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Voicing the Pain: Bibliotherapy, Scriptotherapy and Gender-based Violence in Yejide Kilanko's *Daughters Who Walk this Path*

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Abstract

Developments in medical education and medical humanities have expanded into a multidisciplinary approach that engages with narratives of illness, trauma, and mental health-related disorders. It underscored the role that literature plays in deepening the understanding of clinical practice and patient experiences by offering insights into how illness is perceived, narrated, and treated, especially when it is narrated by an healthcare professional. This study examined how Yejide Kilanko's professional background as a social worker informs her clinical and prescriptive portrayal of trauma and recovery in *Daughters Who Walk This Path*. Using Judith Herman's trauma framework, the study has shown how Kilanko not only depicts trauma with clinical accuracy but also prescribes structured pathways to recovery, emphasizing interventions such as voicing out, communal support, safe spaces, and guided self-recovery. It highlights how patriarchal silence, social stigma, isolation, and urban pressures intensify trauma in urban spaces like Ibadan and Lagos, and the necessity of intentional support structures, regardless of setting. The study concludes that *Daughters Who Walk This Path* serves as both a fictional representation of trauma and a therapeutic text that validates survivors' experiences and prescribes structured pathways for healing. It demonstrates the dual impact of trauma narratives written by professionals, including their therapeutic closure and the risks of re-traumatisation for victim-survivors, and their role in fostering awareness and critical discourse on gender-based violence, reinforcing that healing is achievable with appropriate intervention and sustained communal care.

Keywords: Trauma Narratives, Bibliotherapy and Scriptotherapy, Urban spaces, Gender-based Violence, Nigerian Literature

Introduction

In 21st-century literary studies, the medical humanities have emerged as a crucial field integrating literature, ethics, and medicine to enhance clinical and therapeutic understanding. Developed initially through reforms in medical education, the medical humanities has expanded into a multidisciplinary approach that engages with narratives of illness, trauma, and mental health-related disorders. Allan Beveridge asserts that literature deepens the understanding of clinical practice and patient experiences by offering insights into how illness is perceived, narrated, and treated (13). Similarly, Charon et al. observe that fiction can inform physicians' development of narrative skills and improve their ability to interpret patient histories and establish therapeutic relationships (9). Emmanuel Omobowale argues that literature and medicine complement each other, as they "aim at similar objectives, albeit using different methods" (6). Stephen Kekegbe reinforces this, noting that literary texts foreground 'biomedical experiences like illnesses, diseases and ethical issues of medicine' (79). Essentially, literary methods and texts improve physicians' sensitivity and enable the understanding of patients' diagnoses and experiences.

Within the framework of medical humanities, trauma narratives have gained increasing significance as literary and therapeutic interventions. Trauma narratives are a powerful medium for exploring the psychological and emotional impact of distressing and overwhelming experiences. Vickroy Laurie notes that “literary and imaginative approaches (to trauma) provide a necessary supplement to historical and psychological studies” (221). This highlights the complementary role of literature in representing trauma. Similarly, Fitzgerald and Callard (2016) argue that psychology and psychiatry deepen the understanding of literary trauma, particularly in its connection to identity, memory, and recovery (39). Literature, therefore, serves as both a site of representation and a tool for recovery.

Trauma literature explores the complexities of guilt, memory, and survival, often serving as a testimonial to pain and healing. In African literature, trauma representation has been historically rooted in postcolonial and post-war narratives, written by victims and survivors of trauma as a means of bearing witness to colonial oppression, genocide, civil war, and patriarchal violence. Ayodeji Shittu (2019) describes these narratives as literary responses of the “empire” to the “centre” aimed at redeeming the colonized self (109). This emphasizes that African literature is often shaped by historical trauma. Scholars such as Ernest Emenyonu (2008) and Pauline Uwakweh (2017) have examined themes of war, memory, and historical witnessing in African trauma narratives, while Oripeloye (2014) observes that African literature is often read as trauma-induced, as its major narrative markers stem from colonial oppression, war, poverty, and misgovernance (436). However, while these studies have been instrumental in understanding trauma, they rarely explore the structured processes of healing and recovery within fictional trauma narratives.

