

Broken by War, Haunted by Memories: an Analysis of Trauma Experienced by Salama in Zoulfa Katouh's *As Long As the Lemon Trees Grow*

Sephia Rahmawati^{a,1}, Anang Widodo^{*,b,2}

^{a,b} Universitas Teknologi Yogyakarta, Yogyakarta, Indonesia
¹sephiarahmawatie@gmail.com, ²mr.anangwidodo@gmail.com

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Abstract

The Syrian civil war, a bloody conflict sparked by popular rebellions against the government's rule, serves as the backdrop for Zoulfa Katouh's *As Long as the Lemon Trees Grow*. After being thrown into the harsh realities of war, the main character, Salama, a once-normal pharmacy student, is forced to take on the roles of surgeon and nurse amid the mayhem. She suffers from severe psychological trauma as a result of this sudden change and the atrocities of war. This study uses Cathy Caruth's trauma theory to analyze the causes, symptoms, and effects of Salama's trauma. Using a qualitative approach, the study entailed closely examining the novel, paying special attention to textual cues that disclose the protagonist's mental state. A detailed examination of Salama's traumatic experiences was made possible by the methodical categorization of key passages to answer the main research questions. The results show that the destruction caused by the civil war is the main source of Salama's trauma. Her ongoing negative thoughts, crippling hallucinations, and frequent flashbacks are some of the ways that her psychological distress shows up. Disrupted eating and sleep patterns, overwhelming guilt, and vivid visual hallucinations are all signs of the war's lasting effects on her mental health. Together, these symptoms show how trauma has a significant and complex impact on her mental health.

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1. Introduction

Although human experiences are naturally diverse, those that leave long-lasting psychological scars are among the most devastating. Trauma encompasses both physical harm and severe emotional harm that impairs emotional and cognitive functioning (Zoromba et al., 2024). These injuries show up as ongoing distress, which changes a person's mental stability and ability to function in day-to-day life. Although trauma affects people of all demographics, its effects differ. For example, Frieze (2015) points out that long-term exposure to violence, which is typical in conflict areas like Syria, makes chronic suffering worse, while Oktaviani (2021) cites systemic injustices as contributing factors. Studies indicate that participants who suffered from war-related trauma caused by the Syrian war show symptoms of PTSD. Seventy-six percent (114 people) of the participants had experienced a traumatic event. In total, 80.6% (121) were experiencing distress. Seventy-eight percent (117) had avoidance. Eighty-four percent (126) had negative interfering thoughts. Eighty-eight percent (132) were experiencing trauma-associated disturbance (Kutluoğlu et al., 2017). The World Health Organization (WHO) reports that over 60% of Syrian refugees exhibit symptoms of PTSD or depression, underscoring the urgent need for mental health interventions in post-conflict recovery. Such data

highlights trauma's dual role as both a personal affliction and a public health crisis, demanding interdisciplinary solutions.

The Syrian civil war (2011), for instance, has inflicted deep collective trauma on civilians, with survivors frequently exhibiting symptoms of PTSD, depression, and dissociative disorders (WHO, 2022). Understanding trauma's mechanisms is thus critical, not only for clinical intervention but also for comprehending its broader societal repercussions. The Syrian conflict, originating in 2011 during the Arab Spring protests, evolved into a devastating multisided war involving government forces, rebel groups, and international actors. The Assad regime's brutal suppression of dissent, marked by chemical weapons and siege warfare (e.g., Aleppo, 2016), displaced over 13 million Syrians—6.8 million internally and 6.6 million as refugees (UNHCR, 2023). Civilian casualties exceed 350,000, with widespread documentation of torture, sexual violence, and infrastructure destruction (Human Rights Watch, 2022). This context is critical to understanding narratives like Zoulfa Katouh's *As Long As Lemon Trees Grow*, which mirrors Syria's psychosocial collapse. The novel's protagonist, Salama—a medical student turned wartime volunteer—embodies the intersection of personal and collective trauma, her hallucinations and survivor's guilt reflecting PTSD prevalence rates of 35–50% among conflict survivors (WHO, 2022).

