

“I survived war. . . But I’m not normal”: Trauma and Recovery in Rohina Malik’s Yasmina’s Necklace

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Abstract: Abstract: Refugees of war are likely to experience trauma, either during a conflict or in fleeing it, with women often the targets of physical abuse. Although many accounts of these abuses are filtered through the media or exemplified through literature, they can be examined through an academic framework for trauma. This paper applies Judith Herman’s trauma and recovery model to the play Yasmina’s Necklace by Rohina Malik, specifically with regard to the protagonist, Yasmina, and her trauma from sexual abuse during the Iraq War. Her depiction, though fictionalized, parallels Herman’s proposed stages of trauma: hyper-arousal, intrusion, and constriction. By exploring Yasmina’s trauma through Herman’s model, this paper examines the following questions: how closely is psychological trauma represented in the play? what is the play’s message regarding survival and resistance in the wake of trauma? and therefore, can victims ever truly start anew? This paper aims to answer these questions using Yasmina’s experience as a veritable case study.

Keywords: trauma, Herman, war, Yasmina’s Necklace, survival.

”نجوت من الحرب ولكنني ما عدت كما أنا”: الصدمة والتعافي في مسرحية ”قلادة ياسمينا“ للكاتبة رو هينا مالك

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مستخلص البحث: كثيراً ما يواجه اللاجئون الفارون من ويلات الحرب أشكالاً متعددة من الصدمات النفسية، سواء خلال فترات النزاع أو أثناء محاولاتهم للهرب من تبعاته، وتُعد النساء في كثير من الأحيان الهدف الأبرز للعنف الجنسي والانتهاكات. ورغم أن العديد من الروايات التي توثق هذه المعاناة تصلنا عبر وسائل الإعلام أو تُجسّد في الأعمال الأدبية، فإنه لا أنه بالإمكان تناولها ضمن إطار أكاديمي متخصص في دراسة الصدمة النفسية. في هذا السياق، تقصد البحث تطبيق نموذج ”الصدمة والتعافي“ لجوديث هيرمان على مسرحية ”قلادة ياسمينا“ للكاتبة الأمريكية الباكستانية الأصل رو هينا مالك، مع التركيز بشكل خاص على شخصية ياسمينا، التي تمثل ضحية العنف الجنسي خلال حرب العراق. ورغم أن المسرحية تقوم على معالجة درامية تخيلية، إلا أن صورة ياسمينا تعكس، وبشكل لافت، المراحل الثلاث التي حددتها هيرمان لأنثر الصدمة: اليقظة المفرطة، والتسلل القسري للذكريات، والانكماس أو الانسحاب. ومن خلال استقصاء أبعاد هذه الصدمة لدى ياسمينا استناداً إلى نموذج هيرمان، يسعى البحث في رونقه إلقاء الضوء حول مجموعة من التساؤلات الجوهرية وتكثيفها، من أبرزها: إلى أي مدى تتجح المسرحية في تقديم تصوير دقيق للصدمة النفسية؟ وما الرسالة التي تسعى المسرحية لإيصالها حول مفهومي النجاة والمقاومة بعد التعرض للصدمة؟ وهل يمكن للضحايا، في نهاية المطاف، أن يبدوا حياة جديدة فعلًا؟ يسعى هذا البحث للإجابة على هذه التساؤلات من خلال اعتبار تجربة ياسمينا دراسة حالة تعكس واقعاً أوسع يعانيه كثير من الناجين من ويلات الحرب.

الكلمات مفتاحية: رو هينا مالك- الصدمة- قلادة ياسمينا- البقاء- هيرمان.



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"Physical pain has no voice, but when it at last finds a voice, it begins to tell a story" (Scarry 3).

1. Introducing Trauma and Judith Herman's Example

20th-21st century literature has increasingly featured trauma as a thematic topic or plot point. In tandem, psychological and sociological studies have brought more awareness to and understanding of trauma, which have likely informed the considerable number of works tackling its effects. Hurston Zola opens her memoir with a reminder that "there is no greater agony than bearing an untold story inside you" (36). The burden of untold stories underscores the potential for literature to help writers and readers alike process their past distress. Specifically, it invites survivors to join the voices of others who have lived through trauma, perhaps aiding them on a path to recovery. Depending on the source of trauma, literature may also serve as a way for readers to bear witness to social injustice, in turn providing impetus for social justice. Because of this parallel effort in the study of trauma and its portrayal in literature, literary trauma studies is a rapidly developing field, and this trend is likely to continue: We are living in what has been called a post-traumatic century, based on continued disparities around race, social class, and gender, as well as international traumatic events like the COVID-19 pandemic.