Beyond historical trauma, African literature has increasingly addressed gender-based violence and patriarchal oppression, addressing sexual violence, loveless marriage, infertility, domestic abuse, and psychological suffering (Iboroma, 2023). Writers such as Buchi Emecheta, Bessie Head, Nawal El Saadawi, Zainab Alkali, Mariama Bâ, Ifeoma Okoye, Akachi Ezeigbo, Ama Ata Aidoo, Zulu Sofola, Mary Kolawole, Molara Ogundipe Leslie, Chimamanda Adichie, and Yejide Kilanko, amongst others, challenge patriarchal structures and advocate for women’s resilience and emancipation. Similarly, research on gender-based violence in African fiction has often focused on the portrayal of suffering and oppression, with limited engagement in how characters navigate healing through trauma-informed practices.

Additionally, physician-writers remain an underexplored influence in shaping trauma narratives. Emmanuel Omobowale (2001) has examined the creative works of some Nigerian physician-writers, namely, James Ene Henshaw, Anezi Okoro, Latunde Odeku, Wale Okediran, Tolu Ajayi, Tony Marinho, Femi Olugbile, Femi Oyebode, and Martin Akpan, among others. There exists a critical gap concerning how medical expertise informs trauma representation. Kilanko’s novel is distinctive in its structured, recovery-focused portrayal of trauma, likely shaped by her professional experience in mental health. Unlike conventional trauma narratives that solely document pain, Kilanko’s work integrates trauma-informed coping strategies, offering readers a therapeutic pathway beyond victimhood.

Literary scholars have increasingly interrogated how urban realities are represented in Nigerian fiction, with particular attention to the socio-psychological dimensions of city life (Morolake Dairo, 2021; Lola Akande, 2013; Ayo Kehinde). However, despite these studies, no research has comprehensively analyzed the connection between city spaces and gender-based violence in contemporary Nigerian trauma fiction. This study, therefore, shifts the focus beyond trauma depiction to examine how structured recovery pathways such as voicing out, communal support, and resilience-building are integrated into Yejide Kilanko's *Daughters Who Walk This Path*. Using Judith Herman's trauma framework, which identifies safety, remembrance, mourning, and re-connection as critical recovery phases, this study examines how Kilanko presents healing as an integral part of the African trauma narrative.

Physical and Psychological Trauma in Yejide Kilanko's *Daughters Who Walk This Path* Using Judith Herman's Trauma and Healing Framework

Yejide Kilanko's *Daughters Who Walk This Path* presents a layered depiction of trauma, following the protagonist Morayo's experience of repeated sexual abuse at the hands of her cousin, Bros T. The assault is characterized by extreme and overwhelming force by the perpetrator, Bros T, leaving Morayo helpless. At first, Morayo assumed that an armed robber had attacked her due to the recent burglary in their neighborhood. However, she looked into the face of her attacker and realized it was her cousin, Bros T:

I froze. Then, angry and betrayed, I sank my teeth deep into his palm, determined to bite out a chunk of flesh. Bros T immediately clamped his other hand tightly around my throat. I gasped...Bros T forced his tongue into my mouth, and I gagged. I could taste alcohol and cigarettes. But the hand pressed firmly around my neck did not allow me to throw up. Desperate to free myself, I struggled under his weight... I stilled my thrashing limbs. I heard the metal rings of the bed creak as Bros T stretched out his long, heavy body on top of mine. One of his hands roughly pushed up my nightgown. As he moved on top of me, my chest tightened. I felt as if I was suffocating. He pushed his hand between my thighs. When he ripped apart my underwear, my body shook. I needed to scream, but I could hardly breathe (p. 84).

The extract above shows the extent of violation and betrayal. Morayo's freeze response, which implies that she is being taken by surprise by the identity of her perpetrator. The initial fear-based response to attack is presented through a series of struggle attempts. It portrays a mental picture of the victim's struggles, helplessness, and eventual surrender in the face of sexual assault, leading to an intense feeling of anger towards the perpetrator. The use of force is evident in the extract as Bros T attempts to overpower Morayo. Words like "clamped", "forced", "pressed firmly", "roughly pushed", and "ripped apart" show the use of force and violence.