Katouh (2022) employs Salama's psychological unraveling to critique systemic failures in trauma care. Her symptoms—flashbacks, disordered sleep, and dissociation—align with Caruth (2016): trauma “resists language yet demands expression.” Literature, particularly trauma narratives, provides a unique lens through which to examine these psychological and societal fractures. Novels such as Zoulfa Katouh's *As Long As the Lemon Trees Grow* offer introspective explorations of war's psychological toll, blending personal and collective memory (Heidarizadeh, 2015). The protagonist, Salama—a medical student thrust into wartime triage—embodies the dissonance between duty and survival, her hallucinations and guilt reflecting the fragmentation of identity under duress. Katouh's depiction of Syria's devastation not only humanizes statistical trauma but also challenges readers to confront its visceral reality.

This study analyzes the novel's portrayal of trauma, contributing to psychological literature by bridging fictional representation. Ultimately, such narratives underscore literature's capacity to foster empathy, amplify marginalized voices, and advocate for mental health awareness in post-conflict societies. Salama's dual roles as caregiver and survivor amplify her burden: tasked with saving her pregnant sister-in-law while witnessing mass casualties. This study positions Katouh's novel within trauma theory (Caruth, 2016) and conflict psychology to advocate for literature's role in trauma discourse by analyzing Salama's coping mechanisms. Through three objectives, this study examines trauma in Katouh's *As Long As Lemon Trees Grow*. First, it identifies war-related causes of Salama's trauma. Second, it assesses trauma's symptoms, and third, it figures out the impacts on her life.

2. Literature Review

Caruth's Psychoanalytic trauma theory (2016) argues that trauma defies immediate cognitive processing due to its "unclaimed" nature—a paradoxical event both remembered and repressed. This aligns with Kolk's neurobiological findings on how trauma disrupts hippocampal memory consolidation, resulting in fragmented recollections manifesting as nightmares (recurrent, distressing dreams) and flashbacks (involuntary memory intrusions) (Van der Kolk, 2014). Van der Kolk (2014) demonstrates that trauma physically reorganizes brain structures, particularly in regions governing memory and emotional regulation. Contemporary research further classifies trauma responses through the 4-factor model (intrusion, avoidance, negative affect, hyperarousal) in DSM-5-TR (Konecky et al., 2016).

Trauma frequently emerges from moments that violently disrupt life's predictability—sudden bereavement, accidents, or systemic violence. Caruth (2016) characterizes this as "a rupture in temporal

experience," where the mind struggles to reconcile before and after. Contemporary studies in conflict zones like Syria reveal how repeated exposure to bombardment creates cumulative "complex trauma," distinct from single-incident trauma (Faizin, 2022). Tragically, many survivors remain unaware of their need for healing, echoing the insight: "Those who survive trauma often become strangers to themselves." Trauma's legacy persists through what Heidarizadeh (2015) terms "forced identity reconstruction"—a profound disconnection between pre- and post-trauma selves. Yet emerging evidence offers hope: WHO (2022) reports that early psychosocial interventions in conflict zones can significantly improve recovery trajectories when combined with community support.

Post-Traumatic Stress Disorder (PTSD) emerges as a severe psychological consequence of unresolved trauma, characterized by maladaptive stress responses that persist beyond the traumatic event. As delineated in DSM-III (APA, 1980), PTSD manifests through three core symptom clusters: hyperarousal (elevated anxiety, exaggerated startle response), re-experiencing (intrusive memories, flashbacks), and emotional numbing (diminished affect, social withdrawal) — a triad later refined in DSM-5-TR (APA-DSM5TR-Update-September-2025, n.d.). Neurobiological studies reveal that PTSD correlates with dysregulated hypothalamic-pituitary-adrenal (HPA) axis activity, notably elevated cortisol and thyroid hormones, which perpetuate hypervigilance and aggression (Afni, 2022).

3. Method

This study employs a qualitative research design to explore trauma manifestations in literary texts, aligning with Creswell's framework (Creswell, 2017). Qualitative methodology is selected for its capacity to examine complex phenomena through thematic analysis rather than numerical data, enabling depth in interpreting textual and contextual nuances. The process involves: (1) formulating research questions about trauma representation, (2) collecting textual evidence, (3) conducting inductive analysis from specific instances to broader themes, and (4) deriving meaning through theoretical correlation. The approach is particularly suited to literary trauma studies, where subjective experiences require nuanced interpretation.

