storytelling in Michaelides "The Silent Patient"

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**Abstract:** *This study focuses on the way health care providers can connect to and comprehend their patients through narratives. This work sheds light on the area of narrative medicine by presenting a way of improving clinicians' responses to patients' suffering as well as their own experiences. It also explains that narrative medicine is significantly based on three primary factors that are Attention, Affiliation, Representation between clinicians and the patients. In this concept, patients and doctors used to communicate mostly through storytelling, and the ability to deeply pay attention to storytelling. Alex Michaelides The Silent Patient expertly affects what occurs in Alicia's life, whose ideal existence suffers when she killed her husband in a surprising act, then mysteriously goes silent, refusing to speak, and checking her into an insane asylum. In this study the researcher applies the theory of NARRATIVE MEDICINE in literature by Rita Charon and also uses a narrative approach. This study investigates the protagonist past, her traumas and the purposes behind her mysterious quietness to understand when emotions constantly pile up inside of a person, they all suddenly burst into flame and one can frequently get revenge out of mystery.*

**Key Words:** Rita Charon, Narrative Medicine, Telepathy, Doctor-patient Relationship, Psychotherapy

### Introduction

We live with stories by sharing ourselves with others and listening to them. The narrative method involves listening respectfully to patients and clients while it encourages healthcare professionals to adopt this practice. The process of narrative therapy for the clinician who has the privilege of being a part of this expanding process is influenced by the stories as well as the perspective of the individual who was experiencing the problems.

(Gilman et al., 2017; Martin, 2019) states that literary works are human expressions, ideas, and feelings. Our facial expressions and body language change a lot when we speak. Nowadays, we speak mostly through our phones rather than in person because technology has taken over the way we live. Perhaps this is the cause of the daily spread of misunderstandings among individuals.

A lot of words have always been uttered in silence. Everyone will definitely remember their friends' silence, but no one will ever be able to forget the facts that their opponent has stated. What differentiates us is how we behave. Actions never lie, although the fact that many People sometimes say things they do not really mean to. John Adair (2011) asserts that the ability of a person to make a connection with and comprehend another is the essence of communication. Through the lens of narrative medicine in literature, this research explores a new approach to the treatment of better outcomes of patients' experiences in The Silent Patient (2019). It underlines the significance of the connection between Alicia being a patient and Theo as her primary care physician, which is a critical significance for the treatment cycle. It integrates clinicians and patients and additionally underscores the equals between demonstrations of saying and demonstration of listening. It examines how the act of narrating may be utilized to recuperate profound and mental scars while likewise creating strength among patients and their specialists. Michaelides, The Protagonist, expertly navigates the depths of human emotions throughout the work, pulling readers into a world where silence becomes a metaphor for the human condition.

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Although Alicia Berenson is a renowned artist, but also has mental health issues. Because of numerous traumatic experiences, she had as a child. She bears the psychological imprint of her parents, and she shares their tendency toward suicide. Later, it is addressed how Alicia uses many tools to present her ideas in different manners. She expresses her many feelings toward others through her paintings, and she vents the anger she has been holding inside her since she was a child through violence, body language, and anger. In order to emphasize how much Alicia resembles or finds similarities with the Greek mythological person, Alicia names her image Alcestis. As they both share silence, Alcestis is similar to her. Alcestis and Alicia both made sacrifices. Each woman experiences pain at the hands of her beloved. Alcestis is how Alicia refers to herself.

Rita Charon, a literary critic, designed the concept of narrative medicine and established this department at the University of Columbia in 1996. She wanted to prepare experts to build a link between the humanities and the sciences. Charon considers narrative medicine a requirement for performing medicine that unifies behaviorist psychology, literature, and health under one basic word. Narrative medicine is a complex term to describe this field. It indicates an illustration of empathy, reflection, profession, and trust. This study focuses on how medical services are presented, and it is a response to patients' complaints that their physicians failed to give attention to them. I meet with lots of pre-medical students now, and they show me their personal statements to get into medical school. They read the statement. its all about wanting to help people, integrated care, and justice.