In addition, Kilanko presents a harrowing depiction of psychological coercion in childhood sexual abuse, illustrating how perpetrators maintain control through fear, manipulation, and secrecy. This aligns with Judith Herman's argument that chronic childhood abuse occurs in an environment of pervasive terror, where the

abuser enforces submission through violence and threats (p. 75). In *Daughters Who Walk This Path*, Bros T ensures Morayo's silence by instilling fear, warning: "Stop this nonsense or I will break your little neck. It is time a real man makes you a woman before one of your little boyfriends tries and spoils you for good... He whispered softly into my ear. "Stop this nonsense, or I will call Jimi and Niran to come. I am sure they will be very happy to join us. Is that what you want?" (p. 84) Bros T's exploitation of Morayo's naivety is reinforced by the authoritarian environment she resides in, which discourages her from confiding in other adults. It demonstrates how, in a good number of cases, abusers are empowered by their victims' environment, which is ironically meant to provide protection and community.

Morayo's inability to escape or seek help reflects the psychological entrapment that often accompanies prolonged sexual abuse, where victims remain compliant due to the overwhelming fear of violent repercussions. Bros T further threatens: "Listen, if you say anything to Aunty Bisoye, you will be responsible for what happens to Eniayo" (p. 92). Beyond physical intimidation, Bros T further exerts psychological dominance by threatening Morayo's loved ones. Herman notes that many survivors are silenced not by direct threats of violence to themselves, but by threats to family members, particularly younger siblings or non-offending caregivers (p. 75). Morayo internalizes this fear, believing that her silence is necessary to protect Eniayo: "I could not let such a thing happen to Eniayo (p. 94). This shows how perpetrator force their victim into secrecy. For Morayo, who could not imagine Eniayo going through the horror, decides to surrender to Tayo's overwhelming force. This demonstrates Herman's assertion that children who grow up in abusive environments develop pathological attachments to their abusers, sacrificing their well-being to maintain a false sense of control and prevent further harm (p. 75).

Kilanko's presentation of psychological trauma aligns with Judith Herman's three core symptoms of trauma: hyperarousal, intrusion, and constriction, which explain how survivors process overwhelming distress. Morayo's trauma is deeply embedded in her behavioural changes, psychological disorder, and dissociative episodes, reinforcing the pervasive impact of childhood sexual trauma in shaping identity and emotional resilience. Hyperarousal manifests in a constant state of anxiety and heightened alertness, an enduring response to repeated assaults. After experiencing repeated sexual assaults, Morayo exhibits hyperarousal symptoms, remaining in a state of persistent fear. Herman describes hyperarousal as the first cardinal symptom of post-traumatic stress disorder, where "the human system of self-preservation seems to go onto permanent alert as if the danger might return at any moment" (p. 25). This is evident in Morayo's constant state of nervousness and overreaction, such as when she is startled by an innocent visit from a neighbor, Mama Comfort: "Sisi Morayo." Startled, I jerked around. I almost fell off my low wooden stool. Our neighbour, Mama Comfort, stood behind me. I had not heard her come in through the side gate" (p. 88). Her psychological response to unexpected noises and her inability to feel safe in familiar spaces reflect Herman's assertion that traumatized individuals "do not have a normal baseline level of alert but remain in an elevated state of arousal" (p. 27).

Trauma leaves an indelible imprint on the survivor's psyche, forcing them to relive the event repeatedly through flashbacks, nightmares, and involuntary recall.

Intrusion manifests through Morayo's involuntary reliving of her trauma in flashbacks and nightmares, disrupting her ability to form intimate relationships. Morayo's traumatic flashbacks affect her relationship with her husband, Kachi, disrupting her ability to experience intimacy and trust: "Kachi had quickly learned that any random grabbing for my body in the middle of the night made my blood run cold. I had woken up screaming one night when I felt a hand stroking me. For months, we slept with the bedroom light on just so that I could see his face" (p. 310). The struggle between past trauma and present relationships illustrates how intrusion keeps survivors trapped between past pain and present reality, making it challenging to reintegrate into everyday life.

