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**Unresolved Refugee Trauma and Adaptive
Mechanisms in Clemantine Wamariya and
Elizabeth Weil's *The Girl who Smiled Beads***

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Fulfilment of the Requirements for the Master's Degree in
Literature and Civilisation

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Declaration

I hereby declare that this dissertation entitled “Unresolved Refugee Trauma and Adaptive Mechanisms in Clemantine Wamariya and Elizabeth Weil’s *The Girl who Smiled Beads*” is my own work and that, it contains no material previously published or written by another person and that it has not been submitted, in whole or in part, in any previous application for a degree except where stated otherwise by reference or acknowledgment.

Ms. Soumia AHMED KADI

Signature:

Dedication

*To Clemantine Wamariya and all refugees whose
stories of pain remain unhealed ...*

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Abstract

This dissertation examines how unresolved trauma manifests in the experience of an African refugee who endured the horrors of the 1994 Rwandan genocide as well as forced displacement, starvation, and terror in seven African refugee camps in Clemantine Wamariya and Elizabeth Weil's memoir *The Girl who Smiled Beads* (2018). It also aims to analyze the adaptive mechanisms that refugee characters employed to cope with their haunting past and intrusive traumatic memories. To achieve this end, Wamariya and Weil's narrative is thoroughly analyzed through the psychoanalytic lens, particularly through contemporary trauma theory as theorized by Cathy Caruth and Judith Herman. It also draws on Freudian psychoanalysis in order to scrutinize the different coping mechanisms used by Wamariya to protect herself from anxiety and distressing memories. This research substantiates that Clemantine Wamariya's past traumatic experiences, including war, forced migration, prolonged separation, and homelessness remain repressed at the moment of genocide, resurfacing later in the form of post-traumatic stress disorder (PTSD) symptoms, including fragmented memories, haunting dreams, flashbacks and harrowing nightmares which force her to relive the fear, anxiety, and emotional distress of the original event. This research contributes to psychoanalytic literary theory and refugee literature in general, and trauma theory, in particular by investigating the long-term effects of unresolved refugee trauma and the adaptive mechanisms that the survivors adopt to deal with their disturbing memories.

Keywords: Unresolved refugee trauma, adaptive mechanisms, PTSD, Rwandan genocide, *The Girl who Smiled Beads*.

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GENERAL INTRODUCTION

"No one puts their children in a boat unless the water is safer than the land."—

Warsan Shire's "Home".

Refugees worldwide have suffered from forced migration trauma and have constantly been exposed to extremely harsh conditions due to civil wars, genocides, physical assaults, massacres, and destruction in their home countries. These unbearable and life-threatening events have forced many individuals to abandon and leave their entire life behind including their homes, families, and possessions, and embark on a dangerous journey to the unknown searching for safety, protection, and stability. Throughout their journey of escape, refugees confront a myriad of challenges as they often suffer from harsh conditions of starvation, violence, severe physical injury, sexual assault, and the death of family members or fellow travelers.

What is more, before reaching the destination in which they want to seek asylum, refugees spend months or even years in temporary refugee camps either in their home countries, or in the neighboring ones where they live the worst days of their lives under miserable conditions. In these overcrowded camps, several families live in the same room, and share one filthy toilet with no shower due to the unavailability of the basic needs like soap and water. Additionally, women and children are often abused, raped, tortured, experienced lack of food, inadequate health care, isolation, and severe emotional trauma.

As a result of all these perilous circumstances, many refugees are vulnerable to dangerous and infectious diseases, such as AIDS, Cholera, and Malaria, leading to the death of the majority, particularly children, pregnant women, and old people. Besides, the traumatic events experienced by refugees during the migration process contribute to higher levels of psychological distress, depression, anxiety, and symptoms of post-traumatic stress disorder (PTSD) which last long after the traumatic event has ended.

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In this regard, refugee literature plays a paramount role in depicting real stories that serve as powerful testimonial narratives, which manifest the horrors of war, violence, and persecution. It also gives voice to countless people who are compelled to endure sorrow in silence. Clemantine Wamariya, a Rwandan-American public speaker, human rights advocate, and storyteller, along with Elizabeth Weil, an American author and journalist, have coauthored several newspapers, magazines, and books, one of which is *The Girl who Smiled Beads* (2018).

In the selected memoir, Wamariya narrates her personal experience of survival and resilience amidst the chaos of the Rwandan genocide, one of the most tragic ethnic tensions of 1994, brutally perpetrated by extremist leaders of Rwanda's majority Hutu population who plan to kill the minority population and anyone who opposes these genocidal intentions, resulting in the death of millions of Tutsi minorities. Therefore, these life-threatening conditions have forced many Rwandans to escape their homes in search for asylum in neighboring African countries, such as Uganda, Tanzania, Malawi, and Mozambique, giving rise to a massive refugee crisis.

Clemantine Wamariya is one of those refugees who has chosen to leave everything behind for the sake of peace. At the age of six, the protagonist flees her homeland due to the horrors of the genocide together with her older sister Claire, and traverses seven African countries in search of safety, stability, and some sense of normalcy amidst chaos. Her personal experience is not merely a story of exile and the challenges that come after; it is about the deep internal struggles of unhealed trauma which often manifest in flashbacks, fragmented memories, and nightmares. Their journey ultimately leads them to a new and uncertain life in the United States, where Wamariya finds herself obliged to rebuild a sense self in a foreign environment filled with both opportunities and challenges. For that reason, there is no doubt that Wamariya and Weil's memoir is one of the most powerful stories that

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reveals the deep psychological and emotional impact of trauma endured by thousands of people, and how trauma survivors like Wamariya cope with such overwhelming emotional pain.

Clemantine Wamariya and Elizabeth Weil's memoir *The Girl who Smiled Beads* has been examined in two important scholarly papers. As an example, Lena Englund's article entitled, "Relational Resilience in The Girl Who Smiled Beads: A Story of War and What Comes After and Call Me American: A Memoir" (2023) has focused on the role of interpersonal relationships in enhancing resilience among those who have faced trauma and displacement in Clemantine Wamariya and Elizabeth Weil's *The Girl Who Smiled Beads*. Whereas, Miriam Hernández Seguí's work "Narrating the Refugee Experience: the Importance of Role, Memory, and Loss of Identity in Clemantine Wamariya and Elizabeth Weil's "The Girl who Smiled Beads" (2019-2020) has provided an extensive examination of the different roles that the protagonist Wamariya fulfils throughout her journey, the ones she does not choose deliberately, such as caretaker, wife, and object of pity. Besides, she discusses how memory gives veracity to the events and the multidirectional aspect of the genocide and refugee experience. The concepts of belonging and identity are also examined due to the major role they have in Clemantine's life.

While extensive studies have examined the immediate aftermath of wars, violence, and persecution on the physical and mental health of survivors, a limited scholarly attention has been paid to the long-term consequences of forced migration and the adaptive strategies that can be used by victims to deal with such conditions.

Therefore, Clemantine Wamariya and Elizabeth Weil's memoir *The Girl who Smiled Beads* presents a narrative that challenges existing trauma models by focusing on the long-term mental and emotional consequences of forced displacement on the psyche of African refugees that often manifest in symptoms of PTSD returning later to haunt the survivor

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against their own will even when they are in a safer place. Additionally, this research endeavors to analyze the various adaptive mechanisms that survivors employ to cope with their distressing experiences.

This research is motivated by a deep interest in understanding the troubles and threats that forced countless refugees, particularly Africans, to escape their homelands, families, and friends and choose to seek asylum in other foreign lands. Moreover, this study is propelled by the desire to examine how the long-term psychological and emotional consequences of forced displacement continue to shatter the lives of refugees, long after their migration process has ended and how they choose to manage their overwhelming emotions and distressing memories of trauma.

To ensure a thorough analysis, it is crucial to clearly state the questions that this research seeks to answer. This dissertation attempts to provide answers to the following main question: how does Clemantine Wamariya depict the long-term effects of unresolved refugee trauma, and what adaptive mechanisms does she employ to cope with her haunting past and disturbing memories? In order to answer the main question, this study seeks to answer the following sub-questions: how does the lingering shadow of trauma manifest in the form of PTSD symptoms in the experience of Clemantine Wamariya in *The Girl who Smiled Beads*? What survival and coping strategies does Clemantine use to protect herself from her traumatic and overwhelming experience?

The aim of this study is to analyze how unresolved trauma manifests in the experience of Clemantine Wamariya in the memoir. It also attempts to examine how Wamariya's haunting traumatic experience resurface in the form of PTSD symptoms. Besides, this study aims to investigate the adaptive strategies employed by Wamariya to survive and face her past traumatic experience.

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To answer the research questions and to deeply comprehend Clamantine Wamariya and Elizabeth Weil's memoir *The Girl who Smiled Beads*, this study will be thoroughly analyzed from the psychoanalytic perspective, particularly contemporary trauma theory, through the lens of Cathy Caruth, whose influential work *Unclaimed Experience: Trauma, Narrative and History* (1996) explains that trauma is not fully experienced at the moment of the event, but it imposes itself again and returns later to haunt the survivor in distressing ways, like flashbacks, fragmented memories, day dreams, and nightmares. Furthermore, this study will draw on Judith Herman's influential book *Trauma and Recovery: The Aftermath of Violence—from Domestic Abuse to Political Terror* (1992), which discusses how the overwhelming experience of trauma can manifest in PTSD symptoms, including recurring memories, distressing dreams, sleep disturbances, and flashbacks that shatter the survivor's psyche and sense of control as well as the three stages of recovery that traumatized people go through to reduce the intensity of PTSD symptoms and regain a new sense of identity. Along with trauma theory, this research will rely on the study of defense mechanisms through Freudian lens to analyze how individuals unconsciously employ these strategies such as repression, projection, and sublimation to alleviate their trauma, depression, and anxiety as well as protect themselves against painful or intrusive thoughts.

This research will contribute to the field of psychology and refugee literature, in general, and trauma theory in particular, by providing a detailed and an in-dept analysis of the perilous conditions and real-life crises experienced by millions of displaced people. Besides, by giving voice to refugees' struggles, this study will directly highlight how anxiety and emotional turbulence can disrupt the psyche and the personality of many trauma survivors, advocating for more suitable and safer living conditions for asylum seekers as well as better physical and mental health care standards.

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In terms of structure, this research will be divided into two main chapters. The first chapter will be devoted to discuss the theoretical background of this study. Therefore, definitions and explanations of basic concepts and thoughts will be included, notably trauma theory, unresolved trauma, and PTSD symptoms. Moreover, the coping strategies employed by the protagonist in reaction to traumatic experienced will be further examined in this chapter.

The second chapter of this dissertation will be dedicated to the analysis of Clemantine Wamariya's memoir *The Girl who Smiled Beads*, mostly from the psychoanalytic perspective. This chapter will examine the long-term psychological consequences of the Rwandan genocide and forced displacement on Wamariya's mental health through textual evidence from the memoir. Besides, this chapter will discuss the different defense mechanisms that Wamariya used to survive in the aftermath of the war, such as projection, repression, sublimation, and cultural adaptation.

CHAPTER ONE

Trauma: The Silent Burden in Refugee Narratives

Introduction

*“The past is never dead. It’s not even past.”—William Faulkner’s *Requiem for A Nun**

Unresolved refugee trauma which results from violence, forced migration, persecution, and torture, is not simply a wound that shapes the past; it is a ghost that influences the present, haunts the future, and leaves behind deep psychological and emotional scars that shape behavior, memory, and identity. Refugees struggle to survive the brink of death and cope with the immense and overwhelming pain of displacement. Their suffering has been a fundamental concern that has attracted many psychoanalysts like Sigmund Freud, Anna Freud, Judith Herman, as well as contemporary trauma scholars like Cathy Caruth, to examine how the human mind processes suffering, loss, and resilience.

This chapter lays the theoretical foundation for this research, it provides comprehensive explanations of key concepts such as unresolved trauma which is described by the leading theorist in trauma studies, Cathy Caruth, as an “unclaimed experience” that returns and haunts the survivor causing a lasting psychological distress. It focuses also on defining post-traumatic stress disorder (PTSD) which serves as a reminder of trauma’s enduring impact through its core symptoms such as recurrent memories, avoidance behaviors, flashbacks, nightmares, and anxiety, leaving individuals trapped in two conflicting forces: their memories and their desire to forget.

Additionally, this chapter sheds light on the traumatic experience of refugees who endure ongoing battles to rebuild a sense of self amidst wars and genocides, forced migration, cultural alienation, emotional detachment, loss of home, identity, and stability. This chapter also seeks to explain the specific psychological strategies that trauma survivors develop to shield the mind from distressing and overwhelming memories, thoughts, or emotions in the wake of their trauma.

The last part of this chapter endeavors to highlight testimonial narratives on the lived realities of trauma, loss, displacement, and detachment experienced by refugees around the world and the ways trauma survivors confront and overcome the aftermath of pain.

1.1. Defining Trauma and Unresolved Trauma

Trauma is not merely a reaction to a sudden and an overwhelming incident or catastrophic event, such as wars, violence, genocide, or ongoing abuse; but rather it is a silent echo that disrupts the human psyche, leaving behind fragments of a shattered self. As Michelle Balaev conveys in her book *Contemporary Approaches in Literary Trauma Theory*, noting that: “Trauma is an individual’s response to events so intense that they impair emotional or cognitive functioning and may bring lasting psychological disruption. Survivors might live with a fragmented memory or a diminished sense of self, or might feel alienated” (131).

Trauma is defined as a physical or psychological threat to one’s physical health and psychological well-being, sense of self, safety, and survival. It is the outcome of extremely stressful circumstances, including betrayal, verbal abuse, or loss, that disrupts one’s sense of safety, leaving them feel helpless and unprotected (Sulaeman 10).