Trauma, as defined by the American Psychological Association (APA), is "an emotional response to a terrible event like an accident, rape or natural disaster . . . shock and denial are typical. Longer term reactions include unpredictable emotions, flashbacks, strained relationships and even physical symptoms like headaches or nausea" ("Trauma"). Given the range of sources from which trauma may arise and its long-term effects that may permeate one's daily life, it stands to reason that victims are interested in sharing their stories to help collectively understand and process their trauma.

To understand a basic framework of trauma, we can turn to the work of Judith Herman, whose research is considered a cornerstone of contemporary psychological and clinical studies. In her book *Trauma and Recovery*, Herman categorizes the psychological, cognitive, and physical symptoms into three stages: hyper-arousal, intrusion and constriction (25). Firstly, hyper-arousal is the state

of helplessness and ongoing expectation of danger. As Herman explains, traumatic events have a profound impact on the nervous system, which is what regulates responses to stress (e.g., the "fight-or-flight" response). As she explains, traumatic events can effectively rewire the nervous system: "The traumatized person startles easily, reacts irritably to small provocation", and sleeps poorly" (25).

Secondly, during "intrusion," the victim re-experiences the event through flashbacks and nightmares, which can result in severe fits of depression. These events are exacerbated if the victim is in a situation that triggers the source of their trauma. Herman stresses the intensity of these relived memories, noting that they "often return with all the vividness and emotional force of the original event" (36). Even with all their efforts to forget the devastating event or avoid triggering memories of it, flashbacks and nightmares persistently intrude into the victims' lives.

The third and final stage of emotional "constriction" results in numbness, also referred to as a dissociative state. This stage can be outwardly subtle compared to the prior two, leading people to think that the victim is living a normal life. However, inwardly, the victim is no longer interested in survival. It is a state where "terror, rage and pain dissolve" (31). Unlike the hyper-alertness of the first stage or the relived fear of the second, this stage is characterized by detachment: being dissociated, numbed, and depressed. Herman describes victims at this stage as feeling transfixed or "paralyzed like a rag doll," with a greatly diminished ability to experience a typical range of emotions (26). With regard to the fight-or-flight response of the sympathetic nervous system, constriction approximates the oft-overlooked third response: freeze. As Herman notes, "The system of self-defense shuts down entirely" (31). Even those victims who cannot spontaneously dissociate may attempt to produce similar numbing effects through alcohol or narcotics. In effect, this stage induces self-destructive behavior. She also states that trauma leaves the victim "prone to feelings of guilt and inferiority" (38). Such negative feelings further isolate trauma victims from society and socialization. This reinforces the necessity of the healing process, so victims can reclaim their basic autonomy and sense of self.

In studying trauma, one cannot overlook the prevalence of women's sexual abuse, and Herman notes the particularly acute trauma that arises from such cases. She states that rape victims are the most vulnerable cases, where their life is persistently at risk. Herman argues that rape "violate[s] the autonomy of the person at the level of basic bodily integrity" as "the purpose of the attack is precisely to demonstrate contempt for the victim's autonomy and dignity" (38). Such feelings of invasion, alienation, and contamination take a tremendous toll on victims—rape survivors reported more nervous breakdowns, suicidal thoughts, and suicide attempts than any other group. According to Herman, following the rape, nearly one in five (19.2 percent) victims attempted suicide (36). Herman suggests that this phenomenon arises not only from the trauma itself, but is compounded by survivor's guilt when witnessing the death or suffering of others. She calls this a "severe burden of conscience," driving the victims to regret having been "spared" themselves (39).

As previously noted, the latter symptoms of constriction cause victims to withdraw from their normal day-to-day activities, but they do not tend to disappear completely from others' view. They may not inwardly care about daily life, but they care to keep up appearances to an extent. Victims attempt to conceal and repress their anxiety and distress in order to cope with the environment around them, which expects them to appear and function as normal. Therefore, constriction is an especially insidious stage of trauma, as victims tend to mask their underlying symptoms, making it all the more difficult for others to recognize their struggle and help. Furthermore, because victims feel vulnerable and insecure, they are likely to distance themselves from friends, family, or peers. They are convinced that avoiding people is the best shielding of pain, and yet this only inhibits their ability to connect with those who would help them. As Herman notes, "Traumatized people deprive themselves of those new opportunities for successful coping that might mitigate the effect of the traumatic experience" (34). Herman highlights the significance of engaging in healthy coping strategies to get over the effects of trauma.