She claims that it is more important to know what kind of person has a disease than to know what kind of disease a patient has because, in addition to treating their medical conditions, clinicians also need to comprehend what their patients experience, not simply their symptoms. They must have excellent interpersonal and communication abilities to achieve this.

According to Charon's research, empathetic relationships with patients and therapeutic relationships can be established through doctors who practice narrative competence. Like Michael White and David Epston, who coined the term "narrative therapy," all other key narrative medicine experts believe that disconnecting a person from the issues they are experiencing is a vital aspect of narrative treatment in light of the above-mentioned theory. The protagonist of the book has been subjected to a critical analysis by the researcher in the novel through narration. However, in the end, the researcher discussed narrative medicine and how he, the psychotherapist, makes an alternative way to deal with Alicia's pinching guilt and the chaotic situation she has created. Alicia Berenson, the central character in the book *The Silent Patient*, has been critically examined by the researcher using narration in the context of the previously mentioned concept. However, the researcher has finally talked about the narrative medicine that he, the psychologist, uses to deal with Alicia's pinching guilt and the catastrophic scenario she created. "Narrative medicine" is a significant and effective strategy for addressing these treatment-related challenges. This idea has revolutionized English writing and provided narratives and novels with an innovative viewpoint on identifying the most significant and straightforward method of engaging with people. This research will focus on the symptoms and causes of Alicia's silence by using the theory of narrative medicine by Rita Charon and the theory of Narrative Therapy by Michael White and David Epston (1990)

Alex Michealides is a British crypto writer. He is inspired by Agatha Christie and Alfredo Hitchcock's classical thriller and Greek mythology. He is renowned for his psychological thriller. *The Silent Patient* (2019) is his debut novel. He is the author of the *paperback* (2020) and *TheMaids* (2021). Michaelides suffers from mental health challenges and is thereby intrigued by issues related to mental health. He regularly goes to therapy sessions because he wants to repair himself. After the sessions, he developed an interest in assisting others who are similar to him. Theo, a character in this book, experiences psychological problems as well, which causes him to be drawn to becoming a psychotherapist, and he ends up becoming one. Michaelides also pursued a career in psychotherapy and spent a few years working in a mental health facility, but it was then that he recognized how much he had learned and that he was really more of a writer than a therapist. Since he was 13 years old, he has been obsessed with the *Odyssey* and *Iliad*, and he believes Alcestis, the Greek Heroine, to be unique. He is especially intrigued by the tale of her self-sacrifice, death, and rebirth while remaining silent throughout her life. To make it an unforgettable tale, he decides to relate Alicia's silence to Alcestis'. Later, Uma proposes the notion of turning Alicia into an artist, which

brings the story to a conclusion. It is an incredible narrative with the ideal characters because of the suspense and turns in the plot. (King, 2022).

The book begins with metaphoric statements from psychologist Freud, who asserts that it is practically impossible for anyone to effectively keep a secret or that someone who talks extensively or carelessly can not help but reveal secrets or important details. The epilogue of Alicia's diary appears at the beginning of the book, giving readers a peek into the information about her as well as certain information, facts, and truths, "willing suspension of disbelief (Coleridge, 1907). Readers often take Alicia's comments in her diary at her word, knowingly ignoring the idea that she might be using lies and deception given her mental state. When she writes in her diary at the beginning of the book, I have been experiencing depression lately (Michaelides, p. 7), we get a glimpse into her mental state. In the past, she seemed confused about whether she wanted to call her diary an autobiography or a diary, and she eventually decided not to call it either. The reader is gradually introduced to Alicia's childhood memories and her past. These memories, which remained buried in the 33-year-old painter's thoughts, are a warehouse of hidden she killed her husband due to her own desires and trauma. Theo Faber, a forensic psychotherapist, has been investigating the reasons for Alicia's difficulties by collecting stories from her past. While reading the book, the audience will get to know why Alicia killed Gabriel with such a strong, violent rage. The connection that exists between what occurred in Alicia's life must be analyzed despite having an in-depth understanding of the past from a point of view that varies from that of the text, the novel's characters, and Theo.