On the other hand, Cathy Caruth posits that trauma is not merely a physical injury, but rather an inner wound that shatters the human psyche, suggesting that trauma is not fully experienced at the moment of the traumatic event but resurfaces and returns later to haunt the survivor against his/ her will through repetitive actions such as flashbacks and nightmares. The following quote from Caruth’s book *Unclaimed Experience: Trauma, Narrative, and History* encapsulates this idea:

The term trauma is understood as a wound inflicted not upon the body but upon the mind. But what seems to be suggested by Freud in *Beyond the Pleasure Principle* is that the wound of the mind [...] is not, like the wound of the body, a

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simple and healable event, but rather an event that is experienced too soon, too unexpectedly, to be fully known and is therefore not available to consciousness until it imposes itself again, repeatedly, in the nightmares and repetitive actions of the survivor. (Caruth 3-4)

In other words, trauma is referred to as a profoundly distressing event that occurs as a result of shocking and dreadful events, in which the responses to such events manifest through the often delayed and uncontrollable recurrence of hallucinations, images of trauma, and other disturbing experiences. For instance, a soldier who witnesses an overwhelming presence of a huge number of deaths, initially, he may process the incident in a state of numbness only to re-experience it later and endure the haunting memory of these moment in a form of recurring nightmares (Caruth 11).

Furthermore, Caruth suggests that survivors of trauma repetitively and unconsciously recall their traumatic and painful moments whether in their dreams, thoughts, or behaviors, often against their desires, an experience that is named by Sigmund Freud as "traumatic neurosis," where the mind keeps repeating suffering instead of seeking pleasure and healing, and this is captured in her statement:

The experience of a trauma repeats itself, exactly and unremittingly, through the unknowing acts of the survivor and against his very will [. . .] the repetition at the heart of catastrophe—the experience that Freud will call “traumatic neurosis”—emerges as the unwitting reenactment of an event that one cannot simply leave behind. (2)

Cathy Caruth, from another angle, claims that trauma is “not simply an effect of destruction but also, fundamentally, an enigma of survival.” (58). This argument suggests that trauma is not merely a devastating psychological force that is associated with deep suffering,

loss, and emotional detachment that shatters a person's sense of self, but it is also a mystery of resilience and an ongoing struggle to live, adapt, and make sense of what has been endured.

1.2. Post-Traumatic Stress Disorder (PTSD) and its Cyclical Return

Many people can experience traumatic stress symptoms in the immediate aftermath of stressful events, like violence, wars, death of family, displacement, and kidnapping, leading to severe mental disorders. Some patients recover, some others experience persistent and continuous symptoms, while others develop the entire syndrome which can last months, years, or a lifetime, based on many factors, such as the nature of trauma, its severity, duration, and the prior traumatic experiences. As a result of the exposure to such events, several diagnoses and mental health issues emerge, primarily what comes to be commonly known as Post-traumatic stress disorder, which is defined by Elizabeth Carll as "an anxiety disorder that develops after exposure to an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others. The person's response involved intense fear, helplessness or horror" (111).

In her thought-provoking work *Trauma psychology: Issues in Violence, Disaster, Health, and Illness*, Elizabeth Carll insightfully highlights that people who have been exposed to serious traumatic events or survivors of abuse and life-threatening circumstances, such as terrorist acts, rape, and sexual assault may be diagnosed with PTSD. Unlike temporary stress responses, which is a short-term reaction to perceived threats, PTSD is a dangerous mental health disorder which can manifest in recurrent memories, flashbacks, nightmares, intrusive thoughts and images, insomnia, and depression which last long after the traumatic event has ended, severely affecting survivors' psyche and well-being. As she asserts:

Psychiatry, psychoanalysis, and neurobiology have increasingly insisted on the direct effects of external violence in psychic disorders. This trend has culminated in the study of post-traumatic stress disorder, or PTSD, which describes an

overwhelming experience of sudden or catastrophic events in which the response to the event occurs in the often uncontrolled, repetitive appearance of hallucinations and other intrusive phenomena. As it is generally understood today, post-traumatic stress disorder reflects the direct imposition on the mind of the unavoidable reality of horrific events. (Caruth 57-58)

Along this line of thought, Giulio Perrotta in his article "*Psychological Trauma: Definition, Clinical Contexts, Neural Correlations and Therapeutic Approaches Recent Discoveries*" contends that trauma survivors frequently experience repetitive memories, distressing thoughts, disturbing images, flashbacks, and anxiety all the time, even during sleep which can lead them to re-experience the emotions felt during the time of trauma compulsively as if they are still happening rather than a completed experience, preventing them from healing and moving forward (2).

In this respect, Judith Herman in her book *Trauma and Recovery* further emphasizes that individuals who endure ongoing and recurrent trauma can develop insidious yet progressive form of post-traumatic stress disorder that invades and gradually undermines their personality. In contrast to someone who has endured a single intense trauma and might feel "not herself" after the occurrence, a person who has experienced chronic trauma may feel irrevocably changed, or they may completely lose all their sense of self (86).

Xiva Chen, in her article "The Causes and Effects of Post-traumatic Stress Disorder" asserts that PTSD can manifest in four key symptoms: the first symptom is the recurrence of traumatic experiences which refers to the persistent and intrusive recall of traumatic events in the patient's mind, whenever he/she is awake or asleep, in a form of flashbacks and distressing dreams. Furthermore, the second symptom is avoidance where trauma survivors often avoid to discuss, recall, ask questions about the trauma they have experienced, and even people associated with the traumatic event. This excessive avoidance in an attempt to protect

themselves from their painful memories can lead to dissociative disorder where individuals feel disconnected from themselves, their thoughts, emotions, and surrounding. Moreover, PTSD patients may also suffer from hypervigilance symptoms which manifest in increased anxiety and fear, irritability, sleep disturbances, intense reactions to little things, palpitations, and difficulty breathing. Additionally, due to the exposure to harmful events, patients become pessimistic about their future, they lose interest in everything, they have suicidal thoughts, and feel so disillusioned (1-2).

In this regard, the founding father of psychoanalysis, Sigmund Freud, declares in his book *The Interpretation of Dreams*, that dreams are not a random occurrence, but rather a continuation of what people experience during the days as well as the thoughts, fears, and experiences that interest them when they are awake, by stating that "the dream continues the waking life. Our dreams always connect themselves with such ideas as have shortly before been present in our consciousness" (5). Many refugees, for example, may have recurring war-related nightmares that directly mirror the traumatic events they go through, reinforcing Freud's idea that dreams are a continuation of waking struggles, carrying unprocessed thoughts, feelings, and desires into sleeps. Moreover, Freud further supports this idea by pointing out that "all the material composing the content of a dream is somehow derived from experience, that it is reproduced or remembered in the dream - this at least may be accepted as an incontestable fact" (6).

Along with that, Sigmund Freud, extends this framework in his work *Beyond the Pleasure Principle* by arguing that "dreams occurring in traumatic neuroses have the characteristic of repeatedly bringing the patient back into the situation of his accident, a situation from which he wakes up in another fright," (59). This means that patients who suffer from traumatic neuroses constantly experience intense and repetitive dreams that draw them back to the horrific scenes of their trauma and fright, making them relive the horrors,

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helplessness, and emotional turbulence they originally experienced at the moment of impact as if they are occurring again, from which they wake up in a new state of fear and panic.

This argument is further supported by Judith Herman, by stating that just like traumatic memories differ from regular ones, traumatic dreams also differ from typical dreams. These dreams often reflect many of the peculiar features found in traumatic memories which are experienced in waking state and they frequently contain precise fragments of traumatic event, with minimal imagination. Additionally, the recurring dreams often occur repeatedly and they are frequently experienced with intense fear and terror, as if they are happening in real life (39).

In this context, Cathy Caruth provides a critical analysis to the returning of traumatic dream, suggesting that in contrast to symptoms of typical neurosis, which can be understood as efforts to escape an unpleasant and overwhelming conflict, the distressing recurrence of flashbacks and memories can solely be interpreted as the mind's total incapacity and failure to forget and fully process the traumatic experience, that lacks any psychic significance, which symbolizes that the mind remains trapped in the past (59).

Additionally, Sigmund Freud further emphasizes that the persistent traumatic circumstances that constantly resurface into the patient's consciousness even when they are sleeping reflect the powerful impact of traumatic event and show that the patient is still fixated on his experience, symbolizing that their painful memories remain unprocessed and deeply embedded in the psyche (7).

In this respect, Cathy Caruth critically notes that the cyclical return of traumatic memories in fragmented forms such as flashbacks and nightmares can be retraumatizing itself, effectively reinforcing the original wound and perpetuating harm rather than allowing healing which may not just pose a direct threat to the victim's life, but it disrupts the brain's chemical structure and potentially result in its deterioration. She also adds that when survivors cannot

fully move beyond their trauma and finds no useful means for recovery, healing, and relief, suicide may appear as the only way to put an end to their suffering:

As modern neurobiologists point out, the repetition of the traumatic experience in the flashback can itself be retraumatizing; if not life-threatening, it is at least threatening to the chemical structure of the brain and can ultimately lead to deterioration. And this would also seem to explain the high suicide rate of survivors. (63)

Trauma is not an isolated incident, but rather it is a direct consequence of prolonged exposure to life-threatening conditions that leave behind an open psychological wound and unseen scars that continue to shape individuals' lives long after the experience has passed, often manifesting in long-term psychological disorders like PTSD which emerges as a reminder of their unhealed pain. Nevertheless, survivors of traumatic events can find their ways to recovery even though they may not fully return to their pre-trauma state because nightmares, flashbacks, and memories often persist even after years of therapy, helping them to gain freedom from the negative and often distressing effects of their trauma, reduce the intensity of their symptoms, and regain a sense of safety and control.

Judith Herman in her book *Trauma and Recovery* argues that the healing process does not occur overnight, but it involves three different important phases. The first phase of trauma recovery is the establishment of safety. According to Herman individuals who have experienced acute trauma often need a secure shelter where they can feel safe. In the first days or weeks immediately after a traumatic event, the survivor might feel the need to isolate herself at home, or may even be unable to return home again, as it can be the most dangerous place for them, particularly when a family member is the source of the trauma. Once the traumatized individual has found a safe place, she can slowly begin to engage more with the

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outside world and it may take weeks for them to feel comfortable resuming everyday activities, such as driving, shopping, visiting friends, or returning to work (162).

After the establishment of a safe and a stable place, survivors move directly to the second phase of trauma recovery, known as remembrance and mourning which refers to the recalling of the distressing memories experienced at the moment of trauma. As stated by Herman " in the second stage of recovery, the survivor tells the story of the trauma. she tells it completely, in depth and in detail. this work of reconstruction actually transforms the traumatic memory, so that it can be integrated into the survivor's life story" (175). This argument suggests that trauma survivors, during the second phase of their healing process, often try to integrate their overwhelming experiences in their everyday life by describing all what they have endured in a clear, detailed, and structured manner through which they can find relief from their haunting past.

The next phase of trauma recovery is called reconnection which is about rebuilding their lives and developing a new sense of self. After accepting the tragic past, the survivor is tasked with constructing a future. She has mourned the old self that trauma shattered, and now in this phase, she must create a new sense of self. Her relationships have been irrevocably altered by the trauma; hence, in this phase, she needs to build new ones. Additionally, the old beliefs that ones gave her life meaning and purpose have been challenged, but during this phase, she must seek out a renewed sense of faith. Through this process, the survivor reclaims her sense of belonging in the world (Herman 196).

In the same vein, Judith Herman argues that:

In the third stage of recovery, the traumatized person recognizes that she has been a victim and understands the effects of her victimization. now she is ready to incorporate the lessons of her traumatic experience into her life. she is ready to take concrete steps to increase her sense of power and control, to protect

herself against future danger, and to deepen her alliances with those whom she has learned to trust. (197)

This argument suggests that in the third stage of recovery, individuals who have experienced trauma must try to move beyond their victimhood and start to integrate their traumatic experiences into their daily life in a constructive way that empower rather than overwhelm them. Besides, they feel ready to take actions to enhance their sense of empowerment and control, defend themselves against potential future threats, and convert their personal pain and suffering into a source of strength.

1.3. The Refugee Experience as Traumatic

The plight of refugees has become one of the most serious humanitarian concerns that has garnered global attention in recent years. Refugees around the world have endured extremely harsh environmental conditions and many stressful events because of Violence, wars, physical assault, resettlement, persecution, and loss of property and livelihood which force them to flee their homeland in search of safety. These harsh realities not only threaten their physical existence, but also disrupt their sense of safety and belonging, resulting in deep psychological problems and intense feelings of cultural alienation, identity crises, and emotional numbness.

1.3.1. Forced Migration and Displacement

Refugees confront some of the most harrowing and distressing human experiences which leave enduring effects on their psychological, emotional, and mental well-being throughout their lives. The journey from home country to foreign camps where they seek refuge is frequently fraught with dangerous and challenging conditions. According to Abegunrin and Abidde, refugees are individuals who have been compelled to flee or abandon their homes or usual places of residence. This displacement is primarily fueled by armed conflict, widespread violence, human rights violation, and natural or human-made disasters (46). This means that displaced people do not leave their homes, relatives, and possessions by

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choice, but rather their departure is driven by necessity because remaining in their homelands would put their life, safety, and freedom in extreme danger.

In other words, Elisa Van Ee indicates that individuals across the globe escape their home countries in search for safety in other foreign lands due to threats to their lives stemming from their political or religious beliefs, or simply because they belong to a marginalized ethnic or social group. These perilous conditions compel them to migrate forcibly and seek asylum through which they can find hope for new opportunities. As a consequence of these harsh realities, refugees have faced numerous challenges and difficulties, such as food and water insecurity, severe physical injury, sexual assault, imprisonment, torture, violent conflict, and the killing of family members (120).

In this light, Abegunrin and Abidde highlight the fact that Africa, as an example, has long been a hub for numerous conflicts and adversities such as warfare, inhuman acts, oppressive regimes, economic instability, and the failure of African government to meet the basic necessities of their citizens, all of which create an environment where life becomes not only difficult, but extremely threatening. As a result, countless number of Africans choose to embark on risky and often deadly journeys across borders in quest of stability, safety, and protection. This is clearly captured in their words:

What's going on in Africa?" This, after all, is a continent where excesses, inhumanities, and illiberal regimes have forced an untold number of Africans to abandon the continent in search of economic security and political safety in distant lands. Many governments on the African continent are unable to provide Basic Human Needs, and neither are they responsive to the individual and collective needs of their citizens. (9-10)

Laura Smith further contributes to this discourse by stating that the act of migration can pose another risk. The journeys undertaken are often prolonged and dangerous, often resulting

in the separation of individuals from their families and communities. Nevertheless, the adversities faced after migration, such as issues related to the asylum system, feelings of social isolation, poverty, and cultural alienation can intensify the effects of both the pre-migration and the migration process (184).