The data comprises two categories: 1) primary data are from Zoulfa Katouh's novel *As Long As the Lemon Trees Grow* (2022), a 432-page literary work depicting trauma in war-torn Syria. The text provides direct evidence of trauma symptoms, coping mechanisms, and socio-political context, and 2) secondary data are from peer-reviewed articles on Caruth's (1996) trauma theory, DSM-5-TR diagnostic criteria (APA, 2025), and related trauma studies, especially in literary works.

To analyze the data, Caruth's (1996) trauma theory is implemented through 1) categorization, including tagging data into a priori codes, 2) pattern mapping to connect codes to theoretical constructs, and 3) triangulation for validating findings. Meanwhile, the conclusions were derived through abductive reasoning, addressing how Salama's trauma reflects broader war-related psychological injuries.

4. Result and Discussion

A. The Causes of Salama's Trauma

1) The Civil War

Trauma constitutes a profound psychological and physiological response to catastrophic events, characterized by both visible and invisible wounds that fundamentally disrupt an individual's well-being. The novel's protagonist, Salama, exemplifies this phenomenon through her devastating experience of Syria's civil war, triggered by the Arab Spring uprising in 2011, when authoritarian regimes violently suppressed democratic movements across the region.

She's only seventeen and has barely glimpsed what true horror means. (Page 18).

Salama lives in a city called Homs, Syria. The initial cause of this war was the Arab Spring movement, which can be interpreted as a period when Arab countries began transitioning from monarchical to democratic governments. Katouh was inspired by the Arab Spring incident from a real situation in 2011. At that time, social chaos occurred, and successive overthrows occurred in the Arab region, from Tunisia and even to Egypt, Libya, and Syria. Katouh takes Syria as the background of her story and uses Salama to describe how tense and traumatic the situation is in Salama's homeland; likewise, Katouh comes from Syria. As a resident of Homs - a city that became ground zero for Syria's conflict - Salama's trauma stems from sudden exposure to extreme political violence, mirroring the historical realities of nations transitioning from autocratic rule.

"No one deserves this. Here, babies are starving, while in cities like Damascus, people are throwing away their leftover lunch because they're full." (Page 87).

As a teenage girl, what she has been through is more than what she could have imagined would happen for her entire life. She suffers mentally and physically day after day, witnessing the horror of the civil war in her city.

Outside the supermarket, a desolate picture greets me. I don't recoil, used to the horror, but it amplifies the anguish in my heart: cracked road, the asphalt reduced to rubble. Gray buildings hollowed and decaying as the elements try to finish what the military's bombs started. Utter and absolute destruction. (Page 1).

The government bombed Homs, Salama's city, because a dictator led the Syrian government. The government blindly bombed the area and arrested demonstrators who took part in the Arab Spring movement. There is little left in Homs to continue living. Salama must live on the minimum amount of food, clothing, and medicine to survive. It looks very different from the situation in the city of Damascus, which is only two and a half hours from Homs. It is a peaceful city, and there is no blood on the streets or bombs launched. They can still eat delicious food at home or in restaurants because they are not joining the rebellion against the government, and that city is the capital of the country of Syria. The situation in Homs has drastically reversed from what it once was. Not only Salama but also other residents now witness how numerous neighborhoods, once vibrant and secure, have been reduced to desolate and eerie ruins. Even the roads, now fractured and uneven, must be navigated with extreme caution. All of these conditions are due to the government's relentless attacks on its people.

They have to continue living in a situation where their future is unknown, like a dark tunnel with no end; they have to continue to survive until the light comes to them. Various people and situations resulted from their dreams and lives being taken away suddenly. Apart from carrying out bomb attacks and destroying buildings, the government also uses its weapons to attack its citizens, regardless of age or gender. They blindly shoot at anyone the shooter sees, and they call it a sport.

The snipers' victims are always the innocents who can't fight back. Children, the elderly, and pregnant women. The Free Syrian Army informed Dr. Ziad that, early on, the military would target them for sport. (Page 8).

Salama must continue to survive a tense situation, and her life could not be saved if she is careless and leaves her house without being careful.