As an illustration, consider the situation with Alicia Berenson. Only Freud's theory of "talking therapy" could be shown wrong in this case. Alicia is a mute patient, but Freud suggested another method of communication. The claim made by Freud in 1977 is that If the lips are silent, he chatters with his fingertips. According to Freud, it is possible to bridge the countertransference between the patient and the therapist by observing nonverbal indications or indicators from the patient. Theo Faber attempts nonverbal communication with Alicia but without much success. Counseling involves more than just talking. To provide a secure environment is to confine. Indira told Theo that the majority of communication is nonverbal. (Michaelides, p. 70)

The violent urges that reappeared all those years later were likely triggered by something that happened to Alicia when she was a child. Considering the occasion, the majority of individuals in the world could not or would not have picked up the pistol and shot Gabriel in the face... Alicia's behavior suggests that her internal world is chaotic. (Michaelides, p. 123-124.)

### Research Objective

- To analyze the author's reasons for developing the character's narratives in *The Silent Patient*, focusing particular attention on the way these narratives connect with the purposes of narrative medicine.
- To evaluate the role of connection and empathy in how readers relate to the experiences of the characters in *The Silent Patient*, as well as how these elements align with the basic concepts of narrative medicine.

### Research Questions

- How does storytelling foster understanding and sympathy for mental health issues?
- What connections can be found between narrative medicine and the journey of healing and self-expression experienced by Alicia Berenson in *The Silent Patient* through her art and silence?

### Significance of the Research

This research highlights the healing power of narratives that can be used by both patients and medical professionals equally. By sharing what they have experienced, individuals can feel heard and appreciated. Using Rita Charon's Narrative Literature theory. The researcher intended to investigate the human experience of illness. The researcher believed that the characters in Alex Michaelides' novel *The Silent Patient* might act as openings into their real-life experiences of illness. The purpose of this article is to improve and expand the field of medicine while also introducing concepts of narrative abilities to future readers and researchers.



## Literature Review

Lindsley (1994) states that physicians do not have to enforce their own opinions and perceptions on patients in order to help them change their principles, theories, and ideas. They decide to turn the experiences of patients into new possibilities that have significant value rather than working from an established and ultimately defined concept of value and worth. (Corey, 2011, p. 374)

Winslade & Monk (2007) state that when engaging in a narrative dialogue, attention must be taken to prevent utilizing totalizing language, which reduces a person to their essence by giving them a broad, all-encompassing description. As they listen and react, therapists start to mentally distance the patient from their problem.

Charon (2011), in her TEDxAtlanta, shared a personal experience she had in which writing a reflective piece on one of her patients and sharing it with the patient improved the patient's health and enhanced their relationship. Charon discussed how she and her patient handled this problem: "We continuously reassured her that is how tissues were repaired when she was in my office every week. She didn't trust our assertions since she was dubious about them. I informed her that I felt I understood her concern—namely, that she was terrified of dying—after performing another breast test in the office".

Chieu Foo and 48 other new residents at The University of Texas Medical School–Houston took part in a four-session course focusing on close reading and narrative writing to examine the effects of narrative medicine. (pp 352 – 353). Residents were given the task of writing a narrative about one of their patients whose suffering had an impact on them and comparing it to the case report they created for the patient at one of the sessions. This narrative was created by Foo. "I recall a 27-year-old woman who had congenital toxoplasmosis serving with me. She behaved and thought like an infant who was 18 months old. Her parents thought she was not herself, so she was admitted to the hospital. She had been losing hunger for a month, but there was no clear serious illness found. They claimed they didn't want her to go through any pain. Even I started crying. What will I do if I become a parent of a kid like this or if I foresee the same outcome for my unborn child?"

Winslade & Monk (2007). Narrative therapists give a lot of significance to the ethical values and ethical standards that a therapist contributes to their relationship with the patient. The importance of the patient's knowledge, creating a unique form of connection characterized by genuine power-sharing discussion, optimism, respect, curiosity, and determination are a few of these attitudes.