Herman identifies constriction as the final symptom of post-traumatic stress disorder, in which "when a person is completely powerless, and any form of resistance is futile, she may go into a state of surrender" (p. 35). Morayo exhibits this dissociative response during her first rape incident, detaching from her body in an attempt to shield herself from the unbearable pain. This detachment mirrors Herman's description of dissociation as a survival mechanism: "the helpless person escapes from her situation not by action in the real world but rather by altering her state of consciousness" (p. 36). The detachment from pain and helplessness is a survival mechanism, allowing Morayo to mentally separate from the assault while her physical body endures it. Morayo states:

As Bros T pushed into my unwelcoming body, my spirit floated high up to the ceiling. Looking down, I saw a child with a familiar face on the bed below. Her terror-filled eyes stared away into nothingness, her mouth open wide in a silent scream. Then, as quickly as I had left that trembling body, I was back inside. I felt a pain deep, deep inside me. Bros T panted and grunted for an eternity, until he suddenly jerked and then was still (p. 86).

Beyond dissociation, constriction is also evident in Morayo's emotional numbing and behavioural changes. Kilanko describes a growing emotional numbness: This aligns with Herman's assertion that traumatized individuals withdraw from relationships, feeling disconnected from others and unable to trust or seek comfort (p. 51). For Morayo, the feeling of being alone and unsafe due to the frequent assaults leads to difficulty with personal and family relationships.

In the months that followed, I lived a double life. At school, I pasted a happy smile on my face and pretended that everything was okay. Tomi was the only one who sensed that something was wrong with me. "Morayo, you are not talking much," she said one day after school. "And you always have something to do when I ask you to come and visit me. Is it because you are missing Kachi?" At home, I could not get away from the unasked questions in my parents' eyes as they lingered on my face. I no longer slept well at night, and my mind would play those questions over and over again. Why did you not say something the first time? Why did you let it go on for so long? Why did you let this happen to you? (p. 106)

Additionally, Morayo's emotional numbing leads to self-destructive behaviours, such as her later engagement in prostitution and aggressive sexual behaviour. Herman explains that survivors often reenact trauma in different forms, either by

placing themselves in dangerous situations or by attempting to regain control through risky behaviours (p. 38). Kilanko presents how chronic trauma in childhood forms and deforms personality. Morayo results to prostitution as a coping mechanism in school. Morayo's experience and a new sense of self propelled her to accept Borode's sexual invite because he looked harmless: "There was something exciting about the uncertain expression in his eyes. He looked harmless enough, and for once, I was the one in charge. "I think I would like to get a quick bite after all." (p. 214) Morayo's actions reflect a subconscious attempt to reclaim agency over her body, demonstrating how trauma can shape future decision-making in complex and harmful ways.

The persistent inability to experience positive emotion is presented through Morayo's aggressive feelings of anger and inability to experience love. Morayo longed to be in control of men, in an attempt to cope with her trauma stressors. Kilanko presents victims of abuse with abusive symptoms, which could lead to a cycle of abuse. Morayo's unresolved trauma is portrayed in the form of aggression, violence, and eventual sexual assault on her boyfriend, Ladi. Ladi, also known as 'Bobo Nice', is a loving boyfriend who believes in celibacy. However, Morayo feels undeserving of the love and is sexually abused by him. The excerpt below presents Ladi as the victim of Morayo's unresolved trauma. Trauma distorts self-worth, and it is revealed in the last statement as she wonders if she could be genuinely wanted and loved.

"Shhh ... this is not the time for unnecessary questions," I whispered into his ear. Moving closer, I planted my lips right on his open mouth. Ladi didn't resist; we kissed deeply until he moved his head to the side and groaned. "Morayo, we really should not be doing this." "Says who?" I said, planting feathery kisses along his neck, "Morayo, please," Ladi groaned again as he tried to move his head away. "You are not playing fair with me at all." But I was not ready to listen to his pleas. Before Ladi came along, I had resigned myself to the fact that there would be no one special for me. Who could truly want me? (p. 234)

Kilanko's *Daughters Who Walk This Path* illustrates Herman's three stages of trauma recovery: establishing safety, remembrance and mourning, and reconnection with ordinary life. Morayo's journey through sexual violence, self-blame, and eventual healing follows the non-linear progression of recovery, where moments of strength and regression coexist. Herman asserts that "trauma recovery should not be expected to follow a straightforward sequence but should instead be understood as a gradual shift from unpredictable danger to reliable safety." Kilanko reflects this complexity in Morayo's journey as she first finds safety, then struggles with self-blame and emotional turmoil, before gradually reclaiming her sense of self.