"You see the military beating people up in the streets, dragging them away, and murdering them, and you see your kid siblings trying to warm themselves at night, and you think it can't get any worse. But this, Salama, this is where hope dies. (Page 87).

Salama's daily life certainly feels unsafe because she is often spied on by the military, who could kill Salama and the others at any time. The military will not hesitate to beat and even kill people in Homs. Every day, life like that makes Salama feel like there is no hope except just waiting for death to come to her. The relentless gloom that weighs on Salama has left her physically drained and emotionally shattered, reawakening deep-seated trauma. Overwhelmed by despair, she sees no future for herself—only the crushing certainty that her life could be extinguished at any moment.

Our future is bleak—a half-destroyed apartment, with his little sister fighting for her life. Our life is the stabs of hunger, frozen limbs, orphaned siblings, bloodied hands, old shrapnel, fear of tomorrow, silent tears, and fresh wounds. Our future has been ripped from our hands. (Page 60).

At just seventeen, Salama carries wounds no teenager should ever bear, not just the visible scars of war, but the deeper, more devastating fractures in her soul. The civil war has forced her to witness horrors no human should see: streets littered with bodies, homes reduced to rubble, and the constant, gnawing fear that any step outside could be her last. She moves through each day like a ghost, numb to the violence yet haunted by every memory: the sound of bombs, the sight of lifeless children, the crushing guilt of surviving when so many perished. The war did not just steal her home. It stole her sense of safety, her ability to hope, and her belief in a future. Even if the fighting ends, her battle will not. Trauma has rewired her mind, leaving her trapped in a past she cannot escape, flinching at loud noises, distrusting any moment of peace, and waking in terror from nightmares that feel more real than the daylight. This is the true cost of war: not just broken buildings, but broken spirits, and Salama's shattered heart is proof that some wounds never fully heal. It haunts her forever.

2) *Losing her family and best friend*

Caruth states that trauma can result from losing something very valuable. A study in the American Psychological Association's journal reveals that for those who endure the trauma of losing someone close, post-traumatic stress disorder (PTSD) symptoms can foreshadow the onset of complicated grief, a condition marked by enduring emotional distress and impaired adjustment, which may persist long after the initial loss. The novel portrays Salama's bond with her family as deeply affectionate and protective, characterized by mutual care and devotion. Consequently, the abrupt loss of her entire family plunges her into prolonged and profound grief, illustrating the devastating impact of such a tragedy on an individual's emotional well-being.

Salama has a good relationship with her mother. She loves her very much. Losing her mother broke something inside Salama. It was not just sadness, but it was like the world had suddenly gone quiet, leaving her alone with an ache that never really faded. Moreover, a merciless guilt tore through Salama; she should have been faster. Those fleeting moments of hesitation now tormented Salama. Each second, a weight she would carry forever. She had been too slow, and because of it, her mother's life had slipped through her grasp. If only she had acted faster, pulled her mother harder, maybe she could have dragged her to safety before the bombs struck. However, she had not. Thus, now, all that remained was the crushing truth that her mother had still been inside when the explosions hit, buried beneath the rubble of their collapsing home.

My building is fifteen steps away. I can make it. I can save her. "Mama!" I scream, running toward her. "Get out! Get out! The planes are coming!" But it's too late; they're faster than my voice, and the bombs don't care that there are innocent people inside. The high-pitched sound rings against my ears as they smash the building to bloody fragments. (Page 17).

The image replayed endlessly of her mother's outstretched hand, the moment the ceiling gave way, the way she had frozen instead of lunging forward. Now, nothing remained, not the house, not their memories, not even a chance to say goodbye. The weight of her failure pressed down on her chest with every breath. However, time had refused to bend for her, and now she was left with nothing but the crushing certainty. Her mother's blood was on her hands. Nothing was left, but she felt guilty and blamed herself.

The aftershock doesn't blow me away. It razes the building to the ground, and I'm standing over Mama's mutilated body. She wasn't wearing her hijab; her brown hair is gray with debris, her head bent at a wrong angle. And blood. There's so much blood staining my bare feet; my stomach heaves at the sharp metallic smell. I cry, falling to my knees, and clutch her body, drawing her closer to my living one. My hands shake uncontrollably as I try to brush away the hair plastered to her cheeks, but I only smear her with her blood. Flecks of it land in my mouth. "Mama! Oh God, not again! Not again!" (Page 17).