Freedman & Combs (1996), Monk, Winslade, Crocket, & Epston (1997), and Winslade & Monk (2007). There are not any established rules or methods for effective narrative therapy practice. Monk (1997) emphasizes that every patient will experience narrative therapy variously because they are all different. If narrative counseling is seen as a formula or used as a guide, patients will have the experience of having things done to them and feel left out of the conversation, according to Monk, who believes that narrative dialogues are founded on a way of being (p. 24). This research on narrative medicine discussed above illustrates how the concept of deeply listening to patients' stories is mainly employed. However, these concepts are rarely applied to examine a literary work like a novel in order to comprehend the nature of interpersonal interactions. The connections between Alicia and her father, husband, and even other people, such as Theo Faber, have been examined in this essay. In this essay, the psychoanalytic theoretical framework of Rita Charon will be used to study and analyze the novel *The Silent Patient*. In order to look into Alicia's mind to understand the connection between a therapist and her patient, it has been taken into discussion.

While the narrative therapy ideas of Michael White and David Epston have been used in this study when taken into account necessary, Rita Charon's less well-known and less frequently used theories—at least in English literature—have received the majority of attention in order to better comprehend the novel.

There is no substantial literature found on the theory of narrative medicine except the theorist Rita's own reviews and commentary. This study will focus on the concept of Narrative Medicine coined by Rita Charon, a professor of clinical medicine at Columbia University and a general internist with a background in literary theory. It is Alex Michaelides's debut novel, and it was initially published in (2019) and placed

first on the New York Times bestsellers list. Because this well-known psychological thriller focuses on the concept of storytelling writing, it was considered when writing this paper.

### Research Methodology

The study of narrative medicine in literature provides the frame of the research field for this article, which relates to the qualitative framework. The study of the selected text, *The Silent Patient*, a methodology based on the postulations of the narrative medicine critical model of Rita Charon, is applied in this analysis of the novel. With specific reference to Charon, the researcher adopts narrative medicine in literature and focuses on the intersection of narrative and healing. This framework aims to delve into this work and employs narrative medicine principles to illuminate the therapeutic potential of storytelling, character development, and empathetic engagement with characters' experiences, ultimately shedding light on the healing process.

The practice of narrative medicine comprises the skill of narrating tales, the skill of paying close attention to tales, and the interaction between patients and medical professionals. Because narrative medicine gives the personal experience of suffering new meaning, it can promote improved medical care. This illustrates how narrative medicine ideas are used in this work to create a narrative that examines trauma, healing, and the transformational power of storytelling. The novel illustrates the potential for literature to serve as a therapeutic tool, promoting understanding and healing in both fictional characters and real-life readers through an analysis of character development, supportive engagement, and the relationship of narrative points of view. Therefore, it seeks to understand how and why (by analyzing characters and events) Alicia becomes silent.

### Theoretical Framework

#### Narrative Medicine

Michael White and David Epston, who coined the term "narrative therapy," with all other key narrative medicine experts believe that disconnecting a person from the issues they are experiencing is a vital aspect of narrative treatment. The practice of narrative medicine comprises the skill of The process of storytelling, paying close attention to stories, and the interaction between patients and medical professionals. Because narrative medicine gives the personal experience of suffering new meaning, it can promote improved medical care. This illustrates how narrative medicine ideas are used in this work to create a narrative that examines trauma, healing, and the transformational power of storytelling.

In *The Silent Patient*, narration is used to explore the characters' inner lives and emotional challenges. This illustrates how narrative medicine and storytelling are related to one another. The use of personal narrative in understanding as well as treatment is embraced by narrative medicine. In the novel, the existences, incidents, and emotional experiences of the people are crucial to unraveling the mystery surrounding the silent patient, Alicia Berenson. By introducing narrative medicine into the story of the novel, the researcher may be aiming to strengthen reader relationships and highlight the transforming power of sharing and understanding one's own life experiences as well as people.

#### Rita Charon's Concept of Narrative Medicine

Rita Charon, a literary critic, designed the concept of narrative Medicine and established the department at the University of Columbia in the year of 1996. She wanted to prepare experts to build a link between the humanities and the sciences. Charon considers narrative medicine a requirement for performing medicine that unifies behaviorist psychology, literature, and health under one basic word. With specific reference to Charon, the researcher adopts narrative medicine in literature and focuses on the intersection of narrative and healing. This framework aims to delve into this work and employs narrative medicine principles to illuminate the therapeutic potential of storytelling, character development, and empathetic engagement with characters' experiences, ultimately shedding light on the healing process. What do I do with the paradoxes, the ambiguities, the contradictory stories from a family member, the gaps in memory, and the fact that the stories change from month to month?