By understanding how the symptoms of trauma continue to impact a victim's well-being, we can begin to formulate a potential plan for recovery. It is doubly important to study the symptoms of trauma that might otherwise go unnoticed, as they reveal the hidden pain some people suffer while outwardly looking "normal." However, we must also recognize that trauma is not some arbitrary response to distress; it is, in James Berger's words, "a method of interpretation" (572) for the harsh process of turmoil a victim goes through. The victim is attempting to process their distress, but is struggling to do so on their own, resulting in physical and cognitive dysfunctions. In effect, in her book *Trauma and Survival*, Elizabeth Waites argues that trauma victims are crying out for psychological help, for trauma is "an injury to mind or body that requires structural repair" (22). With some guidance, victims might well find the help they need to set themselves on a path toward healing.

2. Herman's Three Stages of Trauma Recovery

Like Herman's delineation of trauma symptoms, she offers three stages for the recovery process: safety, mourning, and reconnection. For safety, she explains that trauma victims are in a constant state of anticipating danger, hence victims must begin by transitioning to a life of safety and security. At this stage, a stable and safe environment is a cornerstone element before the rest of the recovery process can take place. As trauma victims suffer from pervasive fear, which impacts their daily lives, this recovery stage calls for an environment in which victims can control that fear and build basic trust of the world around them. To aid this, the therapist has to enhance the victim's self-esteem and trust in others. As Herman notes, "Survivors feel unsafe in their bodies . . . They also feel unsafe in relation to other people" (*Trauma and Recovery* 113). Simply put, survivors need a routine in which they can begin to regain some semblance of safety.

The second recovery stage, mourning, refers to the re-telling of the trauma story. Mourning is a dilemmatic stage, as it harkens back to Freud's concept of mourning versus melancholia. Whereas melancholia represents an unhealthy fixation on grief that the victim cannot fully process, mourning

is a healthy processing of grief and a necessary step for healing. It accepts the negative feelings present and dispenses them out of soul and mind. The plight in trauma recovery, as Herman explains, lies in patients' reluctance to move from melancholia to mourning. Usually, they are deterred by one of two reads: fear and pride. She elaborates, "Patients often fear that the task is insurmountable" (134). They fear facing pain and feel too weak to handle it. As for pride, patients' might interpret their mourning as giving in to the perpetrator of their abuse. By refusing to grieve their own trauma, patients believe they are "denying victory to the perpetrator" (135). Of course, the process of mourning requires a great deal of vulnerability, and that can be a hurdle for many people in and of itself, let alone those who are also suffering the effects of trauma. As one victim put it plainly, "I never trusted anyone enough to let them see me cry" (135). Nevertheless, if patients are to continue their recovery, they must undergo a healthy processing of the traumatic event. The mourning stage is considered successfully elapsed when, "[t]he telling of the trauma story no longer arouses quite such intense feeling. It has become a part of the survivor's experience, but only one part of it" (140). Rather than the trauma remaining as a constant fear and stressor, effectively still ongoing in the victim's daily life, mourning allows the victim to relegate it to a memory. And, like other memories, it can begin to fade over time.

The third recovery stage, reconnection, calls for trauma victims to develop new relationships. In the case of rape, this often means reevaluating their own sense of self in relation to others, especially with regard to gender roles or similar societal norms. For women, this might mean questioning their previously held acceptance of a subordinate role. Herman considers this "the re-creation of an ideal self" (145), which requires empowerment before patients can form healthy bonds with those around them. As Herman puts it, "She has mourned the old self that the trauma destroyed; now she must develop a new self. . . Her task now is to become the person she wants to be" (141). In turn, patients need those in their lives to demonstrate that they do not pose a risk, particularly that they will not abandon the patient. At this point, a victim would have gained self-esteem and a genuine desire to build a future, so the onus shifts to the people in their lives to help them maintain this vision.