In the same vein, William Maley claims that moving from one country to another is a difficult and distressing decision to take. This includes the separation of family, the need to learn a completely new language to be able to operate in a new foreign community, and the loss of social status when achievements and qualifications are not recognized in the country of exile, leading them to be in a situation where there is no chance to establish new foundations, yet also no possibility of returning back to their homeland (10).

What is more, political instability and civil upheaval serve as "push" factors that encourage people with resources and skills to leave their nations of origin due to the severe hardships they have endured, including the severe restrictions imposed on their rights. In fact, many Africans who arrive in the United States as refugees have been profoundly impacted by the legacies of conflict, poverty, and disease with a substantial number have spent prolonged periods in refugee camps or similar communal environments. Furthermore, a significant number of children may have been served as child soldiers during conflicts, where they may have suffered from sexual abuse, torture, and other cruel treatment (Dettlaff and Fong 219).

Marie Bèatrice Umutesi suggests, in her book *Surviving the Slaughter: The Ordeal and Rwandan Refugee in Zaire* that "a refugee suffers, not only from having been torn from her land, her house, her work and her country, but also from having to beg to survive" (82). Hence, refugees often endure deep and lasting pain, not just because they are separated from their families and homes, but also because they are forced to constantly implore and beg for food, shelter, health care, safety, and to stay alive.

1.3.2. Insecurities in Refugee Camps

Refugee camps stand as sites of struggle and deprivation for hundreds of thousands of displaced people who have fled their countries to escape the horrors of war, violence, and persecution, marking the beginning of a new chapter of suffering for survival under cruel and inhumane circumstances.

According to Viet Thanh Nguyen, refugees are rejected everywhere, not only in the places they have escaped from due to the hazardous circumstances they have experienced, but even in the refugee camps, where they seek temporary safety, due to the inhumane treatment they have endured. Additionally, they are not embraced and frequently denied in the countries where they seek to find a glimmer of hope to rebuild their lives anew, with a constant threat of being sent back to their countries of origin. This idea is best captured in this statement:

These displaced persons are mostly unwanted where they fled from; unwanted where they are, in refugee camps; and unwanted where they want to go. They have fled under arduous conditions; they have lost friends, family members, homes, and countries; they are detained in refugee camps in often subhuman conditions, with no clear end to the stay and no definitive exit; they are often threatened with deportation to their countries of origin. (10-11)

Agus Morales in his influential book, entitled, *We Are Not Refugees: True Stories of the Displaced*, states that refugee camps often serve as a testimony that directly mirror the realities of wars, often symbolizing the ongoing impact of conflict. They remind us of the countless individuals who have been forcibly confined, burdened with their narratives of violence and the marks of their suffering, as they seek safety that is no longer available to them. Moreover, they illustrate that what is occurring in the country is not merely a random bombing and fighting, but rather represents a full-scale-war that compels them to flee (85).

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According to Viet Thanh Nguyen, refugee camps are not places of safety and protection, but a location for those who are not recognized as entirely human beings, those who have not committed any offense, but attempt to save their own lives and those of their families. Refugees are not treated as individuals with rights, but as burdens or threats, they have no access to financial resources, health care, housing, and employment, feeling like they are in open-air prisons than places of refuge. This is evident when he says:

Keeping people in a refugee camp is punishing people who have committed no crime except trying to save their own lives and the lives of their loved ones. The refugee camp belongs to the same inhuman family as the internment camp, the concentration camp, the death camp. The camp is the place where we keep those who we do not see as fully being human, and if we do not actively seek their death in most cases, we also often do not actively seek to restore many of them to the life that they had before, the life we have ourselves. (11)

In line with Nguyen's discussion, Abegunrin and Abidde argue that health and well-being expenses are part of the refugee dilemma. It is evident that refugees and the camps in which they reside often lack adequate medical facilities. The availability of essential services, including piped water, electricity, and waste disposal services tend to be insufficient to meet the required standards, particularly in Africa, where local residents frequently struggle to access these basic utilities. In such environment, refugees are at a higher risk of experiencing preventable infectious diseases, with children and the elderly are particularly susceptible. Furthermore, the overall well-being of refugees may deteriorate as a result of the psychological and mental distress associated with their physical conditions (469).

Besides, one of the biggest obstacles that refugees encounter is the issue of security which encompasses both, individual and collective safety within refugee camps and settlements. These issues arise primarily because refugee camps are frequently considered as

temporary solutions. As a result, most of the facilities in these camps and settlements are designed for short-term use, lacking the conventional security measures found in typical households and communities. Consequently, refugee population frequently find themselves at significant risk of exploitation and attacks from malicious group, such as organized criminal gangs (Abegunrin and Abidde 474).

Most importantly, Agus Morales argues that "there is no law in the camps: only lies. Although technically, the host country is responsible for protecting the camp, it's often the refugees themselves who organize to look after their own safety" (85). This argument suggests that the claim that the host countries provide protection and support to refugees is just a lie, refugees are the ones who often take the responsibility of protecting themselves from external threats and danger in order to maintain order and ensure their own safety.

1.3.3. Loss of Home and Family

Refugees' journey from persecution to safety often involves difficult and dangerous ordeals. Refugees are often forced to escape and abandon their homelands due to the perilous conditions they experience. Consequently, these displaced people frequently experience the devastating and painful effects of separation, whether from parents, siblings, or friends, as some of them can die in the conflict, some others may be left behind, while others may be lost throughout their journey.

In the words of Elisa Van Ee, home is not simply a building and a house to live, but rather a place where you feel like you belong and a safe haven that positively impacts a child's physical and emotional development. Therefore, losing this sacred space might be perceived as a life-threatening event that disrupts their sense of safety and belonging, making them feel uprooted and alienated:

Refugees and asylum seekers experience the profound loss of their home and their homeland as well as the stress and alienation of resettlement in a new

country and culture. Papadopoulos describes home as a safe haven for child development, both literal and figurative. For that reason, the loss of this intimate place could also be recognized as a life event that disturbs important meanings, such as security and belonging to a community. (120)

Viet Thanh Nguyen argues that "a refugee is like an orphan. She might literally be bereft of parents, and of siblings too, but she is bereft more so of her extended family: not just grandparents, uncles, aunts, and cousins, but also the familial bonds of her homeland, her native community and culture and customs" (98). In this light, refugees and orphans, share common experiences of family separation, neglect, conflict, deprivation, and despair. Both refugees and orphans are often deprived of the familial bonds that tie them to their homelands, including their parents, siblings, and even their grandparents, they frequently suffer from the loss of their cultural heritage and ancestral roots, making them feel detached and confused.

In this respect, Laura Smith asserts that people often experience the loss of their family members throughout the migration process as a result of circumstances like war or political violence. They may be also separated from one another while trying to escape such endured conditions, as some members might arrive first, while others may join them months or even years later. This extended separation can severely influence the quality of relationships when they reunite again, particularly for mothers and children (41).

Suffering the loss of homes and the prolonged separation of family members can thereby contribute to intense feelings of helplessness, desperation, and loss among refugees, making survival even more difficult.

1.3.4. Cultural Alienation

The sudden displacement of refugees is an extremely challenging transition that results in the degradation and loss of lifestyle, language, social norms, and cultural values, as

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refugees often experience changing cultural contexts along with the loss of previously established norms and traditions that define their cultural context.

Refugees are forced to escape the countries where they have built long-term socio-cultural ties which play an essential role in the cohesion and the development of families and the structure of society as a whole. However, when refugees abandon their homelands to settle in another different country, these important bonds are disrupted, leading to the erosion and deterioration of these established social and cultural values. These refugees frequently find themselves in a foreign country with different language, culture, and values which can lead to cultural assimilation and dominance due to the lack of social and cultural connections in their host countries, further undermining their original cultural identity. This situation can ultimately contribute to the erosion and loss of refugees' social and cultural identity, particularly when they stay in their adopted country for long periods (Abegunrin and Abidde 467-468).

Dettlaff and Fong also contribute to this discussion by asserting that throughout the migration process, people encounter numerous obstacles while trying to adjust to the host culture, one of which is acculturative stress which arises directly when individuals do not have the means to engage effectively, adapt, and succeed in their new cultural environment. As a result, those who differ significantly from the host culture, whether in term of ethnicity, religion, or language tend to face greater and complex difficulties due to the cultural negotiation that must occur since these immigrants and refugees have to cope with the societal norms and customs of the new culture (293-94).

Additionally, they further elaborate on this point, stating:

For immigrants and refugees of different religious and cultural backgrounds, this often involves giving up previously valued cultural traditions or feeling pressured to accept certain changes to their traditions. Thus, immigrants and refugees who are more distinct from the host culture in ethnicity, religion, and

language are more likely to experience social discrimination and prejudice as a result of the factors that identify them as different from the majority. (cited in Dettlaff and Fong 294)

This quotation claims that refugees' religious beliefs, cultural background, and family rituals which are different from those of the host country often put refugees in a situation where they feel forced to either distance themselves from their established cultural and religious roots, or accept to undergo to certain changes in these traditions. Therefore, refugees are more likely to face discrimination and bias due to the characteristics that set them apart from the majority.

In similar fashion, Laura Smith declares that migrants often struggle to maintain their cultural identity due to the host cultures' differing beliefs regarding identity, self, child-parent relationships, and healthcare. However, despite the established social, legal, and economic structures imposed by natives to maintain the norms of the host culture, migrants continue to value and seek to preserve their own culture. Language often serves as a key tool for this preservation, with parents actively encouraging their children to learn and speak their native language and preserve their native cultural and religious practices at home, while accepting certain changes in public settings (22). Thus, refugees often find themselves caught between maintaining their cultural heritage, and the pressure to adapt or assimilate to the norms of their adopted country, leading to severe internal conflicts.

1.3.5. Health and Well-Being Costs

The effects of armed conflicts, political violence, persecution, and displacement on the mental health of victims have received increasing attention over the last few decades. Refugees often suffer from ongoing psychological problems as a result of pre-migration adversities and the difficulties of resettlement, including the loss of close relationships, loss of lifestyle, loss of country and roots, language barriers, and detention, leading to fragmented memories and identity.

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Refugees may face health risks that arise from their experiences before, during, and after their migration journey. They are more likely to suffer from at least one chronic disease as well as they are more vulnerable to arthritis, heart disease, stroke, and physical activity limitation. Additionally, they suffer from malnutrition, anemia, and infections or parasitic diseases due to the prolonged stays in refugee camps before migration, poor sanitation, and food insecurity. As a consequence of these life-threatening conditions, refugees are at higher risk of experiencing depressive disorders and anxiety disorders, including PTSD (cited in Dettlaff and Fong 439-440).

Furthermore, refugees also suffer from physical issues as a result of torture and injuries during conflicts or while escaping persecution, or poor health following their migration journey, due to poverty, detention, or limited access to medical care. Additionally, some studies suggest that the various types of somatic issues reported by refugees are related to specific PTSD symptoms. For instance, symptoms related to sympathetic activation, such as dizziness and difficulty breathing have been related to hyperarousal symptoms of PTSD. Conversely, physical issues, including limb weakness as well as back and muscle pain have been associated with negative alterations in mood and cognitive abilities (cited in Bryant et al. 416).

In the same vein, the dangerous and traumatic experiences endured by many refugees throughout their journey to safety, such as food scarcity, murder, serious injuries, abuse, and prolonged separation from family members often contribute to trauma related mental health diagnoses including, PTSD, fragmented memory, anxiety disorders, and depression, that negatively impact refugees' emotional, behavioral, and physical well-being for life. This is further demonstrated in the following quotation:

Refugees have suffered many hardships and ordeals. For example, they are exposed to a lack of food and water, serious injury, rape, imprisonment, torture,

combat situations and murder of close relatives. There is evidence of a strong relation between the multiple and chronic extreme experiences of refugees and the diagnosis of posttraumatic stress disorder (PTSD), which is defined as the consequence of a traumatic event or series of these events characterized by intrusive memories of the trauma and symptoms of avoidance and hyper-arousal. (cited in Van Ee 120)

Traumatic exposure to life-threatening conditions such as wars, violence, political instability, and persecution drive millions of people all over the world to forced migration from their homes through which they may regain hope for new opportunities. These refugees have been compelled to many hardships and ordeals during both migration and post-migration process, including lack of food and water, insecurity in refugee camps, imprisonment, loss of loved ones, and confrontation with an unfamiliar culture and language, leaving them struggling with severe mental health disorders.

1.4. Adaptive Mechanisms

The complexity of refugee experience is frequently shaped by ongoing struggles with trauma, emotional distress, loss, uncertainty, and instability arising from the loss of one's home, family, and identity, along with the difficulty of adapting to new and often unfamiliar environment, leaving behind deep physical and emotional wounds that bleed endlessly. As a result to such life-threatening conditions, trauma survivors often develop specific adaptive strategies that act as a defense against those painful and perilous ordeals, helping them to rebuild a sense of self amidst chaos and adapt to their new realities, including repression, sublimation, denial, projection, and so on.

Anna Freud in her book *The Ego and the Mechanisms of Defence* states that "the term defense is employed to describe the ego's struggle against painful or unendurable ideas or affects" (42). This claim suggests that defense mechanisms are unconscious psychological

mechanisms which are designed to secure the ego from unpleasant thoughts, emotions, and behaviors, as well as to reduce anxiety arising from unacceptable or potentially harmful stimuli.

Freudian model of psychoanalysis highlights numerous defense mechanisms that people use to deal with specific troubling experiences. One of the most commonly and effectively used mechanisms is repression. According to the psychoanalyst Sigmund Freud, repression is the unconscious blocking of unwanted and unbearable ideas, feelings, and impulses, often employed by the ego to resist and prevent these repressed thoughts and emotions from resurfacing into consciousness because they threaten the stability of the individual's conscious experience:

The state in which the ideas existed before being made conscious is called by us repression, and we assert that the force which instituted the repression and maintains it is perceived as resistance during the work of analysis. Thus, we obtain our concept of the unconscious from the theory of repression. The repressed is the prototype of the unconscious for us. (14-15)

Similarly, Bert Garssen in his article "*Repression: Finding Our Way in the Maze of Concepts*" posits that the term "repression" refers to the tendency of suppressing the experience and expression of negative emotions or undesirable thoughts in order to protect one's positive self-image. For instance, an individual with repressive tendencies tends to be a sociable, happy, rarely complains about adversity, and perceives himself as a positive individual who maintains control of his life. However, when he meets someone who talks about emotional issues, he quickly changes the topic in order to avoid anxiety, sorrow, and distress, which would suggest that he has lost control (472).