She asserts that she realized these narrative skills are used throughout the entire enterprise of medical practice, including teaching, executing research, understanding and diagnosing disease, reflecting on



one's life in medicine, interacting with colleagues in the field, and carrying out the profession's social obligations. Patients and healthcare providers are in a difficult position. "What do I do with my doubt about the meaning of what I am hearing?" She also mentioned that together, we must find ways to maintain the incredible power of our medical sciences while attempting to lessen the pain and loss brought on by catastrophic illness. Doctors appear to function at a distance from the immediateness of sick and dying patients, distanced from sick people by profound differences, whether it be to protect themselves from the sadness of caring for very sick individuals or to ensure the objectivity of their clinical judgment.

When doctors write, they, too, experience the discovery of learning what they know. It continues to astonish me that writing is an avenue to the "unthought known" -- that is, the part of knowledge that sits under awareness. Kripalucentre for yoga and health (2023-24)

Doctors appear to be at war with both their patients and themselves, and they also appear to be in conflict with their students, one another, other medical professionals, and the society they are supposed to be serving. Time and financial constraints have weakened the one-on-one guidance and role modeling that used to be an essential component of medical education. There is limited room for the responsible development of young professionals or the support of those with established careers in most teaching hospitals' competitive and deficit environments of most teaching hospitals. Professional medical organizations tend to engage in market positioning or legislative advocacy more frequently than they devote to supporting their members' professional growth of their members. Disputes over turf pose a threat to polite relationships with nurses, physician assistants, social workers, therapists, and psychologists, leaving many medical professionals feeling alone.

Our task as doctors, nurses, therapists, and ethicists is to learn each patient's personal language in its tenses, its images, its silences, and its tensions. (2002)

The patients do not expect to be treated with kindness and love when they arrive. Instead, students typically arrive prepared with their list of questions so they would not forget any within the limited time they have, which is only twelve minutes. The clinician is already glancing at the timer while being aware that there are three additional patients waiting for what will ultimately amount to the same brusque, indifferent, divided attention on their side of the waiting room. I meet with lots of pre-medical students now, and they show me their personal statements to get into medical school. They read the statement. It's all about wanting to help people, integrated care, and justice. I have to say, "What about the science? Does the science interest you? Because if it doesn't, you're not going to do well."

Therefore, nobody is getting what they need, want, or could use. As a result, it requires a lot of effort to match a clinician who is enthusiastic about a new type of relationship with a patient who is not. This isn't just about being a nice doctor or having a nice bedside manner. It's hearing and taking responsibility for improving access and equity because it's in our power to do this.

#### Four Key Features of Narrative Medicine

For clinicians to achieve these objectives, narrative medicine provides professionals with four key skills; these key skills help healthcare providers access the issues their patients are experiencing and provide a way forward for a better understanding of their issues. These key skills are as follows.

- Narrative listening,
- Narrative understanding
- Narrative thinking
- Narrative representation.

These four approaches concentrate on the four important elements of the medical relationship. Based on this medical relationship, four remedies that can be provided or four ways through which treatment can be provided are as follows.

- Attention
- Affiliation,
- Empathy,
- Representation.

The idea behind narrative medicine is that patients, as well as healthcare workers, construct stories about their experiences, both consciously and unconsciously; that these stories, with their various characters, conflicts, desires, nuances, and miscommunications, influence the scope and significance of medical conditions all over our entire lives; and that becoming better at applying stories of any kind efficiently influences both patient benefits and professional outcomes.

### Text Analysis

Not even one positive or negative word. Nothing, not a word. Just quiet. In 2020 (Miller). The following quotation by SuhadDaher-Nashif (2020) is clarified: Unexpressed sentiments will never fade away. They are only suppressed, and when they do, they do so in more obscene ways, beyond the Pleasure Principle by Sigmund Freud, 1920.