The healing process encompasses self-exploration, leading to self-acceptance that is backed by social empowerment. However, healing is not eternal, as "trauma is never final" (152). Even after a long and successful recovery, a severe life shock might bring the victim back to her emotional and mental vulnerability. Therefore, part of the recovery process also entails an understanding that patients will likely still face difficulties, including betrayal, loss, and agony. These facets of life cannot be avoided completely, but patients can work on meeting them with the fortitude to prevent a relapse. Patients can cling to their strength as survivors, who once overcame death and despair, to persist in the face of difficulty. Herman frames this from a feminist perspective for rape survivors, positioning women's empowerment as a tool for survivors to steel themselves and see themselves as independent, iron-willed women.

Trauma symptoms and recovery do not look precisely the same for everyone, but Herman's framework provides a valuable way to understand how many people process their trauma. Likewise, representations of trauma in literature—if they are depicted can be analyzed through a clinical lens. Using the aforementioned framework for trauma and recovery, we will examine Rohina Malik's play *Yasmina's Necklace* as a literary window into the traumatic experiences of an Iraqi rape survivor, as represented through the play's central character, Yasmina. Nevertheless, by understanding a general model for how trauma manifests, we can better help victims navigate their post-traumatic symptoms and, hopefully, their road toward recovery.

3. The Playwright and the Play:

Rohina Malik is an award-winning playwright, actress, and screenwriter. Her first play, *Unveiled* (2009), was created in part based on the prejudices Malik encountered in the years after the events of September 11. Her subsequent plays, *The Mecca Tales* (2015) and *Yasmina's Necklace* (2016), were both nominated for a Joseph Jefferson Award for Best Play, and *Yasmina's Necklace* was remounted at the renowned Goodman Theatre in Chicago. In 2018, Malik received the Lee Reynolds Award, given annually to a woman whose work has helped to illuminate the possibilities for social, cultural, or political change. Throughout her work, there's a persistent theme of one's search for and acceptance of

their identity, especially with regard to marginalized women. This is equally true in Yasmina's Necklace, but with an added layer of trauma from sexual abuse, providing an interesting literary case study of a character who is struggling to find her sense of self (her "roots," as she puts it) amid past turmoil and present uncertainty.

Yasmina's Necklace introduces us to Abdul Samee Marcial Lopez Hassan, the son of a Puerto Rican mother and Iraqi father. He's just announced to his parents that he has changed his name to Sam to avoid anti-Muslim bias and climb the social ladder. His parents' disappointment is compounded by the fact that Sam is recently divorced, even though they never cared for his American wife, Tracy; to them, he is rejecting his family's traditional values. He also initially refuses their plea to set him up with a recently immigrated Iraqi woman who comes highly recommended by the Imam. As Sam does eventually acquiesce, however, and they come to know more of this woman, their feelings are inverted: His parents' enthusiasm for the match is tempered when they learn that the woman, Yasmina, is a refugee; meanwhile, Sam finds her surprisingly enthralling. He becomes taken by her unwavering commitment to her heritage and her desire to help other immigrant families. This sets in motion a budding relationship between the two, and as they get to know one another more deeply, the play's central conflict is spurred on by an unraveling of Yasmina's past struggles.

Early in their relationship, Sam endears himself to Yasmina by assisting her in starting a non-profit organization in Chicago to aid other refugees. While it's clear that she feels a strong sense of duty to assist others in need, Sam does not yet realize how much assistance she needs herself. They continue to see each other and work together, even agreeing to marry. Throughout this time, Sam gains some insight into her past: Yasmina is haunted by the memory of a man she loved in her home country, Amir, who didn't survive. This man had given her a necklace she still wears daily, emblazoned with the word "Iraq." Sam gains a cursory understanding of her pain, but it isn't until the night of their wedding that he sees the extent of Yasmina's trauma from the Iraq War. That night, after the ceremony, she flees from Sam's home. She worries that she is too scared of

the war and its periphery to give herself fully to Sam. We learn that Yasmina lost not only Amir, but she also found her mother's murdered body on the side of the road. Thereafter, when she refused to betray other refugees, she was assisting, she was sent to a Syrian prison for 27 days, where she was sexually assaulted. In the play's final scene, Sam finally sees the depth of her pain and trauma, acknowledging it while only strengthening his resolve to support her. He pleads with Yasmina not to have their marriage annulled and, in that moment, to simply walk with him. She agrees, and they both express the hope that, though they are broken individuals, they will become whole together.

4. Characterizing Trauma and Resistance in Yasmina's Necklace

We can piece together symptoms and evidence of Yasmina's condition that, when viewed through Herman's aforementioned framework, follow a nearly textbook example of a victim grappling with trauma and moving toward recovery.