Bert Garssen further emphasizes this idea, stating that:

Individuals with repressed memories exhibited symptoms of psychological distress, elevated levels of dissociation and absorption, superior forgetting abilities for trauma-related material and memory distortions. Most of these characteristics were also found in individuals who report having recalled long-forgotten episodes of childhood sexual abuse. (476)

Thus, while repression is an effective coping mechanism that protects and shields the ego from painful and distressing experiences, it can also lead to several psychological and emotional issues, for instance, they may suffer from emotional distress, they may feel disconnected from themselves or their surroundings, as well as they may have troubles in recalling certain events or experiences.

In addition to repression, denial is another defense mechanism that is often used as psychological self-protection against painful feelings and thoughts. According to Anna Freud, the mechanism of denial, which relies on transforming actual facts into their opposites, is utilized in circumstances where one can not avoid some distressing external stimulus. As a child matures, their physical and psychic capabilities allow their ego to ignore such influences and, therefore, eliminating the need for complex mental processes like denial. Rather than experiencing the painful experience and then erasing it by withdrawing its cathexis, the ego can simply opt not to confront the external threatening situation (93).

Besides, another notable strategy that individuals can use to handle their psychological distress is projection. As noted by Anna Freud, the mechanism of projection is a natural part of the ego, often used as a way to deny a person's own actions, desires, feelings, or impulses when those becoming threatening, shifting the blame to an outside source, such as a strange child, an animal, or an object which help to internal conflict. This claim is further emphasized in the following quote:

The use of the mechanism of projection is quite natural to the ego of little children throughout the earliest period of development. They employ it as a means of repudiating their own activities and wishes when these become dangerous and of laying the responsibility for them at the door of some external agent. A "strange child," an animal, even inanimate objects are all equally useful to the infantile ego for the purpose of disposing of its own faults. It is normal for it constantly to get rid of prohibited impulses and wishes in this way, handing them over in full measure to other people. (123)

As defined by Anna Freud "Sublimation, i.e., the displacement of the instinctual aim in conformity with higher social values, presupposes the acceptance or at least the knowledge of such values, that is to say, presupposes the existence of the superego" (52). This definition suggests that unlike repression and denial which work by blocking unacceptable impulses and denying reality, sublimation is simply the transforming and redirecting of unaccepted impulses, thoughts, and emotions into more socially acceptable, valuable, and positive ones.

Furthermore, another common defense mechanism is displacement, which is the process of redirecting thoughts, desires, emotions, and impulses from its original source onto another target that are safer and less threatening, as Baumeister, Dale, and Sommer emphasize "displacement refers to altering the target of an impulse. For example, an unacceptable violent impulse toward one's father might be transformed into a hostile attitude toward policemen or other authority figures. The targets of the actual aggression would be related by meaningful associations to the target of the original, inhibited impulse" (1093).

Many refugees experience the hazardous circumstances of forced migration and the subsequent aftermath that follows which leaves deep mental and physical scars that last long after their migration journey has ended, leaving many refugees struggling to overcome and fully recover from these ordeals. As such, these trauma survivors are more likely to adopt

various adaptive mechanisms that help them secure their lives, cope with their overwhelming experiences, regain a sense of identity, and find meaning amidst uncertainty.

1.5. Refugee Narratives: Testimonies of Trauma and Survival

Refugees around the world suffer from the plight of trauma and the scars left from the perilous experience of fleeing one's country to escape the horrors of wars, genocides, persecution, rape, and economic difficulties. Survivors of such deadly conditions often remain as real eyewitnesses and their stories serve as powerful narratives that often offer glimpse into the lived realities experienced by displaced people throughout the migration journey, helping them to make their voice heard that has long been silenced.

Among the many harrowing testimonies, Marie Bèatrice Umutesi painfully recalls in her book, *Surviving the Slaughter: The Ordeal and Rwandan Refugee in Zaire*, her personal experience as a survivor who fled from Rwanda into Zaire, now is the Democratic Republic of Congo, due to the extreme violence, destruction, rebellion, and massacres that occurred during the Rwandan genocide. Her testimony is not just an individual story of survival, but rather a powerful narrative and a voice for the countless victims who fall in the hell of genocide. As she powerfully asserts "I have been through Hell, have known horror, and now that I have escaped, I want to testify in the name of all the men and women who did not have my luck and who died in Hell. My point of view is neither that of the historian nor of the politician. I give testimony to what I have seen and to what I have lived." (5)

Umutesi sadly describes Rwanda as a sinking ship after the escape of all Rwandan citizens from all walks of life, including male and female, children and elderly due to the lived realities of terror, cruelty, savagery, violence, and human rights violation, by stating that "old and young, men and women, ministers, bankers, teachers, students, pupils, delinquents, and criminals fled. Rwanda was like a sinking ship that even the rats were leaving" (69).

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Additionally, she portrays with deep sorrow the scenes of destruction, chaos, ruins, and collapse of the Rwandan society during its darkest period of violence and aggression where homes and personal possessions, such as furniture, books, and notebooks had been violently shattered and turned into ruins, leaving behind deep emotional void:

My mother's house, which was partially destroyed and had been looted. The chairs, the tables, and the beds had been smashed. Books, school notebooks, and letters had been torn in pieces and scattered here and there. It was a scene of total desolation. My brother's refrigerator was full of bullet holes, as if someone had wanted to take vengeance and hadn't been able to put holes in the skin of the owner. This was the last time that I set foot in the family house. (34)

More than half a million people had sought refuge in the camps, where they suffered from deplorable living conditions. To protect themselves from the rain that falls from February to June, they constructed shelters out of branches with families of a dozen people were usually housed in these small huts. Within these temporary camps, which were overcrowded with tens of thousands of displaced individuals, hygiene standards were deplorable and the toilets were full and never cleaned. In addition to the food remnants which were thrown everywhere, during the first months, refugees did their business wherever they choose in the surrounding, resulting in piles of garbage within the camps. This situation led to an unbearable stench which further resulted in the spread of Cholera and Dysentery, leading to the death of dozen individuals, especially affecting children and women (Umutesi 27-28).

Along this line of thought, Umutesi sheds light on her personal struggles when she wanted to take a shower in refugee camps, by stating that "there were no showers in the entire neighborhood. I had to wait until night to wash myself. Every time that someone passed by with a flashlight, I stopped washing and covered myself with a towel, but since I washed in the dark, I was never sure that I was completely clean" (76). This testimony depicts the

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extreme difficult conditions faced by refugees in the camps as they lack the basic necessities, particularly the difficulty of taking a shower, filthy sanitary conditions, and lack of privacy.

Umutesi further provides a powerful depiction of the miserable circumstances endured by refugee children who have been brought from Bukavu, deeply affected by everything they experienced in Rwanda, including forced displacement, genocide, and the atrocities of civil war:

It was comforting to see these children, brought from Bukavu in a state of unspeakable misery, covered in rags and filth and ulcers, their hair full of lice and traumatized by all that they had lived through in Rwanda, become the children that they had been before knowing the horrors of war, genocide, and exile. (72)

What is more, Umutesi sorrowfully describes the deplorable situation of many children, pregnant mothers, and the elderly who have endured the harsh and poor living conditions of refugee camps, particularly in terms of starvation and malnutrition which further made them look like helpless aged people, by stating that "most of the children were skeletal. The only thing one saw were eyes sunken in their sockets and a large head. Young girls looked like women a hundred years old. They were so thin their bones stuck out. Only their eyes showed any sign of life. Children, nursing and pregnant women, and old people died like flies of malnutrition" (28).

It is also worth noting that most families were separated when they reached the Rwanda-Zaire border. Each day, mothers, overwhelmed with sorrow, searched the entire town, moving from one group of refugees to another, screaming out their children's names, and asking people nearby if they had spotted a child of a certain age, height, dressed in specific style, and responding to a particular name. Unfortunately, these searches often

yielded no result. Thus, attempting to find a five-year-old child among such a large crowd of refugees was like searching for a needle in a haystack (Umutesi 72-73).

Feminine hygiene is another sensitive issue that most refugee women struggled with and felt powerless to address in refugee camps as they lacked the basic materials, such as soap, to clean themselves during their period, leading them to wonder what wrongs they have committed to deserve such hardships:

During their periods women used old rags or skirts. Soap was only distributed sporadically and it was almost impossible to find enough to wash oneself and one's soiled underwear. After several days of washing with water alone, it became hard and abrasive. We had to wash it late at night or early in the morning [...] The bloody water snaked in little rivulets between the blindés [...] made bloody little puddles. To add to the discomfort of the situation, many women were obliged to wash these bloody rags in the same pots in which they prepared food for their families. (Umutesi 76-77)

According to Umutesi, spending long hours waiting for the distribution of aid was one of the worst experiences that left refugees often feel worthless. In an attempt to escape this sense of hopelessness, refugees frequently resorted to excessive drinking and sexual activities which became their primary sources of entertainment. Moreover, marriages in refugee camps often occurred at younger ages and became less stable with a significant number of girls over the age of fifteen were either expecting or had already given birth. Additionally, as a result of the financial struggles that compelled young women to offer themselves to anyone for food and money as well as the lack of activities and the absence of privacy, children started to discover sexual matters at an early age which ultimately led to the widespread of venereal diseases, especially AIDS (83).

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Marie Umutesi also states that "at the border between Rwanda and Zaire, many of the refugees committed suicide by throwing themselves into the Ruzizi River rather than return to Rwanda" (89). This testimony suggests that as a result of fear, death, ongoing violence, arbitrary attacks, and massacre, Rwandan refugees preferred to commit suicide and end their lives rather than be repatriated to Rwanda where they lost their entire family, homes, possessions, and sense of safety.

In this regard, Abegunrin and Abidde also contribute to this discussion by portraying the brutal conditions experienced by Africans from various nations while trying to cross the Sahara deserts to reach Europe. They declare that the route between Agadez and Sebha was extremely perilous as it required crossing the Sahara Desert. Migrants often had to endure severe shortages of food and water, crammed into trucks to an extent that deaths from asphyxiation frequently occurred. Besides, the breakdown of vehicles in the desert led to the death of passengers from starvation and dehydration, leaving them vulnerable to bandit attacks. For example, Jimoh Aisha, a Libya returnee to Nigeria, recounted her personal experience, by stating that they were tightly packed in their vehicle, resulting in numerous deaths before reaching their destination. As well as the dead bodies were often thrown along the roadside to maintain their journey. She also mentioned that she turned to feeding on her menstrual blood in order to not die of thirst (350-51).

Birger, Shoham, and Bolzman's book *Better a Prison in Israel than Dying on the Way: Testimonies of Refugees Who "Voluntarily" Departed Israel to Rwanda and Uganda and Gained Protection in Europe* serves as a strong narrative that powerfully depicts the deadly and inhumane conditions faced by Eritrean and Sudanese refugees. After the hazardous journey across the Sahara, the interviewees arrived in Libya. The human traffickers took them to the camps, which were described as massive overcrowded warehouses where hundreds of individuals were imprisoned together for months. Those who were able to pay the smugglers a

considerable sum of money, were transferred to larger prisons, while those who could not were kept in extremely overcrowded conditions. As a consequence, these prisoners faced daily violence and sexual assault, deprivation of food and water, lack of medical care, and they were forced into labor without payment as well as most of them fell ill while some others lost their lives. This is further emphasized by Johny who recounted the torture camps in Sinai, stating that “All the time you are sick. All the time you are hungry. All the time it’s hot, all the time it itches... If you were lucky, you eat once a day... enclosed [space] all the time, no light... We were also in Sinai, we saw also... everything, in Sinai... After that we reached Libya, the same thing” (27).

As a result, many individuals endured ongoing and uncontrollable thoughts about their past experience, along with nightmares and sleep disturbances. Some of them had been diagnosed with post-traumatic stress disorder and frequently received psychological support from mental health services in their host countries. This is particularly clear during the interviews, when they had recounted their experiences in the Sahara Desert, Libya, and while crossing the Mediterranean Sea. While sharing these narratives, the interviewees became very emotional and often struggled to find their words (Birger, Shoham, and Bolzman 31). As articulated by Kiflom and Aaron:

“[In the Sahara] people died and we buried them... This life... I don’t want to remember this. It’s hard to think about this... At night, it returns to our head. It returns. I don’t want to remember. It wakes me up, what I saw, people dying, no food. I don’t want to remember this. It’s a problem... I want to close that door.
(qtd. In Birger, Shoham, and Bolzman 32)

Trauma survivors’ personal stories often serve as strong evidence that expose the cruelty and brutality of civil wars, conflict, and persecution. They also shed light on the painful lived

realities experienced by those who have escaped their homelands in search for safety, justice, and belonging.

Conclusion

In many recent armed conflicts, the majority of survivors find themselves compelled to leave their homes, relatives, possessions, and their entire lives and seek temporary protection either in neighboring or foreign countries as their existence becomes threatened by the horrors of wars, attacks, torture, civil unrest, and political instability. As such, the traumatic conditions endured by millions of refugees during the migration journey and post-migration, such as the lack of food and water, serious injury, death of close relatives, rape, social isolation, cultural alienation, along with the perilous and inhumane conditions in refugee camps where they have sexually abused, tortured, and imprisoned, often disrupt their behavioral and emotional equilibrium, leading to psychological distress, depression, and symptoms of PTSD that further force survivors to relive their painful experiences in forms of flashbacks, nightmares, and recurrent memories, as if they are happening again.

CHAPTER TWO

Narrating the Unspeakable in *The Girl Who Smiled Beads*

Introduction

"The days were like nights, and the nights left dregs of their darkness in our souls"

(Wamariya & Weil 70)

The Girl who Smiled Beads is not merely a recollection of the external devastation of the Rwandan genocide and years of displacement; it is a powerful personal story that offers a glimpse into the internal, often unhealed wound of exile experienced by the little Rwandan girl, Wamariya, that continues to shape her emotions, behaviors, and worldview long after her physical safety is regained.