This quote is highlighted in the *Silent Patient* novel to act as a gentle reminder to the reader that a patient's silence is not necessarily a sign that they are emotionless or without anything to express, but rather that they may simply be wishing to express their feelings through actions or screams. In other words, screaming from sufferers may not always be heard. Beyond verbal communication, *The Silent Patient*, Alicia, relies on other forms of communication. In this book, silence is a tool for expressing emotions, attitudes, and desires; Alicia's silence performs the same goal.

The idea of a narrative has been seen as a key instrument for helping patients understand their illness. Healthcare professionals are taught through narrative medicine how to communicate with patients, tell stories, and show respect for each other's life experiences. (Wittenberg *et al.*, 2017)

The moment of silence in Euripides' "Alcestis" that Mary Stieber (1998) describes as one of the most fascinating in all of Greek tragedy is the one that occurs in this play. Alcestis gives up her life to save her husband. She believes that killing herself will resurrect her husband. Because she is blamed for her husband's passing, Alicia also perishes in a sense as a result of him. After that, neither Alicia nor Alcestis says another word (Stieber, 1998).

As in the novel *The Silent Patient* Alicia's mental state is unstable. She would sometimes damage herself when she didn't think her presence was important to others around her. Theo notices that Alicia is not experiencing anything and is unable to respond to anything because she is heavily medicated. To enable Alicia to think and feel, Theo encourages Diomedes to reduce her medication dose. Diomedes agrees, but he also warns Theo of her tendency for suicide. She was extremely suicidal when she initially arrived at the Grove and repeatedly hurt herself.

"When she was first admitted, Alicia slashed her wrists twice and self-harmed with whatever she could get her hands on ( Michaelides, 2019, p. 55)

Alicia was at the Grove when the quote was recorded. A suicide scene is present when Alicia first arrives. Grabbing whatever she could find, Alicia sliced her arm. Alicia believes she does not require assistance and would rather die than continue to experience the suffering she is.

It's crucial to be honest when meeting new patients since you never know what they might be thinking. Be careful while analyzing what your patients are expressing, like in Alicia's situation, where she feels like her presence is useless. Therapeutic met should be considered. Norcross and Beutler (2011) suggest that creating a particular treatment is not the primary objective of story therapy. Instead, we adopt a new approach that depends on the patient's reaction.

Alicia became violent-she smashed a plate and tried to slash Elif's throat with the jagged edge (Michaelides, 2019, p. 40).

Alicia sometimes makes an effort to express her feelings through her movements, facial expressions, and body language. She responds by grinning, acting aggressively, dejectedly, or violently. At the canteen of the Grove, Alicia makes an attempt to sever Elif's throat with a shattered plate's sharp edge. When Theo questions Elif about the real cause of the altercation, Elif claims that she merely asked a question and that Alicia attacked her. It is said that Elif accused Alicia of stealing her seat and that Alicia then attacked Elif. Elif asks Alicia if Gabriel's wife deserves to be slain. Elif discusses the catastrophe in Alicia's life that caused her to become mute, which caused her entire world to crumble and left her unable to bear anything. Alicia,



the silent patient, speaks in a variety of ways outside of her words. In this book, silence is a tool for expressing emotions, attitudes, and wants; Alicia's quiet serves the same role. In addition to speaking firmly when she needs to defend herself or smile at an idea she admires, Alicia also uses her distance from other people to express how comfortable she feels around them.

"Don't forget she was highly suicidal when we first brought her here." (Michaelides, 2019, p. 64).

Alicia is heavily drugged when Theo meets with her for their first therapy session. Diomedes is informed by Theo that she feels as though she is six feet underwater. Later, her dosage decreases, and when Theo meets with her for their next session, she continues to fixate her unblinking gaze on him. At this point, she thinks she recognizes his eyes but is unsure. Theo's words, "I want to help you. I want to help you see clearly," dispelled her uncertainty, and she knew right once that this was the same man whose entrance drastically transformed her life. According to her, he used the exact same phrases and phrasing that he had at home.

She threw herself toward me, hands outstretched like claws. Clawing—it took all my strength to throw her off. (Michaelides, 2019, p. 72).