With regard to Herman's first stage of hyperarousal, we can infer that Yasmina is suffering from this alertness or anxiety from her sleep disorder. This is most evident when Yasmina tells Sam that she used to take pills to aid her sleep. In fact, she admits that this is a common issue among those in her situation, as she says, "Everybody takes them as well" (51). This point is reinforced when Yasmina reminisces about Amir and imagines a conversation between them:

Musa: Yasmina, when this crazy behavior stop?

Yasmina: Go away Baba.

Musa: You never sleep. (56)

It is obvious that Yasmina not only has a sleep disorder, but she is also suffering from a hallucination that is part and parcel of her personality. In this moment, both her struggles with sleep and hallucinations converge to reveal a woman suffering from hyperarousal. To Cathy Caruth, a leading professor of trauma studies and literary theory, trauma "describes an overwhelming experience of a sudden or catastrophic event in which the response to the event occurs in the often delayed, and

uncontrolled repetitive occurrence of hallucinations and other intrusive phenomenon" (*Unclaimed* 91). Given how Yasmina was impacted by losing Amir, it stands to reason that her hallucinations focus on him, and moreover that she—in her imagined scenario—would subconsciously connect his loss to her current physiological struggles.

Yasmina is also suffering from the second stage of Herman's trauma model, intrusion. In this stage, the victim has flashbacks, nightmares, severe depression, and traumatic memory. We see this in Yasmina on the day of her wedding, when she suddenly left Sam. Sam is astute enough to glean the general issue, stating that Yasmina might have had a nightmare, to which his mother responds, "Anyone who has experienced war is disturbed" (69). Whether she is glossing over Yasmina's trauma or validating it, Sam's mother immediately understands the root cause of these intrusive thoughts. This is just one of numerous nightmares that occur in *Yasmina's Necklace*, which collectively offer insight into the atrocities of war. Though they are seemingly disconnected, like disjointed snippets from various events, together they provide a portrait of a harsh and inescapable reality for Yasmina and others like her. Repeated flashbacks, recurring nightmares, and repetition in general are among the key techniques Malik employs to represent trauma, particularly in its early phases: hyperarousal and intrusion. Within literary narratives of trauma, the repetition of words, phrases, or concepts can effectively allude to and foreshadow a character's source of distress. As the plot continues and we learn the significance behind these details, they gradually take on new meanings and levels of importance, revealing the character's inner conflict.

Among the various tragedies and incidents that underlie Yasmina's trauma, there is arguably nothing more poignant and scarring than her rape. As psychologists and sociologists explain, rape is a weapon of power and humiliation. Susan Brownmiller crystalizes this concept: "All rape is an exercise in power, but some rapists have an edge that is more than physical. They operate within an institutionalized setting that works to their advantage. . . ." (256). Brownmiller confirms that rape is a tactic in war, a devastating weapon that is employed to humiliate and degrade the victim. At the same time, in her article, "Why is sexual violence so

common in war" Jayakumar Kirthi argues that rape is widely committed and seldom denounced (101). Women and girls have been sexually assaulted in the presence of family members, sequestered in rape camps, forced into sexual servitude, intentionally impregnated, and subjected to genital mutilation (Kumar 102). Compared to the prevalence and magnitude of these horrific acts, the repercussions for them are paltry. In the context of war, the impetus for rape is "often to ensure that women and their families will flee and never return" (Kumar 106). In this way, women's bodies are weaponized against themselves. It therefore stands to reason that rape trauma is so profoundly damaging. Specifically, trauma from rape is "an active stress reaction to a life-threatening situation" (Burgess 97), which manifests as a syndrome of symptoms ranging from somatic to cognitive, psychological to behavioral. Therefore, as long as the victim is experiencing these trauma symptoms, they can be said to still be actively responding to a life-threatening scenario; in this way, rape victims are perpetually reliving their abuse.

As noted earlier, trauma recovery requires certain steps. Namely, victims must first feel safe and supported, and they must be able to grieve productively. However, Yasmina is at a disadvantage, given her lack of immediate support. Kaffman and Elizur show that the death of a father (or, in this case, mother) during war was specifically associated with an increase in the severity of their children's psychological problems. Gudas explains that circumstances surrounding the death may prevent children and adolescents from grieving the loss, thus increasing the risk of long-term consequences. For Yasmina, the death of her mother was not only a source of trauma unto itself, but it removed someone from her life who could have otherwise aided in her recovery. Moreover, living in a new country, uprooted from her culture and prior sense of self, Yasmina might struggle to feel safe and accepted. The road to her recovery has multiple obstacles, which perpetuate her struggle throughout most of the play.