Salama lost not only her mother, who died trapped inside their bombed home, but also her best friend Layla, who was shot dead while grocery shopping. Layla became one of many civilian victims when a gunman opened fire near her. These consecutive tragedies - her mother crushed by debris, her friend killed by bullets - left Salama drowning in compounded grief, mourning both family and friend torn away by separate acts of violence. Salama's suffering reached its peak when she found that her father and brother had also died in government custody after being arrested for participating in protests. Despite her desperate attempts to visit them in prison and appeal to authorities, she was never allowed to see them, leaving her only with rumors of systematic torture, rumors that tragically proved true. Within just one week, Salama lost nearly everyone: first her mother in the bombing, then her best friend Layla in the mass shooting, and finally her father and brother to state violence. These compounded losses, all occurring amid the chaos of war, left her completely broken, bearing unimaginable grief while struggling to survive in a world that had taken everything from her. She feels completely alone and hopeless.

I clenched my fists. I'm dead. I died on Baba's Day, and Hamza was taken. I died the day Mama was killed. I die every time the day I couldn't save a patient, and I died yesterday when I was holding a little girl hostage. (Page 115) ... My sobs are dry, heaving painfully through my chest, and I can't form coherent words. I've been living alone since October. For five months, my mind has been spinning a fiction to keep my agony sealed away. (Page 208).

B. Symptoms of Salama's Trauma

1) Hallucination

After losing Layla, Salama began struggling to distinguish reality from illusion. She frequently hallucinated conversations with Layla at home, though Layla existed only in her mind. These hallucinations persisted for five months until Kenan's visit revealed the truth—when Salama realized others could not see Layla, she finally understood these interactions were imaginary.

... when Khawf appeared and told me his name, it took a bit for me to realize I was the only one seeing him. At first, I thought the drugs were giving me visions that he would disappear when the morphine did. But he stayed by my side, whispering horrible things while I cried for Mama. Even when the pain subsided, and my ribs healed, and my hands scarred, he didn't leave. And once that conviction settled in, panic followed soon after. He

was a hallucination who had come to stay. One who, every night for the past seven months, has cruelly plucked on my fears, breathing life into them. (page 2)

Salama feels desperate and hallucinates,

“Kenan,” I say in a hollow voice. “I’m begging you. Please tell me you see her. Please tell me you see her face and the blue dress she’s wearing.” Kenan shifts behind me. “I don’t,” he says softly. “It’s just the couch.” (p. 23)

2) Flashback or Re-experiencing

The resurgence of traumatic memories often manifests through flashbacks, which may emerge during moments of mental emptiness, in dreams, or when triggered by external reminders. Salama frequently experiences such intrusive recollections, particularly when her mind drifts into blankness, suddenly transporting her back to the devastating loss of her mother. These moments are intensified by Khawf, an unseen companion born from her fractured psyche, who materializes as both a manifestation of her trauma and a cruel reminder of her past.

I’ve been alone for the past five months, and the thought of it makes the hairs on the back of my neck stand with horror. Alone. I talked to thin air. I laughed with thin air. I cried with thin air. Now I fill up my eyes and ears with real, breathing people. (Page 211).

Khawf deliberately resurfaces painful memories, especially those of her mother’s death, which replay with visceral clarity whenever Salama’s thoughts grow idle or encounter a trigger. Witnessing her mother perish before her eyes left an indelible wound, ensuring the memory remains etched into her consciousness, forever haunting the edges of her mind.

Khawf. He’s been in my life since Mama died. I fell pretty hard on my head that day and, I don’t know, maybe a head injury coupled with my PTSD has affected the relationship between my brain’s frontal lobe and sensory cortex, but I won’t be sure until I can get checked.” (Page 187-188).

Salama often finds herself pulled back into painful memories when something triggers the trauma of her past. In these moments, she allows herself to dwell on the thoughts that haunt her, revisiting both the good and the unbearable. Her mind inevitably returns to the days before the Civil War—her last memories of her family gathered in their home. The grief of losing them weighs heavily on her, and she clings to the images of her family.