As Theo states, Alicia is an artist. She speaks a lot without saying anything. She paints because it gives her comfort and melancholy. To express one, words are not necessary. Painting is used and regarded as the most powerful form of expression. Oneself. To convey their ideas on a blank canvas or a blank sheet of paper, artists use a variety of colors, lines, forms, and techniques. Alicia is a deeply sensitive person as a result of her childhood trauma. She feels that words are insufficient and insufficient to fully explain the complex, dark emotions and sensations that she has carried with her since infancy. Alicia often turns to painting if she wants to distance herself from the external world or needs a moment to herself.

The role of caregivers in the development of a person's whole behavior, including their entire personality and sense of self, has probably been acknowledged in various academic fields.

..the biggest challenge I had was to convince people that I wanted to listen to whatever they said. One lady said, "You mean you want me to talk?" (Charon, 2001)

Theo became the mouthpiece of Alicia because he observed her through her paintings and her diary. He tried to make her feel comfortable by telling her his own stories. Other psychiatrists started noticing signs of improvement in Alicia because of her conversation (narrative Medicine) with Theo. As Indira said to Diomedes:

Indira said, "Alicia has begun to talk. She's communicating through Theo, who is her advocate. It's already happening."

Theo wanted to make Alicia speak, and he wanted to cure her because he himself went through this traumatic situation. Despite becoming a psychiatrist, he still required psychotherapy just to make himself calm. He claimed that a psychiatrist himself needed therapy.

"We are drawn to this particular profession because we are damaged –we study psychology to heal ourselves. Whether we are prepared to admit this or not is another question."

Alicia struggled with mental disorders because of her traumatic past and childhood. Her father tried to kill her because he never wanted to be with her. She herself heard her father saying that he wanted to murder her daughter. Alicia believes that her father doesn't respect her existence and that she no longer belongs anywhere. She becomes overwhelmed by her father's nasty remarks and lacks the courage to overcome her desire to blame her parents for being unfaithful to each other. She feels all of her hatred and anger filling her up, but she holds it inside until it suddenly bursts.

Paul: Why did not Alicia die instead?(Michaelides, 2019, p. 235)

Alicia claims that my father just killed me, Theo once said. (Michaelides, 2019, p. 235). Alicia thinks her father is responsible for her mental health and her silence. She loses her innocence only by hearing him speak while he is in pain. The person closest to her, her father, has betrayed her. Imagine it- hearing your father, the very person you depend upon for your survival, wishing you dead.

In honor of a Greek myth, Alcestis, Alicia gave her painting its name. She thought that Alcestis was just like her because both of them endured suffering at the hands of their loved ones. She made Gabriel's



painting to express her love for him because she believes that he also feels the same for her. Gabriel wanted to kill her just to save himself.

It's Gabriel. Incredible that I didn't see it before. Somehow, without intending to (Michaelides, 2019, p. 56)

## Conclusion

Using textual analysis, the researcher investigates the power of narrative medicine in the connection between the therapist and patient in the novel *The Silent Patient* by Alex Michaelides the power of narrative medicine in the relationship between the patient and his or her therapist in the novel *The Silent Patient* by Alex Michaelides through textual analysis. Six long years pass, during which Alicia Berenson remains silent; the causes of her quiet are her childhood traumas and her beloved's betrayal. She had a terrible upbringing, and the poisonous relationship between her parents has left her with mental health issues her entire life. The researcher has focused on her nonverbal communication, where she expresses her suppressed or concealed ideas through her behaviors, paintings, hostility, and thoughts and feelings. Her creations of creativity serve as an expression of her affection for one another, anger, suppressed emotions, craziness, and betrayal. Her worries, her past, her frustration, and her suicidal desires are also revealed. She wants to be chilly in order to avoid feeling alive. She is mute due to her life incidents. Despite remaining silent, she is conveying more than ever her silence. She gives the Greek renowned character Alcestis the title of her self-portrait since both Alcestis and Alicia experience betrayal at the hands of those they love. The agony that they endure is the same, and just as Alcestis stops expressing himself after the betrayal, so does Alicia. Her main way of communication is through her silence. We are all interconnected as humans. Our ability to be identified as unique persons and to be recognized and understood by others is essential to our very social existence. All of these approaches to treating the silent patient support the patient's continued personhood.

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