Through her fragmented narrative, Wamariya highlights how her forced migration journey from a war-torn Rwanda to the United States of America and the challenges that follow when passing through seven African countries, often resurface in the wake of her trauma in unexpected and disruptive ways, often in forms of fragmented memories, flashes, dreams, and emotional numbness, shedding light on how unprocessed trauma of exile and prolonged instability deeply disrupts and shatters her psyche, even years after her resettlement in the United States. Besides, the memoir reveals the different survival strategies employed by the main character, Wamariya, such as repression, sublimation, avoidance, and storytelling, to escape and overcome her unresolved pain and the scars of her past.

This chapter is devoted to examining Clemantine Wamariya and Elizabeth Weil's memoir *The Girl who Smiled Beads* (2018) through the perspective of psychoanalytic literary criticism, more particularly trauma theory. Moreover, it seeks to demonstrate how the long-term consequences of the 1994 Rwandan massacres including the prolonged separation of families, alienation in exile, fragmented identity, cultural Displacement, and emotional numbness, continue to haunt Wamariya's memory, deepening her unresolved trauma.

2.1. The Lingering Shadows of Trauma in Wamariya's Narrative

Clemantine Wamariya's childhood as a six year old refugee is severely shattered by the horrors of the 1994 Rwandan genocide which separated her from everything familiar, her home, those who are dear to her, her sense of belonging, and cultural heritage, leaving her in an unspeakable misery that is impossible to describe. Despite her resettlement in the US, she remains emotionally exiled and alienated, unable to assimilate into a new culture while still suffering from the remnants of war. Therefore, Wamariya suffers not only from the horrors of genocide and exile, but also from the psychological burden that accompanies and haunts her while awake and asleep in the form of emotional detachment, flashbacks, and fragmented memories that refused to fade.

2.1.1. The Horrors of the Rwandan Genocide

In the formative years of childhood when a child needs familial warmth, emotional support, and some sense of safety, the African refugee child, Wamariya, has been deprived of all the basic needs of her age, including parental love, care, protection, and even her sense of innocence, due to the sudden loss of everything familiar during the 1994 Rwandan tragedy, ultimately planting the first seeds of her unprocessed trauma.

At the age of six, Clemantine Wamariya finds herself compelled to escape her home in Kigali, Rwanda, together with her older sister, Claire, due to the devastating and life-threatening events of the 1994 atrocities of the Rwandan genocide, leading her to embark on a perilous journey across many African countries, leaving behind not only her family, but also her childhood, sense of self, and belonging. After their departure, Wamariya and her sister seek temporary safety in refugee camps where they live under arduous conditions, witnessing violence, abuse, starvation, and terror. Therefore, the physical harm and emotional detachment experienced by Wamariya give rise to her "unhealed trauma" which is, according to Cathy Caruth's claim in her book, *Unclaimed Experience: Trauma, Narrative, and History*,

"not locatable in the simple violent or original event in an individual's past, but rather in the way that its very unassimilated nature—the way it was precisely not known in the first instance—returns to haunt the survivor later on" (4).

Wamariya recalls an intense moment when she flees Rwanda as a refugee during the genocide, passing through many war zones in an attempt to survive, describing how she felt terrified and shaking despite the hot weather due to the traumatic events she experienced in a location where bombs exploded and grenades were thrown everywhere and how people around started pushing furniture against the windows and the beds into the middle of the room in an attempt to shield themselves from the attacks (Wamariya & Weil 118).

Wamariya's belated recollection of the traumatic and overwhelming conditions she endures during the Rwandan genocide, directly reflects Cathy Caruth's assumption that "trauma is a response to an unexpected or overwhelming violent event or events that are not fully grasped as they occur, but return later in repeated flashbacks, nightmares, and other repetitive phenomena" ("Unclaimed Experience" 91). This is clearly evident when Wamariya's traumatic experiences remain repressed at the moment of the genocide because as a six years old child, she cannot comprehend or even name the terror and chaos she witnesses. Therefore, her trauma remains "unclaimed" until it returns later when she resettles in the United States. For example, at first, Wamariya says "Wiesel had words that I did not have to describe the experiences of my early life" (Wamariya & Weil 1), she also states "I didn't know how to name the noises" (18).

This illustrates how Wamariya's mind did not process the overwhelming and stressing conditions she experienced at the moment of the genocide, because she was preoccupied with how to stay alive, provide food, find shelter, and escape death. Therefore, instead of living her trauma at the moment, Wamariya focused only on how to exist and survive each ordinary day, without thinking about anything beyond, stating, "for a year I'd been so consumed with

survival—though not that, really. I was consumed with something much smaller and more banal: making it through the day. Let's get through today, that was my mindset. Then it will be tomorrow. Let's make tomorrow happen too" (53-54), showing how the emotional and psychological effects of her prolonged trauma remained frozen and repressed in her mind at the time of her displacement.

However, when Wamariya became eighteen years old, after she found physical safety, and started to construct her life in the United States, her repressed memories began to resurface in a fragmented form. This is further manifested when she was invited to participate in writing an essay about Eli Wiesel's book "Night", a story of surviving the Holocaust, in 2006 Oprah show where she unexpectedly met her parents after twelve years old of separation. Wamariya declares that in that day she and her sister were consumed by all the remembering and deliberate forgetting of their memories (Wamariya & Weil 2). This reflects how she was unconsciously overwhelmed by her childhood memories that had not been fully grasped at the time of the Rwandan genocide, but further triggered by her public reunion with her family and her essay about "Night", also it depicts their constant attempts to suppress their past experiences in order to survive in the present, reinforcing Caruth's theory of "belated trauma" that is not completely experienced at the moment of its occurrence, but it reappears later to haunt and disrupt the survivor's psyche.

Furthermore, in these lines "my own life story feels fragmented, like beads unstrung. Each time I scoop up my memories, the assortment is slightly different" (Wamariya & Weil 3), Wamariya illustrates how her life story is scattered like "beads unstrung," frequently lacks structure, order, and meaning. Each time she attempts to remember and recollect her childhood memories, she feels unable to recall them as a cohesive and a complete narrative, revealing how trauma disrupts the human mind, memory, and life. This can be also considered as a strong manifestation to Judith Herman's claim when she argues that people who have

endured horrific events frequently recount their experiences in an emotional, paradoxical, and fragmented way which undermines their reliability (1), highlighting how traumatic experiences disrupt the survivor's cognitive capabilities, leading to overwhelming emotions, memory gaps, and fragmentation.

These traumatic memories that resurface belatedly do not emerge from a vacuum, but are the result of real events experienced by Wamariya, such as prolonged exposure to violence, forced migration, hunger, homelessness, and psychological distress which reappear later and force her to relive her trauma again as if it is happening in the present. As stated by Caruth "trauma is always the story of a wound that cries out, that addresses us in the attempt to tell us of a reality or truth that is not otherwise available" ("Unclaimed Experience" 4). As an example, Wamariya's repressed childhood trauma serves as an alarm that echoes throughout her life, refusing to be silenced, ultimately forcing her to remember and recount every stage of her past life.

Wamariya painted a harrowing picture of the immense terror, exhaustion, and emotional shock she experienced during her escape from Rwanda, together with a large number of other refugees who traveled across borders on foot through forests and high hills. She also depicted with deep sorrow the deplorable situation of many refugee children crying for their mothers. Mama. Ma-MA. Mama as well as the screams of countless parents who searched desperately for their missed children. The traumatic scenes witnessed by Wamariya, such as the sound of crying children and the voices of screaming parents left behind permanent scars that remain etched in her memory, refusing to fade (Wamariya & Weil 21).

Besides, the memoir sheds light on the physical exhaustion, psychological distress, and sense of uncertainty experienced by Wamariya and other refugees during their escape from the Rwandan genocide to the unknown, walking for long hours, crossing hills and rivers, and witnessing extreme violence and death without a clear destination to seek protection in:

We walked until late afternoon, almost dusk. We didn't know where we were going—just to the next hill and then the hill after that and then the hill after that and then across another river. We saw more bodies, sleeping and sleeping. I stopped thinking about my feet and worried about finding a place to rest. (Wamariya & Weil 18)

Wamariya further provides a powerful depiction of the miserable life she experienced in a refugee camp, describing how she was trapped in a cycle of despair and disappointment, with no progress, purpose, and even future, as she said "there is no movement towards anything, just stuck in the routine of spending long hours for preparing maize, making fire, burning lice on the rocks, washing clothes in the river, and waiting for food, without any sense of life" (Wamariya & Weil 51-52).

What is more, Wamariya recounted the challenges she went through when she was in Burundi, after escaping the genocide in Rwanda, where the fear of death became part of her everyday life once again, describing how she was deprived of all the basic needs, including safety, freedom, education, electricity, food, and water to the extent that she ate one meal a day. Wamariya's description "the world pulled inward" mirrors how the world became like a grave where hope, happiness, and peace were replaced by despair, darkness, and chaos, with no room to live in peace. Most importantly, Wamariya did not immediately feel or process the fear and horrors she witnessed in Burundi. But later in life when she became a teenager, the psychological shock returned again in haunting ways beyond her desires. This delayed reaction is exactly what Caruth refers to as "belated trauma" and what Laurie Vickroy suggests in her book, *Trauma and Survival in Contemporary Fiction*, when she states "trauma is an event in an individual's life that is defined by 'its intensity, by the subject's incapacity to respond adequately to it, and by the upheaval and long-lasting effects that it brings about in the psychological organization'" (81), presenting trauma as a too overwhelming and painful

experience that exceeds the human mind's capacity to understand or process it at the time it happens, remaining repressed until it resurfaces later to shatter the individual's psyche.

Moreover, recalls her personal experience as a refugee child in the camp, stating, "I lost track of who I was. I'd become a negative, a receptacle of need. I was hungry, I was thirsty, I needed a bathroom, I needed a place to sleep. I was so confused. I just kept spinning. How did I get here, where I am a nobody? We walked all this way, for this?" (Wamariya & Weil 30). This depiction uncovers the inadequate conditions that Wamariya experienced inside the refugee camp, where she felt confused, dehumanized, and disconnected from herself, often in need of the basic necessities, like a shelter, food, water, and a bathroom to clean herself. Her question "we walked all this way, for this?" reflects the moment when she realized that displacement or exile never brings peace and stability, but another chapter of suffering, loss, and instability.

In addition to that, Clemantine Wamariya depicts the harsh realities of a refugee camp which was filled with extreme suffering, hopelessness, sickness, and death, where she was always surrounded by people crying out, moaning, and dying like flies. More painfully, she remembers how people in the camp falling ill and dying quickly due to the widespread of deadly diseases, like Cholera, dysentery, infected wounds:

The crying. The moaning. The faces. The expressions of pain. I did not ask questions. I was glad we did not have a mirror. I wanted to think I still had the same face. The clearing became a colony and people started dying. I had never seen that many flies and bugs of all kinds, day in and day out. Cholera, dysentery, infected wounds. (Wamariya & Weil 21)

This passage also reveals how instead of experiencing trauma by crying, moaning, or asking questions, Wamariya chose to endure her pain in silence without any emotional reaction, further emphasizing Caruth's idea that trauma victims often fail to experience their

overwhelming emotions at the time of their occurrence, until they return later in repetitive forms.

Similarly, Wamariya provides a powerful image of the physical deterioration and emotional distress she experienced due to the unbearable and inhumane conditions of displacement, disease, and malnutrition. She declares "none of my clothes fit. I was too skinny. I could not stand up [...]. But I was too weak to walk" (Wamariya & Weil 118), reflecting how her fragile body became a site and a proof of the extreme suffering and brutality she confronted throughout her life in the refugee camp. Therefore, Wamariya's personal experience reveals how the constant exposure to violence and brutality affects not only the external physical structure of the body, but also the internal one, including the mind, memory, and cognition, leaving behind deep psychological and emotional scars that continue to haunt the survivor even when his trauma is ended.

Equally important, Wamariya describes how her own body became a burden or an obstacle throughout her life, rather than a source of joy and power, stating, "maintaining my body had been so much work, so costly. Protecting it had been a never-ending battle. It was not a source of joy. I had been dragging it around for thirteen years, trying to keep it from harm. I felt like it stood in my way" (Wamariya & Weil 41), presenting it as something that she must constantly fight for to protect it from all kinds of persecutions she was exposed to when she was in Rwanda or during her stay in the refugee camps, including violence, rape, hunger, and disease.

Despite escaping the horrors of the genocide and reaching a safer place in the United States, Wamariya continues to carry the burden of her trauma, showing how the painful events, she experiences as a refugee child has not grasped at the moment of the event, but they become embedded in her psyche as if she is still under danger. This can be seen as a strong manifestation to what Freud proposes when he describes trauma as "an event that is

experienced too soon, too unexpectedly to be fully known and is therefore not available to consciousness until it imposes itself again, repeatedly" (Qtd in Caruth, "Unclaimed Experience" 4). Thus, Wamariya's delayed reactions to all the threats and violence she endures show how unresolved trauma continues to repeat itself involuntarily often in fragmented ways, even long after her trauma has ended.

2.1.2. Familial Detachment

Clemantine Wamariya's life was deeply influenced by the prolonged trauma of separation from her parents and siblings at a younger age which left her struggling with deep sense of alienation and emotional detachment, further creating a deep psychological void that can never be filled again. The trauma of family separation experienced by Wamariya remained etched in her psyche, refusing to fade, even after reuniting with her parents years later on the Oprah show, due to the emotional distance caused by years of separation and loss. Consequently, even after her resettlement in a safer place in the United States, Wamariya's memories of loss and separation continued haunting her throughout her life.