I grab his arm tightly, my eyes memorizing his faint scruff, the dimple in one cheek that appears when he smiles. This is the last memory I have of my brother. (Page 15).

Among these memories is Ahmad, a young patient who stayed with her long after his death. He was just a boy, his head wounded by a sniper’s bullet, but the hospital lacked the resources to save him. Salama watched helplessly as he fought against the pain, only to succumb in the end. She had seen death many times before, but Ahmad’s innocence made his loss different, and it haunted her.

I remember Ahmad, the way his body was hollowed out like a shell. His labored breaths and the vast calm in his eyes as he accepted death. He was also just a baby. (Page 87).

3) Negative Thinking

Trauma often traps survivors in cycles of negative thinking, a pattern recognized by the American Psychiatric Association, where emotions like anger, sadness, and fear dominate one’s outlook. Salama embodies this struggle; despite having the chance to flee to Europe as a refugee and secure safety, she

remains shackled by guilt over abandoning her patients. The war's aftermath has left her physically and emotionally drained—her appetite vanished, as well as her sleep fractured by relentless anxiety. Even the possibility of a better life elsewhere cannot ease the weight of what she's endured or those she could not save.

It's as if I'm being slowly poisoned. Finding happiness is merely treating the symptoms and not the cause of the disease that grows stronger by the minute. My stomach can't hold food down long enough, and I spend my nights either tossing helplessly to nightmares or suffering from insomnia. The result is a frail body holding a brittle mind, waiting for a whisper of a catastrophe to fall apart. (Page 147).

Salama's trauma manifests through three interconnected psychological phenomena: persistent hallucinations, intrusive flashbacks, and debilitating negative moods, each compounding her suffering in distinct yet overlapping ways. Her hallucinations, embodied by the tormenting presence of Khawf and the spectral vision of Layla, reveal a psyche so fractured by loss that it constructs alternate realities; for months, she genuinely believed Layla sat beside her, only to confront the crushing truth when others saw a space. These hallucinations intertwine with violent flashbacks, unbidden memories of her mother's death that resurface during idle moments or are triggered by sensory cues, often amplified by Khawf's cruel whispers. The American Psychiatric Association's framework on trauma clarifies how such symptoms fuel a self-perpetuating cycle of negative cognition: Salama's guilt over surviving (and abandoning her patients) erodes her physical health, starving her appetite and fracturing her sleep, leaving her a "frail body holding a brittle mind".

C. The Impacts of Salama's Trauma

Salama's city was running out of food, and her appetite had nearly vanished. For days, she survived only on the dry bread she had carefully saved. However, now, for two days straight, she could not bring herself to eat. The horrors she witnessed haunted her relentlessly: soldiers murdering civilians, patients dying in her care, and the relentless screams of war. The images played in her mind, stealing her hunger, making every bite impossible to swallow. Soon, her body began to fail her.

I haven't eaten anything in two days save for a small piece of dry bread. When I glance up at the bathroom mirror, I fight the urge not to cry out. The sour taste burns my throat. My eyes are bloodshot, my hair sticking to my sweaty forehead in clumps. Black shadows encircle my eyes. I'm deteriorating from guilt. (Page 123).

Additionally, Salama's inability to sleep was not merely due to physical exhaustion. It was a consequence of unrelenting psychological trauma. The atrocities she witnessed, including massacred civilians, dying patients, and the ever-present specter of violence, replayed in her mind each night, making rest impossible. Clinically, this aligns with trauma-induced insomnia, where heightened anxiety disrupts sleep cycles. The physical manifestations were unmistakable: her hollowed eyes bore the weight of sleeplessness, her body weakened not just from hunger, but from the ceaseless strain of survival.

The next day passes in a whir, my throat burning with the taste of bile. I haven't slept a wink, and my head feels like lead after what Khawf did yesterday. I rub my eyes, shutting out the tortured screams still ringing in my mind. My extraocular muscles ache from how much I cried yesterday, but I stand firm. (Page 169).

