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THEORETICAL ARTICLE

Silenced selves, solitary spaces, and relational repair: A psychoanalytic study of oppression, loneliness, and voice

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ABSTRACT

Silencing is a multidimensional form of oppression that operates through relational, symbolic, and intrapsychic processes, shaping identity, affect, relational capacity, and agency. Drawing on psychoanalysis, trauma studies, developmental psychology, and social justice scholarship, this paper presents a theoretical synthesis examining the mechanisms and consequences of silencing. The analysis identifies gaslighting, projection, passive aggression, and emotional neglect as key mechanisms through which silencing damages self-esteem, inhibits emotional and psychological development, and produces depression. Prolonged silencing is associated with emotional withdrawal, submissiveness, anhedonia, internalised guilt, and impaired self-expression. Passive aggression is understood as a covert coping response when direct communication is perceived as unsafe, though it simultaneously impedes recovery and relational repair. A central contribution of this paper is the conceptual distinction between loneliness and solitude. Loneliness constitutes a painful state of disconnection, whereas solitude, when it occurs within conditions of safety and relational support, functions as a reparative space for self-stabilisation, reflection, and integration. The paper further argues that mutual recognition, defined as being genuinely seen and understood by another, is essential to the recovery of voice and the repair of damaged relational bonds. Clinical implications are addressed, and the paper argues that structural change to the social conditions that sustain silencing is necessary alongside individual therapeutic work.

Keywords: loneliness; mutual recognition; oppression; silencing; solitude; voice

Silencing is a pervasive yet frequently unrecognised form of oppression (Shadbolt, 2022; Sielke, 2022; Young & Mooney, 2024)). It occurs when a person's thoughts, feelings, or experiences are dismissed, ignored, or denied across contexts including families, schools, workplaces, and wider society. Silencing extends beyond the suppression of speech (Pérezts & Mandalaki, 2024). It erodes epistemic confidence, induces shame, and undermines trust in one's own perceptions (Herman, 1992). Over time, silenced individuals may lose access to their own inner states and learn to present a socially acceptable version of themselves while the authentic self remains concealed and undeveloped (Barber, 2025).

The developmental roots of silencing are well established in the psychoanalytic literature. When children's affective experiences are consistently unacknowledged, they learn to suppress those experiences in the service of relational safety. Winnicott (1960) described this process as the formation of a false self, a compliant structure that protects the true self from environmental impingement but at the cost of vitality, spontaneity, and a sense of inner reality. The infant who cannot rely on the environment to respond to its authentic gestures learns instead to mirror and comply, and this pattern of managed self-presentation can persist into adulthood long after the original threat has passed. Ferenczi (1988) observed related processes in his clinical work, noting that children who are not met with attuned understanding fragment their experience, splitting off the parts that the environment cannot tolerate. The result is a self that feels discontinuous and unreal, shaped more by the demands of others than by any genuine inner life (Schoen, 2026).

As individuals move into wider social contexts, silencing continues in structurally organised forms. Foucault (1980) demonstrated that power operates through the regulation of knowledge, determining which voices are accorded legitimacy and which are consigned to the margins. This is not simply a matter of individual prejudice but is embedded in

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institutions, discourses, and the very categories through which experience is made intelligible. Bourdieu (1991) extended this analysis through the concept of symbolic violence; whereby marginalised individuals internalise dominant valuations of their experience and come to perceive themselves through the evaluative frameworks of those who hold power. The damage this inflicts is particularly insidious because it operates below the threshold of conscious awareness. People do not experience symbolic violence as something done to them from outside (Anderson et al., 2026). They experience it as their own self-assessment, their own sense of inadequacy, their own conviction that they have nothing worthwhile to say. This creates internalised oppression, in which the negative messages transmitted by dominant social structures are absorbed and turned against the self (Bourdieu, 1991; Foucault, 1980).