Cathy Caruth, based on Freud's idea, contends that the victim of a horrific event is not fully aware of the intensity of the incident during its occurrence and they may feel nothing, as stated by Freud, "the victim of the crash was never fully conscious during the accident itself: the person gets away "apparently unharmed." However, later, long after the incident, the repressed trauma with its hidden emotions returns involuntarily due to the victim's failure to completely comprehend and process the traumatic experience when it happens ("Unclaimed Experience" 17). This idea of "latency" is powerfully illustrated when Wamariya began to reexperience the psychological wound of family separation that resurfaced again in the present to haunt her because it was not felt at the moment of the incident. After her escape from Rwanda, Wamariya started to feel the pain of growing without parents and the emotional void of being "nobody's child," deprived of all parental love, support, and security that protect

her against the world's cruelty, which made her vulnerable to exploitation, injustice, and control:

Almost every other minute of my existence, I felt the pain of being nobody's child, the sting of the assumptions people make when you don't have a mother and you don't have a father. People assume you're adrift, in play. They assume that you are vulnerable. They assume your needs are lesser, that your will is broken, that your body can be bent to theirs. (Wamariya & Weil 141)

Wamariya also described how the loss of her parents at a younger age left her struggling with deep and lasting psychological scars that can not be easily recovered from through time. Even after growing older, her unresolved childhood trauma of loss and separation did not fade, but rather, continued to dominate her psyche, leaving her emotionally disrupted, stating:

Yet I was also old enough to know that when you lose a mother at age six, part of you always remains a child, stays frozen as that girl wanting to jump onto her lap, yearning for her approval and for the false reassurance that she can protect you from the world. I knew none of that would come true. (Wamariya & Weil 180)

This can be seen as a strong evident to Judith Herman's idea when she states that "traumatic events call into question basic human relationships. They breach the attachments of family, friendship, love, and community. They shatter the construction of the self that is formed and sustained in relation to others" (51), explaining how the traumatic events that survivors experience in their lives not only lead to anxiety, fear, and emotional numbness, but they greatly challenge and disrupt their interpersonal relationships, breaking bonds of family, friends, and community, often resulting in intense feelings of loneliness and detachment.

Along this line of thought, Wamariya says "I wasn't like the teenagers at my school. My mother and father were...who? Nobody in my life attended parent-teacher conferences. Nobody made doctor's appointments for me. Nobody checked to see if I did my homework" (Wamariya & Weil 37), expressing the inner emotional pain and the psychological void of growing up without parents who care for her and support her in every stage of her life like her peers, directly revealing the long-lasting effects of war and forced displacement that shatter the sense of connection between family members, even after the traumatic event ends. Wamariya's experience strongly supports Herman's claim when she said "a secure sense of connection with caring people is the foundation of personality development. when this connection is shattered, the traumatized person loses her basic sense of self" (52). This idea is also demonstrated when Wamariya depicts the distressing emotions she felt when she saw a girl drinking soda with her father on the bus, reminding her of familial warmth, love, security, and belonging that were stolen from her by the horrors of war and would never be regained again. She said "I saw a father on the bus to the Mozambique border drinking Fanta with his daughter. I wanted so badly to be that girl, to be casually drinking soda on a trip with a parent, though I no longer imagined a real reunion possible if we returned to Kigali. Everything about my body was different" (Wamariya & Weil 115), reflecting how the absence of parental care and support which are the pillars of personality development make her struggling with intense sense of alienation, unbelonging, and loneliness, deeply affecting her sense of self.

What is more, Wamariya described her everyday routine during her early years of displacement as a fleeing refugee child, sharing how she constantly ran up to the hill after finishing farming in the fields to watch the road, imagining that her mother, father, or grandmother were coming down the road to take her home again after their prolonged separation during the Rwandan genocide. She said "I cried until I couldn't cry anymore," reflecting the deep emotional pain and sense of despair experienced by Wamariya when she

yearned to see her parents who will never come again (Wamariya & Weil 20). This demonstrates how the trauma of war and forced displacement is not simply a one-time incident; but rather, a persistent emotional wound that has long-lasting consequences on the child's psyche.

In addition to that, Wamariya painfully portrayed the emotional detachment she felt when she reunited with her parents and siblings on the Oprah show in Chicago, whom she had not seen since the Rwandan genocide. Instead of feeling happy and excited for being surrounded by her family again, Wamariya was overwhelmed with deep sense of alienation and loss due to the many years of separation from her home and family in Rwanda. She declares "but they didn't know me and I didn't know them, and the gap between us was a billion miles wide," describing the emotional gap that had formed between them and how they look like strangers, even though being related by blood. Besides, Wamariya says "yet I couldn't look at my parents—they were ghosts," reflecting how she did not recognize them as her parent, but as strangers, unfamiliar figures, and shadows of her past trauma (Wamariya & Weil 5). Wamariya's personal experience strongly reveals how forced displacement, war, and prolonged separation can deeply sever familial ties, leaving them struggling with an open psychological wound that can never be healed. This can be considered as a direct manifestation to Judith Herman's idea that "the child victim, now grown, seems fated to relive her traumatic experiences not only in memory but also in daily life" (111), demonstrating how unresolved childhood trauma remains embedded in the victim's everyday life, reappearing later even after a long period of time, as if it is still happening in the present, thereby affecting their behaviors, emotions, and relationships.

Furthermore, Wamariya recounted a moment when her sister, Claire, disappeared, describing how she was deeply terrified and scared of losing her because after losing everything in Rwanda, her home, parent, and younger siblings, Claire was not only her older

sister, but her absolute source of support and protection against the world's cruelty as well as the only person that made her secure and still belonging to a family despite all the deprivation they experienced during the genocide, she said, "we didn't find Claire, I cried until I felt empty and I thought of all the bad things that might happen to me if I did not find my sister. I would be an orphan. I would be forever lost" (Wamariya & Weil 22), expressing her psychological trauma and constant fear of being abandoned and left alone in an unknown environment. Wamariya's emotions of fear, panic, and anxiety are delayed responses to past and frequently unresolved traumatic experiences that compel her to relive the original pain of insecurity and loss from her experience during the genocide, which directly illustrates Cathy Caruth's central idea of "belated trauma."

Moreover, Wamariya demonstrated how her prolonged exposure to violence, threats, and loss severely disrupted her inner world and reshaped her emotional experiences, she stated, "I'd forgotten about casual warmth. I'd even forgotten about implicit trust" (Wamariya & Weil 53), illustrating how the danger, uncertainty, and insecurity she endured at early age affected not only her physical safety, but also her psychological one, leaving her emotionally exiled, even when she was in a safer place. This is clearly reflected in Judith Herman's words when she states "the normal regulation of emotional states is similarly disrupted by traumatic experiences that repeatedly evoke terror, rage, and grief" (108), demonstrating how trauma victims are no longer expecting or responding to feelings like warmth and trust because their emotional system is severely disrupted by all fear, terror, and uncertainty they go through.

2.1.3. Alienation in exile

The Girl who Smiled Beads serves as a powerful testimonial narrative that offers a glimpse into the deep sense of alienation and unbelonging that Clemantine Wamariya, the African refugee girl, experienced at a younger age after the devastating loss of her family and home during the Rwandan genocide. Despite her resettlement in the United States after a long

journey through several countries and refugee camps, Wamariya remains emotionally exiled, often feeling out of place, where she is never embraced.

Judith Herman in her book, entitled, *Trauma and Recovery* points out that "long after the event, many traumatized people feel that a part of themselves has died" (49), shedding light on the destructive power of prolonged trauma that shatters the person's sense of self, ultimately leading to a deep existential crisis. This is clearly evident when Wamariya described her psychological struggle of being entirely rejected and excluded from both, her home country from which she escaped to survive and the new societies in which she sought asylum, stating, "It's strange, how you go from being a person who is away from home to a person with no home at all. The place that is supposed to want you has pushed you out. No other place takes you in. You are unwanted, by everyone. You are a refugee" (Wamariya & Weil 20-21). Wamariya's sudden transition from someone who had a stable life to someone with no place of return left a deep and long-lasting impact on her psyche which haunted her throughout her life.

What is more Wamariya described how the ongoing danger she experienced in Rwanda, such as war, forced displacement, loss, and prolonged separation shaped the way she perceived the world around her even long after the immediate physical danger had passed, leaving her feel like a foreigner with no a place to belong in. Even after her resettlement in a safer surrounding in the United States, Wamariya remained emotionally detached and alienated not only from the society around her, but even from herself, unable to feel at home, as she declared " I'd allowed myself to feel I belonged. But there was no real belonging—not anymore. There was only coming and going and coming and going and dying. There was no point in letting anybody get close" (Wamariya & Weil 62-63). As well as she depicted the painful reality of being alone, deprived of family warmth and the people who once embodied safety, protection, and love, saying, "nobody in my world was tender and protective of me

anymore" (Wamariya and Weil 49), highlighting how the emotional scars of losing family, home, community, and the values that once gave her life meaning resulted in a lasting sense of unbelonging. This can be interpreted through the lens of Judith Herman's idea, arguing:

Traumatized people feel utterly abandoned, utterly alone, cast out of the human and divine systems of care and protection that sustain life. Thereafter, a sense of alienation, of disconnection, pervades every relationship, from the most intimate familial bonds to the most abstract affiliations of community and religion. Her trust is lost, traumatized people feel that they belong more to the dead than to the living. (52)

In this light, the psychological trauma and the distressing emotions endured by individuals due to wars, displacement, abandonment, and abuse significantly disrupt the survivors' basic sense of safety and belonging and make them feel homeless with no place where they can feel protected and embraced, leaving them feeling utterly alone, not just in a physical sense, but also on spiritual and emotional level. For example, Wamariya's childhood trauma of war and forced migration during the Rwandan genocide left her emotionally alienated not only from her homeland, family members, and society, but also from her own sense of self and belonging.

2.1.4. Fragmented Identity and Cultural Displacement

Clemantine Wamariya's personal experience as a six years old refugee child fleeing from war-torn Rwanda to the United States and moving through refugee camps in different African countries is not merely a story of physical displacement, but a powerful testimonial narrative that offers valuable insights into the painful and traumatic experiences of cultural displacement and identity loss endured by Wamariya in order to survive in a safer environment where she can find protection and stability after the horror she witnessed during the Rwandan genocide. After her resettlement in the United States, Wamariya found herself in

a completely unfamiliar society, where the cultural norms, customs, and traditions that once provided her life with meaning, structure, and purpose were gradually eroded and lost their relevance, further undermining her original identity.

Judith Herman points out that people who have experienced trauma often feel utterly disconnected not just from themselves, but from the support systems they once depended on, including family members, society, and even their belief in God. Their self-worth is further undermined by intense feelings of humiliation, guilt, helplessness. Additionally, the sense of identity they developed before the traumatic event is irrevocably shattered (56). This idea is strongly manifested when Wamariya casts light on the long-term effects of trauma on one's sense of self and identity, describing how the fundamental human qualities which are considered as pillars of their identity like skin color, gender, faith, history, and beliefs can all feel violated and stolen, leading to intense feelings of alienation, emotional detachment, and loss which eventually force them to embrace a totally different identity in order to exist as complete individuals, arguing:

When you're traumatized, your sense of self, your individuality, is beaten up. Your skin color, your background, your pain, your hope, your gender, your faith, it's all defiled. Those essential pieces of yourself are stolen. You, as a person, are emptied and flattened, and that violence, that theft, keeps you from embodying a life that feels like your own. To continue to exist, as a whole person, you need to re-create, for yourself, an identity untouched by everything that's been used against you. You need to imagine and build a self out of elements that are not tainted. You need to remake yourself on your own terms. (Wamariya & Weil 152)

Moreover, Wamariya recounts her daily suffering at a Christian school in Zaire, Africa, where she sought asylum after fleeing the Rwandan genocide, a period that was defined by

cultural and linguistic displacement, highlighting the challenges she faced during the first three days in this school where the instructions and lessons were taught in Swahili and French which made it difficult for her to understand and communicate well. She said "I knew almost no Swahili and only a few French words—*maison*, *voiture*—and anytime I mispronounced vocabulary a nun walked over and whipped the back of my hand" (Wamariya and Weil 56), depicting the physical punishment and discrimination she was subjected to just because she mispronounced some Swahili words, hindering her ability to integrate and adapt.

Most importantly, Wamariya evocatively captures the cultural differences between Rwanda, where she grew up, and Zaire where she sought refuge after the Rwandan tragedy particularly in how people dress and celebrate life, describing how the weekends in Zaire were filled with celebrations and parties where Zairean men and women dressed in fabulous and elegant clothes, mixing both African traditions with European style. In contrast to Zairean norms where people celebrate life through the way they dressed; in Rwanda, the standards of dress and celebration were totally different. Catholic women, in particular, were expected to dress appropriately and cover their bodies to look respectful, proper, and tidy, rather than being attractive and expressive because the woman's body in Rwanda was a precious thing that should be hidden rather than presented or celebrated (Wamariya and Weil 57). Consequently, Wamariya found herself caught between both, maintaining her Rwandan cultural heritage and the pressure to adapt or assimilate to the Zairean norms and tradition, leading to deep internal conflicts.

Additionally, Wamariya explains how the trauma of war and displacement she experienced at a younger age affected her normal emotional development and deeply shattered her sense of self and identity, describing how she adopted a new identity and started dressing up like the American girls her age in order to hide her pain and to feel a sense of belonging. However, despite her attempts to fit in, Wamariya remained internally fragmented

and alienated, unable to truly belong and feel like them since her mind was still burdened by all the traumatic events she endured during the genocide. She stated:

I was twelve years old but felt instead three years old and fifty years old, yet I knew I had to fit in. The other girls my age wore short shorts, so I wore short shorts too. But I could not be like them, languid and carefree. I had no feel for the concept of physical ease, not in any language. I raged with envy and anger and often I confused the two. (Wamariya & Weil 27)

Wamariya's imitation of the American girls and her constant attempts to rebuild and reconstruct a new identity to survive in the wake of her trauma in a totally foreign environment strongly reflect Herman's idea that trauma destroys the basic structures of the self and identity that are formed prior to the trauma.

What is more, Wamariya powerfully reveals how the prolonged trauma she was exposed to deeply impacted and shaped the way she remembered and recalled her life story. Her childhood memories felt like scattered fragments neither logical, nor sequential with no sense of order and linearity, making it challenging for her to discern what was true and what was false and to clearly keep the events of her life organized and coherent. She depicted:

My past receded, grew washed-out, jumbled, and distorted. I could no longer discern what was real and what was fake. Everything, including the present, seemed to be both too much and nothing at all. Time, once again, refused to move in an orderly fashion; the pages of the book lay scattered, unbound. This still happens to me: My life does not feel logical, sequential, or inevitable. There's no sense of action, reaction; no consequence, repercussion; no plot. It's just fragments, floating. (Wamariya & Weil 23)

Clemantine Wamariya's fragmented memory strongly illustrates how the painful effects of trauma do not simply end once the traumatic event is over. Instead, they continue living

inside the survivor and shape their entire life long after the event, making it challenging for them to recover and move forward.