We can better understand Yasmina's lingering trauma through Sigmund Freud's theories of trauma and the unconscious. Freud describes traumatic experiences as remaining in the unconscious like "foreign bodies," (21) which are prone to erupt at

any given moment. He sometimes views trauma as a special type of psychical experience, and he sometimes simply likened it to a neurosis. And Freud believes that all people are neurotic to some degree. We can contextualize this within his larger framework of the conscious and unconscious. The unconscious (especially when associated with the id) has its own “drives” and makes its own demands, but many things that the conscious mind cannot accept (it denies or disavows) will then be “repressed” back into the unconscious. What creates the neurosis is when repressed material “returns” to consciousness but in a distorted form—as the conscious mind will not accept it otherwise. So, to the extent that traumatic experiences are “repressed,” their return is always possible; in fact, it is to be expected because the defense mechanisms of consciousness can never completely shield us from what the unconscious might unleash. To bring this back to Yasmina, her main trauma of being raped in Syria largely remains as a repressed memory in her unconscious. Furthermore, any recollection of that memory, intentionally summoned or otherwise, is likely to be distorted, as that’s the only way she can consciously accept it. For instance, she struggles to tell Sam what exactly happened in the Syrian prison:

Sam: Then what are you talking about?

Yasmina (*pause*): I can’t.

Sam: Please, Yasmina. Trust me.

Yasmina (*pause*): Syria. (*Pause*.) The guards.

Sam: I’m so sorry.

Yasmina: I tried to tell you.

Sam: It’s OK.

Yasmina: Nobody knows. Not even my father. He asked me, but I lied and said no. It would kill him if he knew. It would kill him.

Sam: There are people trained to help. They can help you, Yasmina. I’ll take you. I’ll sit with you, or I’ll wait outside. Whatever you want, I’m there, by your side (79).

As the above conversation reveals, Yasmina is using several pauses, indicating that she is struggling to tell this horribly traumatic incident.

Even if she wanted to and had the clarity of mind to do so, the incident itself might only resurface in pieces at the forefront of her mind. In response, Sam tries to offer Yasmina exactly what she lacks and, from what we understand of trauma recovery, what she needs: support and protection “by your side.” Presumably, Sam’s support does help provide the necessary environment for Yasmina to properly grieve and therefore begin to heal, though we can only surmise where she goes from there, as the play concludes at a watershed moment: where Yasmina is ready to work toward recovery, literally taking steps with Sam at her side.

5. Representing Trauma through Symbolism

Characteristically, a traumatic experience is so monstrous and outside the scope of normalcy that it cannot fit into the current value system of the victim. Victims of trauma are often unable to reconcile the harsh and difficult-to-frame reality of extreme adversity with previously held, more benign assumptions. As a result of a traumatic experience, the ground under their feet falls away. Because their basic coordinates to navigate the world are lost, they are unable to reconstruct their source of distress. This is what also makes trauma so paralyzing. In some cases, this is compounded by victims’ denial or reluctance to face what happened, likely due to an unconscious protective mechanism. The victim protects herself from exposure to too much pain and misery. Trauma really is, in the etymological sense of being monstrous, a phenomenon that cannot be aptly categorized or contextualized. That is also what makes it so terrifying and destructive. The challenge is to strip it of its enormous charge and make it manageable.

With this in mind, it stands to reason that literary depictions of trauma cannot be too immediately direct or revealing. After all, if a character is struggling to make sense of their situation, even within their own value system or worldview, then how could an audience reasonably expect to understand what they’re going through? So, to represent trauma on different levels and through different modes, writers might utilize what they often do best: metaphor. To represent psychological trauma in *Yasmina’s Necklace*, Malik explores it not only through the dialogue and overarching themes, but also through different symbols. Specifically, we can find three

significant symbols: Yasmina's paintings, her black hijab, and her necklace.