The psychological mechanisms through which silencing operates are varied and interconnected. Klein (1975) identified projection and projective identification as processes through which uncomfortable affects are evacuated into another person, who then carries those feelings as though they were their own. In contexts of silencing, the person who silences may project their own fear, aggression, or shame onto those they silence, leaving the silenced person with a burden of feeling that does not belong to them. Ferenczi (1988) described identification with the aggressor as a survival strategy in which the victim takes on the characteristics and perspectives of those who harm them. This complicates recovery considerably, because the oppressive voice becomes internalised and is experienced as one's own inner critic rather than as an external imposition (Guttman & Relojo-Howell, 2022). Herman (1992) documented how prolonged exposure to abuse and coercive control produces characteristic adaptations including emotional numbing, dissociation, and enforced silence, adaptations that serve survival in the short term but severely restrict the person's capacity for authentic living over time.

The consequences of sustained silencing extend across multiple domains of functioning. At the intrapsychic level, silencing fragments identity, depletes self-esteem, and produces states of chronic emptiness and depression. At the relational level, it impairs the capacity for intimacy, generates cycles of passive aggression and withdrawal, and leaves individuals unable to assert their needs or engage authentically with others. At the social level, silencing reproduces inequality by ensuring that the perspectives of marginalised groups remain absent from the discourses and decisions that shape collective life (Bourdieu, 1991; Foucault, 1980). These levels are not independent. Social structures that silence particular voices create the relational contexts in which silencing is enacted, and those relational experiences become internalised as psychological structures that perpetuate silence from within.

Despite the extensive literature on trauma, oppression, and psychic development, several important questions remain inadequately addressed. Existing scholarship has tended to work within disciplinary boundaries, with social theorists attending to power while psychoanalysts attend to the inner world, and with relatively little integration across these perspectives. The distinction between loneliness and solitude, though clinically significant, has received limited theoretical attention in the context of silencing and recovery. Dahlberg (2007) offered a phenomenological account of loneliness as a fundamental experience of emptiness and disconnection, but the conditions under which aloneness becomes reparative rather than deprivative have not been fully elaborated. Similarly, while relational psychoanalysts such as Dimitrijević (2018) and Krause and Birksted-Breen (2021) have developed the concept of mutual recognition, its specific role in the recovery of voice following silencing has not been systematically examined.

This study addresses these gaps through a theoretical synthesis that integrates psychoanalytic, developmental, and social justice perspectives on silencing. It advances three principal arguments. First, it identifies and analyses the psychological mechanisms through which silencing operates, demonstrating how social oppression becomes embedded in intrapsychic structure (Ferenczi, 1988; Klein, 1975). Second, it draws a conceptual distinction between loneliness and solitude (Dahlberg, 2007; Krause & Birksted-Breen, 2021), arguing that solitude, when grounded in conditions of relational safety, constitutes a reparative space that supports integration and the recovery of authentic self-experience. Third, it argues that mutual recognition is the primary mechanism through which voice is recovered, and it specifies what this

means for trauma-informed clinical practice (Dimitrijević, 2018; Shedler, 2010).

METHOD

This study employs theoretical synthesis as its methodological approach. Theoretical synthesis involves the systematic integration of existing conceptual frameworks from multiple disciplinary sources to generate new analytical connections and produce a coherent overarching framework (Hammersley, 2012; Schwarz et al., 2024). It does not involve the collection of primary empirical data. Rather, it works with published theoretical and clinical texts, identifying relationships between concepts that may not have been previously elaborated. This is an established and rigorous mode of inquiry in fields where conceptual development is central to scholarly progress.

The procedure followed four stages. In the first stage, key texts were identified from psychoanalysis, trauma studies, developmental psychology, and social justice scholarship. Selection prioritised works that are widely regarded as foundational within their respective fields and that bear directly on the phenomenon of silencing. This included canonical contributions by Winnicott (1960), Klein (1975), Ferenczi (1988), and Herman (1992), alongside more recent relational psychoanalytic and social theoretical scholarship by Dimitrijević (2018) and Krause and Birksted-Breen (2021).

In the second stage, selected texts were subjected to close reading. Attention was given to the conceptual vocabulary each author employed, the arguments advanced, and the evidentiary or clinical basis on which those arguments rested. Particular attention was paid to instances of conceptual convergence across disciplinary boundaries, that is, points at which authors working in different traditions appeared to be describing related phenomena using different terminology. The connection between Winnicott's (1960) concept of the false self and Bourdieu's (1991) account of internalised symbolic violence represents one such convergence, and identifying it illuminates both constructs.