2.2. Memory and the Haunting Past

Clemantine Wamariya's traumatic past experiences that she faces during and after the Rwandan genocide, involving exile, death, violence, and separation remain confined and deeply embedded in her memory until they resurface later in the immediate aftermath of her stressful event in an unexpected and often distressing ways even when she is sleeping in forms of flashbacks, dreams, recurrent memories, and anxiety, leading her to relive the overwhelming emotions she felt during the time of her trauma as if they are still happening in the present.

Judith Herman contends that individuals affected by trauma experience the incident as if it is happening in the present, even after the threat has passed, finding it impossible to return to their normal lives as the trauma repeatedly disrupts and interrupts them, feeling like time freezes at the moment of the traumatic event. The traumatic moment remains stored in an abnormal form of memory that can suddenly resurfaces into the individual's consciousness with the same intensity and emotional force of the original event, manifesting in a form of flashbacks during waking states and as distressing nightmares during sleep (37). This is clearly evident when Wamariya started recalling the distressing dreams and nightmares she experienced every night in the aftermath of her trauma. She depicts her dream of walking around the refugee camp and collecting all the remnant belongings to build a tower out of junk in order to look for her parents. Wamariya's act is not merely a random imagination or fantasy, but a reflection to her hidden desires and unconscious attempts to reunite and reconnect with her parents again and to rebuild what has been destroyed by the trauma of genocide and exile. She said, "In those dreams I got close to my parents, I knew they were there, but I never actually saw them" (Wamariya & Weil 47-48), demonstrating how

Wamariya's trauma of family separation did not fade or end at the time of its occurrence, but continued haunting her in a form of disturbing dreams, reminding her that her parents will never return again which further intensified her emotional pain. Wamariya's experience illustrates how her unresolved pain remains frozen in her memory until it reemerges later in a form of haunting dreams, leading her to relive the horror, anxiety, and emotional distress of the original event.

Furthermore, Wamariya recounts the recurrent dream of a huge sinking boat that she experienced every night, describing a harrowing moment when suddenly the ship stopped and the electricity went off when they were in the middle of the ocean while everyone fell asleep, except her. While she was trying to wake up the passengers on the ship because she was in a state of panic, she heard a voice asking her to bring a mini Bible from her backpack and when she pulled it out, it began to grow bigger and bigger. As this happened, the ship started sinking deeper. Additionally, when she woke up, she said, "The dream was so upsetting. I refused to close my eyes for days. What if it came back again? (Wamariya & Weil 122), showing how the normal regulation of sleep is deeply disrupted by the traumatic experiences that constantly evoke emotions of fear, loss, and anxiety. This can be considered as a direct manifestation to Herman's idea, when she said, "The worst fear of any traumatized person is that the moment of horror will recur, and this fear is realized in victims of chronic abuse. Not surprisingly, the repetition of trauma amplifies all the hyperarousal symptoms of post-traumatic stress disorder. Chronically traumatized people are continually hypervigilant, anxious, and agitated" (86), illustrating how trauma survivors continue living in a state of fear that the moment of horror will occur again and how the traumatic event often leaves the victim in a state of heightened agitation, constantly vigilant for potential threats.

What is more, Wamariya declares "my nightmares returned. Every night I now dreamed of falling down the Thomases' laundry chute and landing in their basement, where I

found myself trapped in a maze full of people with those faces I'd seen in Rwanda. I heard the noises of lives destroyed" (Wamariya and Weil 40), demonstrating how the horrific scenes of death, destruction, and violence she experienced in Rwanda were still alive in her memory, even after a long period of time, frequently returning as disturbing and overwhelming dreams and nightmares, deeply affecting her mental and emotional well-being. Besides, Wamariya portrayed how she was haunted by harrowing nightmares of "being trapped in the basement" and being surrounded by "dead people on the boat," demonstrating how these distressing images left her struggling with deep feelings of loneliness, depression, and fragmentation, as she described "I was so lonely and depressed. I was in fifty pieces" (128-9). These painful experiences are regarded as evidence to Herman's idea when she states that "people subjected to prolonged, repeated trauma develop an insidious, progressive form of post-traumatic stress disorder that invades and erodes the personality. While the victim of a single acute trauma may feel after the event that she is "not herself," the victim of chronic trauma may feel herself to be changed irrevocably, or she may lose the sense that she has any self at all" (86).

In addition to that, Wamariya's childhood experiences during the Rwandan genocide, involving terror, violence, death, family separation, and hunger leave deep psychological and emotional scars that continue to shape her unconscious, even after the danger has ended, reemerging later in a form of repetitive dreams which constantly bring her back into the situation of her accident. She recounts, "I had this dream in which everyone was sleeping and I had to wake them up—wake them from their own near-deaths so that they might receive the word of God" (Wamariya and Weil 119), demonstrating her deep desire to protect people around her from experiencing the same suffering, horror, emotional pain, and psychological distress that she once endured in Rwanda and refugee camps, perhaps because one day she needed that person to protect and keep her safe from all the horrors and trauma she experienced during and after the Rwandan genocide. Therefore, the absence of a protector and

caregiver in her life made her feel responsible for protecting people around her from their inevitable death, revealing how Wamariya remained deeply affected by the traumatic events she witnessed during her childhood, even after regaining her safety. This is clearly demonstrated in Herman's idea when she said "bed time may be a time of heightened terror rather than a time of comfort and affection"(108), illustrating how dream serves as a reminder of all the fear, deprivation, and threats she faced during her waking state, a situation from which she wakes up in another fight.

According to Herman, re-experiencing a traumatic event, whether in a form of disruptive memories, dreams, or behaviors, often carries with it the emotional intensity felt during the original incident. The survivor is constantly overwhelmed by feelings of fear and rage which are fundamentally different from ordinary fear and anger (42). This argument is further embodied by Wamariya when she remembered that haunting images and horrific scenes of crying children, displacement, exhaustion, and loss that she and many refugees witnessed during their journey of escape from Rwanda. She describes "I remembered people walking with luggage on their heads. People dropping their belongings on the side of the road and collapsing beside them. Panicked voices mixed with silence. People asking, "Did you see him?" Children crying, "Where's my mom?" (Wamariya & Weil 70), revealing how Wamariya's childhood memories evoke intense feelings of desperation, fear, distress, abandonment, leading her to relive her trauma again with the intensity of the past as if it is still occurring in her present life.

Moreover, Wamariya recounts a moment of extreme fear, loss, and danger during her journey of escape from Rwanda by boat along the shore of lake Tanganyika, where passengers found themselves forced to throw their valuable possessions which symbolized their identity and roots, including their family pictures, jewelry, and heirlooms to keep the boat afloat, demonstrating the emotional pain endured by Wamariya and other refugees when

they compelled to sacrifice and leave everything that connected them to their past life in order to stay alive. She stated:

We started taking on water as soon as we left. The only way to slow our sinking was to make our boat lighter, to trade possessions for lives. So people began dropping heirlooms—framed pictures, silver, jewelry—into the water and watching them disappear. The looks on people’s faces, the look of panic. It’s easier to scream. But we’d all been trained not to scream, because if you scream you’ll get shot and what’s the point if everyone is screaming with their faces already? (Wamariya & Weil 64)

Wamariya’s recurrent memories illustrate how the horrific experiences she faced in her past life did not fade or end at the time of the incident, but they remained confined within her psyche, resurfacing repeatedly in her thoughts, memories, and dreams, making her re-experience the terror, fear, and pain she felt at the time of her traumatic event.

In this regard, Elizabeth K. Carll argues that traumatic event that threatens one’s physical and mental health or provokes feelings of intense fear, helplessness, or horror can lead to PTSD which can manifest in several symptoms, including the re-experiencing of the traumatic event in forms of nightmares, intrusive thoughts, or flashbacks; avoiding triggers related to the event and emotional numbing, such as people, thoughts, or activities related to trauma; and also increased arousal like hypervigilance, difficulty concentrating, and trouble falling asleep (xiv). This is evident in *The Girl who Smiled Beads* when Mrs. Beasley, one of the American host families, asked Wamariya to draw a picture of her house in Rwanda and she refused to show her how her home looked like because the house that once represented peace, belonging, identity, and warmth became a source of nostalgia, emotional pain, and danger as well as a life that was destroyed by the horrors of war, brutality, and chaos. She stated:

One day after breakfast, Mrs. Beasley drew a picture of a house on a piece of paper. Then she slid it across the kitchen table to me, along with a box of crayons, so that I could show her what my home in Rwanda had looked like. I did not cooperate. I could not. I did not feel, not yet, that she knew what she was asking of me. I did not want to scratch back through my memory. I did not even really know how to access that once-safe place with the outdoor kitchen, the red roof, the birds-of-paradise. Nostalgia was a destructive exercise, a jab at a still-tender wound, stitched up poorly. (Wamariya & Weil 28)

Clemantine Wamariya's act of refusal can be directly interpreted through the lens of PTSD symptoms, particularly avoidance, demonstrating Wamariya's attempts to avoid anything, such as pictures, thoughts, and even activities that can remind her of her past trauma in order to shield her mind against all the overwhelming and distressing memories of her past life.

2.3. Surviving the Abyss through Coping Strategies

Clemantine Wamariya's childhood was deeply shaped by ongoing struggles with family separation, homelessness, prolonged separation, identity loss, and dehumanization due to the traumatic events she endured at a younger age, during and after the Rwandan genocide. As a result to such perilous and life-threatening circumstances she was subjected to, Wamariya developed specific unconscious defense mechanisms, involving repression, sublimation, avoidance, and displacement in order to secure the ego from unbearable and distressing thoughts, emotions, and experiences as well as to reduce anxiety, fear, and pain that can threaten the stability of the individual's conscious experience.

2.3.1. Repression

Anna Freud in her book *The Ego and the Mechanisms of Defence* points out that "repression consists in the withholding or expulsion of an idea or affect from the conscious

ego (51). This claim suggests that repression is the mind's unconscious act of removing and pushing away threatening and distressing information, memories, and emotions out of conscious awareness, instead of confronting them in order to shield the individual from psychological and emotional pain as well to prevent one's positive self-image from being threatened. This idea is conclusively proven when Wamariya said, "I did not weep, and it pained me that I could not weep. But I had no more tears. And, in the depths of my being, in the recesses of my weakened conscience, could I have searched for it, I might perhaps have found something like—free at last!" (Wamariya & Weil 70), demonstrating how her emotions remained repressed because they were too intense to confront. Despite being emotionally overwhelmed, Wamariya was unable to express her pain through crying which illustrates the mind's attempts to protect itself from emotional pain, anxiety, and trauma. However, these unprocessed emotions did not fade, but they remained hidden in the unconscious mind, until they resurfaced later, leading to further psychological distress, anxiety disorders, and somatic symptoms.

Besides, Anna Freud's argument is also demonstrated when Wamariya avoided to communicate with her brother and share her feelings towards him even though she was constantly thinking about him, stating:

Pudi was then twenty-two years old. I never knew him as a young man. I never talked to him on the phone—I was so scared. Talking to Pudi would have been talking to a ghost. I never told him that I always thought of him. I didn't say, I missed you. Or, You tried to help me understand a world I would never understand. Or, I saved all these things to give you. I had so much to share with Pudi and nothing at all to share. (Wamariya & Weil 95-96)

Wamariya's unconscious act indicates her refusal to confront her past life in order to prevent her past traumatic memories, disturbing thoughts, and overwhelming emotions from resurfacing again in her conscious awareness.

Furthermore, Wamariya depicts the internal conflict she experienced after her reunion with her mother, feeling trapped between the desire of sharing with her mother all the horrible events, hardships, fear, and pain she faced after her escape from Rwanda, and the inability to communicate her reality because her traumatic experience was too overwhelming to process and share, especially to her mother whose presence reminded her of all the terror, suffering, abonnement, and loss she went through. Thus, Wamariya's harmful memories, feelings, and experiences remained hidden and repressed in her unconscious mind to protect her from reliving the trauma once again. She evocatively declared:

I wanted my mother to know all the places I'd been, all the horrible things I'd seen, all the scrubbing I'd done in miserable camps, the unthinkable variety of suffering I'd witnessed just to fight my way here, to be in this apartment, to bring her that new white nightgown and white bathrobe. But I didn't want to tell her about my experience. Neither Claire nor I had ever told her our story. I'd never shared even the cleaned-up version I told in public. I'd never felt I could. I still could not now. I felt so furious at myself. I kept shouting in my mind: Mom, you have no idea. (Wamariya & Weil 178)

Wamariya expresses her failure to access and share her traumatic experiences and painful emotions even though she wanted to speak. She stated " I was failing—communicating nothing, revealing nothing of myself—and I hated to fail" (Wamariya & Weil 88), revealing the mind's efforts to keep the traumatic memories hidden and buried in the unconscious because they were too overwhelming to process at the time they happened.

Wamariya's inability to communicate her inner experiences reveals how despite repression is an effective coping mechanism that shield the ego from painful and distressing emotions, it can also lead to a fragmented sense of self as people may feel disconnected from themselves and they may have troubles in recalling certain events or experiences, leaving them struggling with intense feelings of grief, anxiety, and depression. This can be considered as a reflection to Bert Garssen's idea in his article, *Repression: Finding our Way in the Maze of Concepts*, when he claimed that "individuals with repressed memories exhibited symptoms of psychological distress, elevated levels of dissociation and absorption, superior forgetting abilities for trauma-related material and memory distortions" (476).

2.3.2. Sublimation

Sublimation is often considered as a positive and healthy defense mechanism, as defined by Anna Freud, sublimation is "the displacement of the instinctual aim in conformity with higher social values, presupposes the acceptance or at least the knowledge of such values, that is to say, presupposes the existence of the superego" (52). This claim suggests that sublimation is the redirection of undesirable thoughts and emotions into socially valued activities, instead of repressing them in the unconscious in order to avoid or reduce anxiety, emotional distress, and depression. Clemantine Wamariya's act of making bracelets when she cannot sleep serves as a strong illustration to Anna Freud's concept of "sublimation." Instead of repressing the psychological distress she experienced due to prolonged displacement, war, and terror, and remaining trapped in the past, Wamariya redirected those negative and destructive feelings into constructive and meaningful activities like making beautiful bracelets and giving them to people she thought were suffering, like her classmate who cut herself. She described:

I was trying to braid my story together, keep all my various lives connected.