The first stage, establishing safety, is vital for Morayo's healing. After months of silent suffering, she finds refuge with Aunty Morenike, who provides a space of emotional security and validation. "Mummy did not discuss it with me, but from then on, she did not object any time I asked if I could go and spend some time at Aunty Morenike's flat" (p. 115). This move mirrors Herman's argument that trauma survivors first need a sense of physical and emotional safety before they can process their experiences (p. 134). Bisoye's inability to openly address Morayo's trauma

reflects the deep-seated cultural and emotional barriers surrounding discussions of abuse:

"I don't know what to say to Morayo." Auntie Bisoye had held onto Morenike's hands, pleading with her before she finally took her leave. "Any time I try to speak to her about..." Bisoye's hands waved limply in the air. "Tayo," Morenike prompted. Bisoye closed her eyes. "Yes," she whispered. "The words get stuck in my throat. You would know what to say," Morenike nodded. Yes. She knew. In 1981, when she turned fifteen, her father's friend. Chief Komolafe, had raped her. (p. 121)

Her guilt manifests in avoidance, as she fears that speaking about the assault may cause further harm. Instead, she entrusts Morayo's healing to Auntie Morenike, recognizing that another survivor's guidance might be more effective.

The second stage, remembrance and mourning, is central to Morayo's struggle with self-blame, guilt, and distorted perception of consent. Herman explains that trauma survivors often carry misplaced guilt, confusing involuntary physical responses with complicity (p. 175). This is evident when Morayo hesitantly admits: "But even though I didn't want him to come to my room, what he did felt good" (p. 100). The physiological reaction to assault creates confusion and self-recrimination, mirroring Herman's observation that survivors struggle to reconcile their emotions with the violation of their autonomy. However, Auntie Morenike's reassurance dismantles this guilt: "Those feelings in your body were just like that: mere physical reactions. It does not mean that you wanted him to do what he did" (p. 100). This moment marks a crucial breakthrough in Morayo's recovery, as naming the trauma and separating her body's response from consent allows her to externalize blame onto the perpetrator rather than herself.

The third stage of recovery, re-connection with ordinary life, is portrayed through Morayo's gradual reintegration into the world beyond her trauma, a process marked by education, marriage, and motherhood. Herman asserts that "recovery is signified by a transition from stigmatized isolation to restored social connection" (p. 202), and Kilanko reflects this through Morayo's journey toward rebuilding relationships and finding stability. Her relocation to Lagos for university offers a chance for reinvention, yet her unresolved trauma manifests in self-destructive behaviours, reflecting Herman's view that recovery is nonlinear. Auntie Morenike serves as a guiding force in Morayo's healing, helping her navigate her emotions rather than allowing the trauma to define her choices. Her marriage to Kachi represents a step toward emotional reconnection. However, intimacy remains fraught with fear: "On the first night of our honeymoon, Kachi had watched me curl up on my side of the bed to cry" (p. 310). Despite Kachi's patience, her past haunts her marital life, revealing the enduring impact of trauma on relationships. However, her willingness to communicate and work through these struggles signals her gradual healing.

Motherhood plays a pivotal role in Morayo's final stage of recovery, symbolizing a reclaimed sense of agency and hope. The birth of Anuli Morenike represents continuity, resilience, and the possibility of joy after trauma. Morayo's words to her daughter reflect this newfound strength: "I promise that for you, there will be fewer

secrets. I promise to talk about whatever causes you pain. To talk about shame. I promise to listen even when I do not understand. I promise because you are worth it" (p. 312). This commitment marks a departure from the silence that once entrapped her, as she now actively works to break the cycle of trauma through openness and emotional support. Kilanko's portrayal of marriage and motherhood as pathways to healing aligns with Herman's emphasis on re-connection, where survivors move toward meaningful relationships and personal fulfillment. Through education, love, and the birth of her child, Morayo transforms her pain into purpose, demonstrating that healing is not about forgetting the past but about building a future in which trauma no longer holds absolute power.