In the third stage, relationships between identified concepts were systematically examined. The guiding analytical questions concerned the pathways through which social power becomes internalised as psychological structure, the intrapsychic consequences of repeated silencing, and the conditions that support the recovery of voice. Analysis proceeded iteratively, moving between texts to build a coherent account that preserved the specificity of individual contributions while rendering visible the structural connections between them.

In the fourth stage, the resulting conceptual map was organised into themes. These themes were not imposed in advance but emerged from the analytical process itself. They represent the organisation that best captures what the body of literature, taken as a whole, has to say about silencing and its repair.

It should be noted that this approach differs from the thematic analysis described by Braun and Clarke (2006), which was developed for use with empirical data such as interview transcripts. The present study works with theoretical texts rather than empirical data, and the label of theoretical synthesis or conceptual analysis more accurately describes the procedure followed. This distinction matters for reasons of methodological transparency and academic integrity.

RESULTS

The analysis yielded four interrelated themes that together account for the mechanisms of silencing and the conditions under which recovery becomes possible. Each theme is presented in Table 1 and elaborated in the narrative that follows.

Table 1
Thematic Structure of Silencing and Repair

Theme	What It Covers	Key Elements
Theme 1: Symbolic Mechanisms of Silencing	The ways silencing is done through symbols, relationships, and social structures	Gaslighting and denial of personal reality (Herman, 1992); emotional neglect in families (Ferenczi, 1988; Winnicott, 1960;); institutional rules that suppress certain voices (Bourdieu, 1991; Foucault, 1980); false self formation (Winnicott, 1960); taking on the aggressor's attitudes (Klein, 1975); feeling guilty for things that are not your fault; becoming submissive
Theme 2: The Experience of Loneliness and Depression	What silencing feels like from the inside	Feeling confused about who you are (Winnicott, 1960); emotional exhaustion; projecting feelings onto others (Klein, 1975); withdrawing from people (Dahlberg, 2007); losing a sense of meaning (Herman, 1992); internalised guilt; expressing anger indirectly through passive aggression; relational damage
Theme 3: Reparative Solitude	How being alone can help healing when it happens in safe conditions	Having internalised a sense of safety from good relationships (Winnicott, 1960); being able to access buried feelings (Ferenczi, 1988); confronting avoided experiences; mourning losses (Herman, 1992); bringing together fragmented parts of the self (Klein, 1975)
Theme 4: Voice Recovery Through Mutual Recognition	How people find their voice again through being truly seen by others	Having your experience validated by another person (Dimitrijević, 2018; Krause & Birksted-Breen, 2021); rebuilding trust in your own mind (Herman, 1992); the therapeutic relationship as a site of recognition (Shedler, 2010); therapist transparency; letting go of self-sacrifice; expressing genuine needs; engaging authentically with others

Theme 1: Symbolic mechanisms of silencing

This theme covers the ways that silencing is done through symbols and relationships. One important mechanism is knowledge-based invalidation. This means that a person's sense of what is real and true is undermined. Gaslighting is a classic example. The gaslighter denies events, contradicts memories, and tells the victim they are imagining things or being too sensitive. Over time, the victim stops trusting their own mind (Herman, 1992). Their feelings and perceptions are erased. Another mechanism is familial and institutional regulation. In families, emotional neglect sends the message that the child's inner world does not matter. The child's needs and feelings are not noticed or responded to (Ferenczi, 1988; Winnicott, 1960). In institutions, rigid rules about what can be said and who can say it silence certain voices (Bourdieu, 1991; Foucault, 1980). People learn to suppress their needs and present only what is acceptable. This leads to the formation of a false self. The person learns to perform compliance while their authentic self stays hidden (Winnicott, 1960). They may also take on the characteristics of those who silence them, becoming critical of themselves in the same way they have been criticised (Klein, 1975). Guilt is induced, and submissive behaviours become automatic.