I decided to make a hundred bracelets and give them all away. With each

one I would let go of something painful or destructive in myself. With the first bracelet, I gave up Coke. I'd been drinking two cans a day for the caffeine. I was punishing myself, assuaging my guilt over surviving, with lack of sleep. Next I tried to let go of hating my legs. I hated my scars—the one on my thigh from a barbed-wire fence and the one on my calf from the major infection I'd contracted at age eleven that ate a hole in my flesh. (Wamariya & Weil 130)

Wamariya explains how with each bracelets given, she aimed to release something hurtful and painful which were reminders of her childhood trauma, demonstrating how this redirection helped her to avoid harmful actions and braid her fragmented story together after being shattered by the horrors of the Rwandan genocide.

Furthermore, Wamariya depicted how she was initially afraid of returning to Rwanda due to the horrors she witnessed there, but later she converted her internal fear, anxiety, and trauma into socially valued and constructive activities by joining a Yale student group on a humanitarian trip to Rwanda to buy water tanks for young genocide survivors (Wamariya & Weil 158). This shift explains how instead of remaining trapped in a cycle of fear, loss, and helplessness, Wamariya redirected her energy to help and support children who endured traumatic experiences similar to her own, and being a part of their recovery. Wamariya's act can be considered as a direct manifestation to Anna Freud's idea of "sublimation" which helped her to avoid feelings of anxiety, depression, and emotional numbness in a healthy and constructive way, rather than keeping them repressed or buried in her unconscious mind.

In the same line of thought, *The Girl who Smiled Beads* powerfully illustrates how Wamariya unconsciously transformed her painful emotions and trauma of poverty, deprivation, and homelessness she experienced during her childhood into noble and socially acceptable behaviors, instead of directly confronting them, like giving candy and helping poor

children in Zambia who were still trapped in the miserable and inhuman living conditions she once endured in the same place to regain their value, self-confidence, and dignity. She argued:

My adult, credentialed, certifiably valuable self-wanted to make the shoeless children there feel valuable too. So, against Claire's protest, I leapt from our air-conditioned cab into the heat and passed out a few sticks of gum from my purse [...] I had been one of those kids, poor and living in that place, and I had never taken candy, not once. Candy was far too costly. (Wamariya & Weil 25)

Clemantine Wamariya's behavior can be seen as an example of sublimation which is an unconscious coping strategy through which she turned the painful and undesirable emotions, thoughts, and memories she once experienced into something positive and beneficial which can help her to regain the emotional stability, power, and self-worth that were stolen from her.

What is more, Anna Freud's concept of "sublimation" is further demonstrated when Wamariya shifted and redirected her internal distress, emotional pain, and unresolved trauma into an art project because those feelings were too overwhelming to confront directly. Therefore, Wamariya decided to make a dress and paint it red through which she expressed the inner pain, suffering, and the traumatic memories that remained embedded within her psyche. She depicted:

I took the dress outside. I lay it on a sheet of plastic on the ground, filled up a brush, and splattered. The paint now looked exactly like blood. I kept splattering, a massacre, trying to let go of my pain. The belt I painted entirely. It looked like a gash, open flesh. I displayed the dress, back on the mannequin, in the year-end art show. I titled the work Drop Dead Gorgeous. It did look pretty if you weren't paying attention. (Wamariya & Weil 130)

The painted dress serves as a powerful testimony and a reflection of how Wamariya indirectly transformed her unspeakable pain and unresolved trauma she once experienced due to the 1994 Rwandan tragedy into a meaningful form of art which helped her to reduce the emotional numbness, anxiety, and depression that she was unable to process consciously.

2.3.3. Displacement

Displacement is another notable defense mechanism used by Clemantine Wamariya which is the act of shifting painful thoughts and feelings like anger, fear, and guilt from the main source to another targets, such as objects, people, and even animals to avoid anxiety and emotional distress, as Baumeister, Dale, and Sommer emphasize, "displacement refers to altering the target of an impulse. For example, an unacceptable violent impulse toward one's father might be transformed into a hostile attitude toward policemen or other authority figures. The targets of the actual aggression would be related by meaningful associations to the target of the original, inhibited impulse" (1093).

This coping strategy is clearly exemplified when Clemantine Wamariya unconsciously displaced her long-repressed painful emotions of anger, frustration, and anxiety from the original source "the Hutu extremists" into a safer and less-threatening target "the girl in the class." She stated, "You have no idea, do you? I yelled as one girl spoke. "You've never been in that scenario. What gives you the right to even talk? This is real" (Wamariya & Weil 127), suggesting that the girl made a superficial comment about Wamariya's past experience during the Rwandan genocide which triggered and intensified her anger, leading her to redirect the deep emotions of anger and hatred she felt towards the real perpetrators of the genocide onto her classmate to reduce the emotional and psychological hurt that remained etched in her psyche. Wamariya's sudden reaction, yelling and running out of class, was not just towards her classmate, but all people who watched and witnessed their slaughter and suffering in

silence without intervening to stop the deadly massacres in Rwanda that led to the death, displacement, and suffering of thousands of victims.

Furthermore, the idea of "displacement" is also evident in *The Girl who Smiled Beads* when Wamariya unconsciously redirected her unresolved pain, anger, and anxiety which resulted from her past experience, such as displacement, years of trauma, and terror into a safer target, manifesting as intense emotions of anger and yelling at innocent children who were merely watching TV because she was unable to directly confront or blame people who were responsible for her trauma and all the harrowing conditions she endured. She declared, "I was so broken. I should have been lashing out at the world, but I was yelling at these specific children. I was not safe. I was not gentle" (Wamariya & Weil 165), demonstrating that Wamariya's aggressive reaction towards the kids was an unconscious act to protect herself from anxiety and to alleviate the psychological stress and the emotional burden that she can not consciously process at the moment of the event.

2.3.4. Avoidance

Avoidance is also an important defense mechanism used by Clemantine Wamariya to protect herself from her painful and traumatic memories, as stated by Xiya Chen in her article, *The Causes and Effects of Post-traumatic Stress Disorder*, "people try to avoid discussing, remembering, and asking questions about the trauma they've gone through, as well as avoiding anyone connected to the terrible occurrence and staying away from the scene." (1). This claim suggests that trauma survivors often try to distance themselves from anything, including pictures, thoughts, people, and even emotions that can remind them of their past experiences to minimize their anxiety, emotional distress, and inner pain.

This coping strategy is further illustrated when Wamariya's classmates, after watching the movie of "Hotel Rwanda" in 2004, started asking her personal questions related to her past experience, particularly about the horrors she endured during the Rwandan genocide, and she

constantly avoided and rejected answering them because she was not ready to remember and re-experience all the traumatic and distressing conditions she lived through during and after the Rwandan genocide which left her struggling with deep psychological and emotional wounds. She pointed out:

I took offense. You want me to tell you how I felt? How dare you ask me to return to that place. Soon the questions grew worse. People wanted to know if anyone in my family had been murdered, and if I had seen people get killed. I could not believe their sense of entitlement. These people did not have the right to my pain. They did not even realize that they wanted it, that they saw my life as a movie [...] I didn't want to be asked about death. I did not want to be a tool or a case study. I did not want to be that Rwandan girl.

(Wamariya & Weil 74)

Wamariya's rejection to share her personal experience is not just because she wanted to shield her emotional stability from anxiety, depression, and emotional distress, but also, she did not want to recount the traumatic events and overwhelming emotions she once endured in public with people whose primary interest was entertainment, as if they were watching a movie in the cinema rather than a real sad story.

Besides, Wamariya declared "for years I'd told myself that I would remember all the places I'd been and all the things I'd seen and I would tell my mother. I'd share everything about my life. Now I decided not to tell her anything at all" (Wamariya & Weil 89-90), demonstrating how she was initially eager to inform her mother about all the terrifying and traumatic experiences she encountered after fleeing Rwanda, such as violence, loss, starvation, and homelessness. However, when the time came to recall her life story, Wamariya deliberately chose to remain silent and share nothing about her past experience in order to prevent the overwhelming and distressing emotions that she felt at the time of her trauma

from resurfacing again as well as to maintain control over her unresolved pain. Wamariya's act can be considered as a direct manifestation of avoidance, which is one of the common defense mechanisms used by trauma victims to avoid and distance themselves from their past experiences.

Conclusion

The Girl who Smiled Beads serves as a testimonial narrative that reveals the deep psychological wounds of genocide and exile experienced by the Rwandan refugee child, Clemantine Wamariya, who found herself compelled to escape not only from her home, but her family, roots, stability, and sense of belonging in search of safety. Throughout her journey of escape, Wamariya went through hazardous and traumatic conditions, such as family separation, alienation, cultural displacement, and identity fragmentation, which remained etched in her mind, resurfacing constantly in unexpected and disrupting ways in forms of distressing memories, flashbacks, and disturbing dreams which led her to relive her past experiences, as if they were still occurring in her present life. To cope with her unresolved trauma, Wamariya developed different defense mechanisms, including repression, sublimation, displacement, and avoidance which helped her to minimize her feelings of anxiety, anger, emotional distress, and depression.

GENERAL CONCLUSION

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Clemantine Wamariya is among the authors who use the power of their pens as a literary weapon and a testimony to reveal the sufferings and lived realities endured by countless refugees during and after the 1994 Rwandan genocide, including violence, terror, displacement, homelessness, and trauma, helping them to make their voice heard.

This research has examined the long-lasting effects of unresolved trauma, such as insomnia, nightmares, emotional numbness, anxiety, and hypervigilance, as well as the adaptive mechanisms adopted by refugees to survive and overcome their haunting past in Clemantine Wamariya and Elizabeth Weil's *The Girl who Smiled Beads*.

The analysis has substantiated that the horrific scenes of death, violence, destruction, and terror remain alive and embedded in Wamariya's memory, even after regaining physical safety in the United States, as if she was still under danger, frequently resurfacing in repetitive ways, including fragmented memories, haunting dreams, harrowing nightmares, and repeated flashbacks which forced her to relive the fear, anxiety, and emotional distress of the original event. Besides, the analysis has illustrated the various coping strategies employed by Clemantine Wamariya, including repression, displacement, sublimation, and avoidance which helped her to adapt with her unresolved trauma and protect herself from overwhelming feelings of anxiety, fear, depression, and emotional pain that can threaten her psychological stability and emotional well-being.

This study is grounded in psychoanalytic literary theory, particularly through the lens of Judith Herman's theory of trauma and recovery and Cathy Caruth's theory of trauma as an "unclaimed experience which has provided fundamental framework for analyzing how trauma is not fully grasped at the time of its occurrence, but it imposes itself repeatedly as disturbing dreams, haunting memories, and distressing nightmares which often bring the survivor into the situation of his accident. In addition to that, this study has drawn on Freudian

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psychoanalysis, focusing mainly on the fundamental concepts of repression, avoidance, displacement, and sublimation which have offered valuable insights for examining the various defense mechanisms employed by Clemantine Wamariya to cope with her unresolved trauma and emotional pain.

Unlike previous studies that focused on the immediate effects of war, violence, and persecution on the physical and mental health of survivors, this dissertation has provided an in-depth analysis of the long-term mental and emotional consequences of real-life crises, such as anxiety, sleep disorders emotional distress, and depression, as well as the coping strategies that can be used by victims to deal with their distressing experiences, particularly through the lens of Clemantine Wamariya and Elizabeth Weil's *The Girl who Smiled Beads*. This thoughtful and detailed analysis will make significant contributions to the field of psychology and refugee trauma in general, and trauma theory in particular.

One of the notable obstacles faced while analyzing the selected memoir was the limited availability of secondary sources that directly address the selected text. Therefore, this research has depended largely on an in-depth and close textual analysis, drawing on fundamental psychoanalytic concepts, particularly belated trauma, PTSD, the return of the repressed, repression, and emotional avoidance.

Clemantine Wamariya and Elizabeth Weil's *The Girl who Smiled Beads* can be further analyzed by future researchers through the lens of John Bowlby's attachment theory, investigating how Clemantine Wamariya was deeply influenced by the prolonged and early separation from her parents who were the source of protection, care, and confidence, due to the horrors of the 1994 Rwandan genocide, which significantly heightened her trauma and hindered her healing process.

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الملخص:

تبحث هذه الأطروحة في كيفية تجلّي الصدمات النفسية غير المُعالجة في تجربة لاجئة أفريقية عانت من أهوال الإبادة الجماعية في رواندا عام 1994، إضافة إلى النزوح القسري والجوع والرعب في سبعة مخيمات للاجئين في أفريقيا، وذلك كما ورد في مذكرات كليمانتين واماريا وإليزابيث ويل الفتاة التي ابتسمت لحبات الخرز (2018) كما تهدف الدراسة إلى تسليط الضوء على الآليات التكيفية التي استخدمها اللاجئون للتأقلم مع ماضيهم المرعب وذكرياتهم الصادمة المتطفلة. لتحقيق ذلك، تم تحليل سردية واماريا وويل من خلال المنظور التحليلي النفسي، لا سيما من خلال نظرية الصدمة المعاصرة كما نظرت لها كاثي كاروث وجوديث هيرمان. كما تستند الدراسة إلى التحليل النفسي الفرويدي لفحص الآليات المختلفة التي استخدمتها واماريا لحماية نفسها من القلق والذكريات المؤلمة. وتُبيّن هذه الدراسة أن التجارب الصادمة السابقة التي مرّت بها كليمانتين واماريا، بما في ذلك الحرب والهجرة القسرية والانفصال الطويل والتشرّد، بقيت مكبوتة في لحظة الإبادة، لكنها عاودت الظهور لاحقاً في شكل أعراض اضطراب ما بعد الصدمة، بما في ذلك الذكريات المجزأة، الأحلام المروعة، الذكريات الاسترجاعية، والكوابيس المفزعة التي تجبرها على استرجاع الخوف والقلق والاضطراب العاطفي المرتبط بالحدث الأصلي. وتأمل هذه الدراسة أن تساهم بشكل ملموس في نظرية الأدب التحليلي النفسي، وأدب اللاجئين بشكل عام، ونظرية الصدمة بشكل خاص.

الكلمات المفتاحية: صدمة اللاجئين الغير معالجة، الآليات التكيفية، اضطراب ما بعد الصدمة، الإبادة الجماعية، الفتاة التي ابتسمت لحبات الخرز.