Now, Salama carries an unbearable weight. The crushing guilt of lives she could not save. As a medical professional, she believes that it is her duty to heal and fight for every patient. Nevertheless, when resources fail and death wins, she blames herself. The memory of one boy haunts her most. His

head injury required surgery, but the hospital lacked the tools. The doctors said nothing could be done. Then, she sat with him, holding his small hand, whispering words of comfort as his breath faded. She could not look away. She could not save him. Since then, Salama has blamed herself for what happened, and that boy has always lingered at the core of Salama's memory.

"I can't save them," I continue to whisper, staring at our joined hands ... "I couldn't save a little boy. I couldn't..." I shudder in a breath, pushing down a sob. "Everyone is dying. Nothing I do can hurt my brain. I haven't slept well in over a year. I feel like I'm screaming into an abyss that swallows everything up. Soon enough, it will swallow me too. (Page 101).

Salama's trauma manifests through intrusive recollections that resurface involuntarily, triggered by mundane stimuli, with her most painful memories, and sometimes she hardly distinguishes between her dreams and reality.

I wake up with a jolt, gulping in air. My hair is plastered to my neck with sweat, and my eyelids feel heavy with leftover tears. I shiver when I get out of bed, the cool morning air freezing my bones ... Was that a dream or a memory? I shake my head, unable to find the energy to make out the truth. (Page 111).

Salama's psychological deterioration mirrors the well-documented effects of prolonged exposure to war-related trauma, particularly the interplay between survivor's guilt, moral injury, and complex grief of losing her beloved ones (Teshome et al., 2023). Her experiences witnessing her mother's violent death, losing her father and brother to state violence, and failing to save patients like Ahmad align with clinical observations that repeated trauma erodes emotional resilience. Her survivor's guilt ("blood on her hands") parallels moral injury in Clinical Psychological Review (Litz et al., 2009), which highlights how perceived failures in war veterans intensify self-blame. In addition, any war escalates the prevalence of post-traumatic stress disorder (PTSD) in its victims at least twice (Popiel et al., 2024). As a war victim, Salama had PTSD (El Gebali, 2025). Now, she could not live as a normal human being since all her bad experiences haunt her every day. Thus, it affects her physical and emotional well-being (Shabbir et al., 2024)

Notably, Salama's hallucinations of Layla resonate with findings on bereavement-related perceptual disturbances, where misperceptions, hallucinations, and other anomalous experiences are prevalent following the death of loved ones. The narrative's power lies in its humanization of statistical patterns of trauma. Salama's hallucinated conversations with Layla—"I laughed with thin air"—reveal a psyche so fractured by loneliness that it constructs companionship to survive. The novel vividly illustrates how her hallucinations (e.g., Khawf and Layla) and intrusive flashbacks reflect DSM-5 criteria for PTSD, particularly the "re-experiencing" and "negative alterations in cognition" symptoms. Salama's inability to sleep proves that insomnia can be the result of traumatic experiences (Sinha, 2017).

5. Conclusion

Salama's descent into trauma began when the war tore through Homs. The bombs that crushed her mother beneath their home did not just take a life - they shattered Salama's sense of safety forever. In the weeks that followed, each new loss carved deeper wounds: her father and brother dragged away by regime forces, her best friend Layla cut down by a sniper's bullet while buying groceries. These were not isolated tragedies, but a relentless assault on her soul. The trauma manifested in ways she could not control. Her hands developed a permanent tremor, her stomach rejected food, and her mind conjured ghosts of the dead.

The psychological toll became her constant companion. Khawf, the shadowy figure only she could see, whispered her deepest fears in moments of weakness. Vivid flashbacks transported her back to her

mother's final moments without warning. Even sleep offered no refuge, as nightmares replayed the war's horrors with brutal clarity. Perhaps most devastating was the guilt that came from the crushing weight of surviving when so many had not, of failing to save patients like young Ahmad. This was not just grief. It was a fundamental rewiring of her mind. Salama, who existed before the war, was gone, replaced by someone who jumped at loud noises, who saw danger in every corner, who struggled to remember what hope felt like. The trauma did not just live in her memories, but it became who she was. What makes Salama's suffering so devastating is its permanence. Unlike physical injuries, trauma does not scar over. It festers. The guilt of surviving, the helplessness of failing to save patients, the nightmares that feel more real than daylight. These are not things she can "move on" from. War steals more than lives. It steals her ability to feel safe, to trust, to hope.

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