Theme 2: The experience of loneliness and depression

This theme captures what silencing feels like from the inside. It involves fragmentation of the self. The person feels confused about who they are. Their identity feels shaky and uncertain (Winnicott, 1960). They are emotionally exhausted because so much energy goes into hiding and coping. They may project their feelings onto others, seeing in other people the emotions they cannot bear in themselves (Klein, 1975). Depression often sets in. This involves withdrawing from others, feeling hopeless, and losing a sense of meaning (Dahlberg, 2007). Life feels empty and pointless. Guilt is internalised. The person feels responsible for things that are not their fault (Herman, 1992). Passive aggression appears as a way of coping. When direct expression feels too dangerous, anger comes out sideways through indirect means. The person may procrastinate, be obstructive, or express hostility in hidden ways. This protects them in the short term but damages relationships and keeps them stuck in patterns of silence.

Theme 3: Reparative solitude

This theme distinguishes solitude from loneliness and shows how it can help healing. Solitude is not the same as being lonely. Loneliness is painful and involves feeling cut off (Dahlberg, 2007). Solitude, when it is supported by a background sense of

safety, can be a healing space. Relational holding means that the person has experienced enough good relationships to be able to be alone without falling apart (Winnicott, 1960). They carry within themselves a sense of being held and supported. In this context, solitude allows them to access feelings that have been buried (Ferenczi, 1988). They can confront experiences they have avoided. They can mourn what they have lost the relationships that failed them, the parts of themselves that were hidden, the years of living falsely (Herman, 1992). This grief work is essential for integration. Through it, fragmented parts of the self can come back together (Klein, 1975).

Theme 4: Voice recovery through mutual recognition

This theme explains how people find their voice again. The key process is mutual recognition. This means being truly seen and understood by another person (Dimitrijević, 2018; Krause & Birksted-Breen, 2021). When someone else validates your experience, it counters the self-doubt that silencing creates. You start to trust your own mind again (Herman, 1992). Relational repair happens through encounters where you are met with empathy rather than dismissal. The therapeutic relationship is one place where this can occur. The therapist provides consistent attention and responds to the patient's experience with understanding (Shedler, 2010). Therapist transparency, where the therapist is appropriately open about their own thoughts and feelings, models authentic engagement. This helps the patient recover their own capacity for spontaneity (Winnicott, 1960). Over time, the person can give up self-sacrifice and start to express genuine needs and desires (Clinton et al., 2024). They can engage with others authentically rather than through a false self. Their voice becomes their own.

DISCUSSION

The findings of this study indicate that silencing is a multidimensional phenomenon operating simultaneously across social, relational, and intrapsychic levels. The psychodynamic mechanisms identified in the analysis illuminate the processes through which silencing becomes internalised and self-perpetuating. Repression removes painful experiences from conscious awareness, but their effects persist, shaping affect and behaviour in ways that remain opaque to the individual. Denial permits the avoidance of distressing realities while generating a characteristic confusion in which the person simultaneously knows and does not know what has occurred. Splitting organises experience into rigidly polarised categories, defending against the anxiety of ambivalence but foreclosing the capacity to hold complexity (Klein, 1975). Where the oppressor is perceived as wholly good and the self as wholly bad, or the reverse, realistic self-appraisal becomes impossible and relational life is severely constrained.

Projective identification occupies a particularly significant position in the maintenance of silencing. When the silencing agent evacuates unwanted affect into the silenced person, the latter comes to experience those feelings as their own (Klein, 1975). This accounts for the otherwise puzzling guilt, shame, and anger that silenced individuals frequently report in the absence of any clear personal wrongdoing. The emotional burden they carry belongs, in origin, to another. The confusion this generates further erodes confidence in one's own perceptual and affective experience (Vazard & Audrin, 2022). Identification with the aggressor compounds this dynamic (Ferenczi, 1988). By internalising the attitudes and behaviours of the oppressor as a survival strategy, the silenced person incorporates the very voice that suppresses them into their own psychological structure. Recovery of an authentic voice therefore requires not simply the acquisition of new relational experiences but the painstaking work of distinguishing what belongs to the self from what has been taken on from the other.