Yasmina's paintings are perhaps the most direct reference to her trauma, or rather, how people might view her trauma and stigmatize it. For example, when Sam and his mother first visit Yasmina, they come upon her paintings, leading his mother to immediately jump to conclusions about her mental state. She describes Yasmina's paintings as "ugly," "crazy," and "sad," leading to the belief that "this girl is mentally unstable" (25). Of course, Malik would not want to personally stigmatize trauma in that way, by waving it off as mental instability to be shunned, but it's an apt representation of how those suffering from trauma might be shunned by others who don't take the time to understand their struggle.

Another significant symbol adopted by the playwright is Yasmina's black hijab. At the beginning of the play, we find Yasmina wearing it even though "today is a happy day," due to her expected engagement to Sam. Musa, Yasmina's father, orders her to instead "wear pink or something with flowers" to complement the day's mood, to which Yasmina replies, "black represents my personality" (17). Yasmina's memories and inner conflicts continue to hold sway over who she is and how she feels. With black, sometimes relating to funerals, we can infer that her personality is specifically influenced by the death of her mother in Iraq. Malik uses this loss and its imagery as representative of Yasmina's personal trauma, but it can also be viewed in light of the widespread trauma throughout the Iraqi diaspora—mourning the souls of all lost and displaced by the war.

As the play's title suggests, Yasmina's necklace plays a pivotal role in the play, going so far as to symbolize a central theme: It encapsulates the trauma of war—specifically the Iraq War—and how that trauma continues to live with its victims. The necklace's inscription of "Iraq" is a stark reminder of the war that tore the country and its people apart, but it also reflects the psychological trauma that continues to haunt Iraqi refugees. As evidenced by Yasmina's experiences and symbolized by her necklace, the victimization of Iraqi women was particularly traumatizing. Because of the death and pain Yasmina witnessed from the war and her subsequent rape as a prisoner, she carries her suffering and an internalized stigma of being defiled

deep within her wounded soul. Even as she strives to cope with the hideous aftermath of war in a new country, continuing to help other refugees, she can neither forgive nor forget the injustices that have left her scarred. Though we do not fully understand this trauma or its source until Yasmina expresses it freely, it is symbolically displayed throughout the play in the form of her necklace.

6. An Open Ending as a Path Forward

As previously noted, the play ends somewhat openly, at the precipice between Yasmina's past trauma and the possibility for future healing. At the end of the play, we see Yasmina accepting Sam's offer to help and, moreover, build a life together:

Yasmina: And talk.

Sam: And dissolve.

Yasmina: And maybe, just maybe, I'll become whole too. (*He extends his hand to her. She places her hand into his as the lights fade*) (79).

Trauma, at its core, defies closure. This is why trauma literature often adopts an open end. *Yasmina's Necklace* concludes with Malik's soft description: Having Yasmina and Sam onstage suggests a hope for healing, love, and acceptance. By having a fresh start and companionship, Yasmina has the beginning components for trauma recovery.

Malik has carefully depicted the plight of women's abuse in wartime, resulting in the painful symptoms of trauma and deep-rooted isolation, shame, and guilt. However, it is clear that the playwright has also weaved in a story of survival and hope. Thanks to Yasmina's ability to reinvent herself, she can begin anew and embark on a healing journey. In this way, Malik empowers women victims of war and brings their voices to the public.

7. Conclusion

Seen through the lens of Judith Herman's influential model, Yasmina's experiences in *Yasmina's Necklace* clearly mirror the three stages of trauma and recovery. She is initially shown grappling with hyperarousal, intrusion, and constriction as a result of her past traumatic events. Navigating these stages of trauma, specifically PTSD, creates in her deep-rooted feelings of isolation, shame, and guilt. Though Yasmina's experience is a fictionalized

account, it aptly represents what many actual victims of sexual abuse experience in their attempts to process their trauma. However, by the end of the play, Yasmina begins to navigate the recovery process, finding moments of safety, engaging in the work of mourning, and reconnecting with herself and others. If her initial struggles are an attempt by Malik to accurately portray the lasting symptoms of PTSD, then we can see her character progression as Malik's belief in the potential for post-traumatic recovery. Moreover, Yasmina's journey offers insight on the resilience of the human spirit in the face of profound suffering.

The trauma and recovery framework, as described by Herman, is of course just that—a framework. The complexities of trauma and how individuals process it mean that everyone's experience is uniquely their own. To that end, *Yasmina's Necklace* is an effective example of Herman's model. And, as literature often does, it gives voice to the marginalized so that we may better understand their plight and work toward a more equitable future.

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