Learned helplessness constitutes a further mechanism through which silencing is sustained over time. When repeated attempts to speak or act produce no discernible effect, the individual ceases to try, and this cessation generalises beyond the original context of futility (Seligman, 1975). Passivity is maintained even when circumstances have changed and effective action would be possible, because the expectation of ineffectiveness has become automatic. This is not a character deficiency but a psychologically coherent response to sustained experiences of powerlessness. Its reversal depends on the accumulation of experiences in which the person discovers that their voice does, in fact, produce a response, that they can be heard and can effect change in their relational environment.

The conceptual distinction between loneliness and solitude carries significant implications for clinical thinking about recovery. Loneliness is characterised by painful disconnection, an unfulfilled yearning for contact that is experienced as unavailable (Dahlberg, 2007). Solitude, by contrast, is a relationally grounded and potentially chosen aloneness. The individual capable of solitude carries within themselves a sufficiently stable internalised relational matrix, what Winnicott (1960) understood as the capacity to be alone in the presence of another, now transposed to an internal register. This internalised sense of being held enables productive reflective work. The person can engage with their own experience, feel what has been avoided, and begin the work of integration, precisely because they are not, in any deeper sense, alone (Krause & Birksted-Breen, 2021). The clinical implication is that promoting solitude is not equivalent to encouraging withdrawal. It is about supporting the development of internal resources that make reflective aloneness possible and safe.

Mutual recognition emerges from the analysis as the central reparative process. To be genuinely seen and acknowledged by another reverses, at least in part, the damage inflicted by silencing (Dimitrijević, 2018). Validation of one's experience by another person counters the internalised messages of worthlessness and unreality that silencing instils, gradually restoring confidence in one's own perceptions and judgements (Sherwood, 2024). Recognition also creates the conditions under which disowned experience can be recovered. Affects that were too threatening to be held alone become bearable when held in the presence of an attuned other and can then be integrated rather than dissociated (Herman, 1992). Recognition further enables mourning, the grief for lost relationships, suppressed selves, and years lived inauthentically, which requires a witness (Slochower, 2022). Therapeutic relationships and supportive communities are reparative, in part, because they supply the recognition whose absence was constitutive of the original injury.

The clinical implications of these findings are both specific and actionable. Assessment should encompass all the levels at which silencing operates, attending to developmental history, current relational patterns, internal self-representations, and social location, since different mechanisms will be differentially weighted for different individuals (Dang & Joshi, 2023). The therapeutic relationship must itself provide consistent recognition, which requires the clinician to attend closely to the patient's experience, respond with genuine understanding, and remain alert to the ways in which therapeutic practice can inadvertently replicate silencing through dismissiveness, false certainty, or emotional unavailability (Shedler, 2010). Transparency regarding the clinician's own limitations and errors models the mutual respect that is constitutive of recognition. Intervention should also support the patient's capacity for solitude, through practices such as reflective writing, creative work, or time in nature, activities that facilitate integration when undertaken from a foundation of sufficient internal safety (Winnicott, 1960). Finally, clinicians must attend systematically to social context. Silencing is not solely a personal or relational phenomenon. It reflects and reproduces structural inequalities organised around race, class, gender, and other axes of social difference (Bourdieu, 1991; Foucault, 1980). An adequate clinical response therefore requires awareness of how a patient's social location shapes their experience of being heard or unheard, and a willingness to consider advocacy and connection to affirming communities as legitimate components of care (Rodin et al., 2025).

Several limitations of this study warrant acknowledgement. As a theoretical synthesis, it generates conceptual frameworks rather than empirical evidence, and the mechanisms and processes described here require testing through research with diverse populations. Empirical studies employing interview, survey, or outcome methodologies could examine whether the proposed mechanisms operate as theorised and whether the recommended interventions produce the anticipated effects. Cross-cultural considerations are particularly important given that the psychoanalytic concepts central to this analysis were developed predominantly in Western clinical contexts and may require adaptation for application elsewhere. Silencing takes different forms across different cultural settings, and the conditions that support recovery may vary accordingly. Collaborative inquiry with scholars from diverse backgrounds and contexts would substantially strengthen the evidentiary base for the framework advanced here.

Future research might also examine more closely the conditions that facilitate or impede mutual recognition. Questions concerning the role of attachment history, individual differences in affect

regulation, and the structural features of relationships and institutions that either support or obstruct recognition across lines of social difference remain empirically open. Addressing them would provide a more granular and practically useful account of how the reparative processes identified in this study can be cultivated and sustained.

CONCLUSION

Silencing inflicts deep and lasting damage. It forecloses honest self-expression, fragments identity, and produces states of chronic emptiness and relational isolation. This study has brought together scholarship from psychoanalysis, trauma studies, developmental psychology, and social justice theory to construct an integrated account of how silencing operates and what conditions make recovery possible.

Three principal contributions have emerged from the analysis. First, the study has specified the psychological mechanisms through which silencing operates, including projection, splitting, false-self formation, identification with the aggressor, and learned helplessness. These mechanisms clarify the pathways through which socially organised oppression becomes embedded in intrapsychic structure, where it continues to reproduce silence from within. Second, the study has drawn a theoretically grounded distinction between loneliness and solitude. Loneliness is a painful state of disconnection characterised by unfulfilled yearning for contact. Solitude, when it is supported by internalised relational safety, constitutes a reparative space in which integration and the gradual recovery of authentic self-experience become possible. Third, the study has shown that mutual recognition is the primary mechanism through which voice is recovered and has specified what this means for trauma-informed clinical practice.

Recovery from silencing depends on accumulating experiences of recognition that progressively counter the internalised messages of worthlessness and unreality. Such experiences occur in therapy, in close relationships, and in communities oriented towards genuine acknowledgement. Over time, they restore confidence in one's own perceptions, enable the integration of disowned experience, and support the reclamation of a voice that is authentically one's own.

Recovery at the individual level, however, is insufficient on its own. Silencing is not only a psychological phenomenon. It is embedded in social structures that systematically privilege certain voices while marginalising others. Addressing silencing in any adequate sense therefore requires structural change, the dismantling of inequalities organised around race, class, gender, and other dimensions of social difference, and the construction of institutions and cultural practices in which diverse voices are genuinely heard and valued.

The framework advanced here offers resources for both clinical practice and broader social action. For clinicians, it provides a theoretically coherent account of what is occurring when patients struggle to find or sustain their voice and identifies the relational and intrapsychic conditions that support recovery. For those concerned with social change, it demonstrates how structural oppression operates through psychological processes, and why responses that address only one level are likely to remain incomplete.

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REFERENCES

Anderson, B., Wood, M. A., Wood, J., Arpke-Wales, W., & Pervan, F. (2026). Sense and insensibility: How technologies invite and invisibilise harm. In *The Routledge International Handbook of Sensory Criminology* (pp. 409–421). Routledge. https://doi.org/10.4324/9781032618258-44

Barber, S. (2025). From silence to academic engagement: How refugee children with disabilities access learning through inclusive "artful" schools in Canada. *British Educational Research Journal, 51*(4), 1789–1819. https://doi.org/10.1002/berj.4148

Bourdieu, P. (1991). *Language and symbolic power*. Harvard University Press.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Clinton, M. E., Conway, N., Sturges, J., & McFarland, A. (2024). Giving it all you've got: How daily self-sacrifice and self-esteem regulate the double-edged effects of callings. *Journal of Management Studies*, *61*(8), 3566–3593. https://doi.org/10.1111/joms.13013

Dahlberg, K. (2007). The enigmatic phenomenon of loneliness. *International Journal of Qualitative Studies on Health and Well-being, 2*(4), 195–206. https://doi.org/10.1080/17482620701626117

Dang, C. T., & Joshi, A. (2023). On the plurality and politics of ally work: Liberalism and self, relational, and organizational ally work. *Academy of Management Journal*, *66*(5), 1554–1585. https://doi.org/10.5465/amj.2021.0999

Dimitrijević, A. (2018). *Relational psychoanalysis and analytic rupture: Reparation and recognition*. Routledge.

Ferenczi, S. (1988). *The clinical diary of Sándor Ferenczi* (M. Balint, Ed.; M. Dupont, Trans.). Harvard University Press. (Original work published 1932)

Foucault, M. (1980). *Power/knowledge: Selected interviews and other writings 1972–1977* (C. Gordon, Ed.). Pantheon Books.

Guttman, M., & Relojo-Howell, D. (2022). Self-management of psychosis: Exploring the interplay of linguistics, semiotics, and social support. *International Journal of Psychiatry Research, 4*(2), 27–31. https://doi.org/10.33545/26648962.2022.v4.i2a.52

Hammersley, M. (2012). *What is qualitative research?* Bloomsbury. https://doi.org/10.5040/9781849666084

Herman, J. L. (1992). *Trauma and recovery: The aftermath of violence from domestic abuse to political terror*. Basic Books.

Klein, M. (1975). On the sense of loneliness. In *Envy and gratitude and other works 1946–1963* (pp. 300–313). Hogarth Press.

Krause, R., & Birksted-Breen, D. (Eds.). (2021). *From the abyss of loneliness to the bliss of solitude: Cultural, social and psychoanalytic perspectives*. Routledge.

Pérezts, M., & Mandalaki, E. (2024). Unsilencing silence on business school sexism: A behind-the-scenes narration on regaining voice. *Gender, Work & Organization, 31*(5), 2138–2157. https://doi.org/10.1111/gwao.12959

Rodin, G., Feldman, A., Trapani, D., Skelton, M., Unger-Saldaña, K., Essue, B., Pihlak, R., Walshe, C., Rosa, W. E., Banegas, M. P., & Zambrano-Lucio, M. (2025). The human crisis in cancer: A Lancet Oncology Commission. *The Lancet Oncology, 26*(12), e628–e670. https://doi.org/10.1016/s1470-2045(25)00530-3

Schoen, S. (2026). The analyst's otherness and the elusive nature of transitional space. *Contemporary Psychoanalysis*, 1–26. https://doi.org/10.1080/00107530.2026.2652828

Schwarz, A., Alpers, F., Wagner-Olfermann, E., & Diers-Lawson, A. (2024). The global study of COVID news: scope, findings, and implications of quantitative content analyses of the COVID-19 news coverage in the first two years of the pandemic. *Health Communication*, *39*(8), 1568–1581. https://doi.org/10.1080/10410236.2023.2226932

Seligman, M. E. P. (1975). *Helplessness: On depression, development, and death*. W. H. Freeman.

Shadbolt, C. (2022). The many faces of systemic oppression, power, and privilege: The necessity of self-examination. *Transactional Analysis Journal*, *52*(3), 259–273. https://doi.org/10.1080/03621537.2022.2076411

Shedler, J. (2010). The efficacy of psychodynamic psychotherapy. *American Psychologist, 65*(2), 98–109. https://doi.org/10.1037/a0018378

Sherwood, J. R. (2024). *The developing self: Voices of authenticity in beginning therapists* [Doctoral dissertation, Trinity Western University].

Sielke, S. (2022). No quiet place: Breaking the silence, speaking the unspeakable, or: How cultural critique thrives on a paradox. In *Silence and Its Derivatives: Conversations Across Disciplines* (pp. 235–254). Springer International Publishing. https://doi.org/10.1007/978-3-031-06523-1_12

Slochower, J. (2022). The absent witness: Mourning, virtually. *Psychoanalytic Perspectives, 19*(3), 253–268. https://doi.org/10.1080/1551806x.2022.2097508

Vazard, J., & Audrin, C. (2022). The noetic feeling of confusion. *Philosophical Psychology*, *35*(5), 757–770. https://doi.org/10.1080/09515089.2021.2016675

Winnicott, D. W. (1960). Ego distortion in terms of true and false self. In *The maturational processes and the facilitating environment* (pp. 140–152). International Universities Press. https://doi.org/10.4324/9780429482410-12

Young, C., & Mooney, S. (2024). Breaking the 'culture of silence': exploring therapist perspectives of culturally sensitive systemic psychotherapy in contested sociopolitical contexts–a Northern Ireland case study. *Australian and New Zealand Journal of Family Therapy*, *45*(3), 300–324. https://doi.org/10.1002/anzf.1599