Literature as Therapy: Bibliotherapeutic and Scriptotherapeutic Interventions in Yejide Kilanko's *Daughters Who Walk This Path*

The literary textual corpus of medical humanities has been expanded to include narratives from doctors, psychologists, paramedics, professional caregivers, patients, or their relatives who are non-professional writers. Yejide Kilanko is classified as a physician-writer due to her experience as a social worker and mental health professional. She acknowledges that her professional background influences her writing: "As a writer, I'm deeply interested in issues that affect children and women because those are the populations I have worked with as a social worker" (Kilanko 2012). This enhances her ability to authentically depict trauma, resilience, and recovery. Her novel, *Daughters Who Walk This Path*, reflects this firsthand understanding, presenting trauma as a lived experience and advocating for a structured path toward healing, informed by clinical knowledge and therapeutic insights.

The value of physician-writers lies not just in their access to trauma narratives but in how they document suffering with diagnostic accuracy. Seggie argues that physicians become skilled narrators through repeated engagement with patients' stories and through their training in writing case notes and analysing symptoms (92). Kilanko, as a writer informed by psychiatric practice, demonstrates an intimate familiarity with trauma's clinical symptoms. Her portrayal of Morayo's prolonged sexual abuse follows a chronological progression of trauma symptoms, reflecting hyper-vigilance, dissociation, and heightened anxiety, which align with post-traumatic stress disorder (PTSD) symptoms set out in the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) of the American Psychiatric Association (APA). Also, Kilanko's presentation of psychological trauma aligns with Judith Herman's three core symptoms of trauma: hyperarousal, intrusion, and constriction. Herman states that in abusive environments, "the abused child is isolated from other family members as well as from the wider social world" (98). Morayo's isolation is evident in her withdrawal, emotional numbness, and inability to disclose her abuse, reinforcing the psychological effects of betrayal and neglect in childhood trauma survivors.

The physician-writer's detailed observational perspective is particularly evident in Kilanko's detached yet emotionally immersive tone, which presents Morayo's thoughts, actions, and inaction with factual precision while capturing the emotional distress of an unsafe home environment:

Daddy and Mummy were upstairs in their room, and Auntie Adunni had gone to her room in the Boys' Quarter. He did it to me again and again. He even started calling me to his room during the afternoon as Eniayo played right outside his window. During those months, I kept waiting for Mummy to notice something different about me. A different way of walking. A new scent. Had she not said that she could smell a boy's touch on me? (92).

The repetition of "again and again" reflects the chronic nature of the abuse, mirroring clinical accounts of prolonged trauma where survivors describe ongoing violations as routine rather than isolated incidents. The victim feels neglected and abandoned to face the pain alone, which causes deeper resentment in them than the abuse (98). Morayo's internal conflict is evident as she waits for her mother to notice signs of her distress. This illustrates a survivor's unspoken plea for recognition, which aligns with Herman's observation that abused children expect caregivers to sense their suffering, even in silence.

Kilanko's use of diagnostic storytelling is also reflected in how she captures the psychological consequences of childhood trauma, particularly in Morayo's conditioned submission to Bros T's authority. Her reluctance to enter his room is a behavioural indicator of trauma, yet her mother dismisses it:

One day, Mummy found me standing in the corridor leading to Bros T's bedroom. He was calling my name. "Morayo, Morayo, please come and help me find something under the bed." I stood where I was. "Find it yourself," I mumbled. Mummy heard me. "Morayo! What kind of behaviour is that? Go to Tayo's room right now and see what he wants." Shaking her head, she watched me drag my reluctant feet to his room before climbing the stairs to her own bedroom. When I entered his room, Bros T pushed me roughly onto his bed. "So you think you can escape from me?" (89)

In relation to this illustration, Herman states that "...from the child's point of view, the parent disarmed by secrecy should have known; if she cared enough, she would have found out...The child feels that she has been abandoned to her fate, and this abandonment is often resented more keenly than the abuse itself (p. 73). This reinforces how Morayo interprets her mother's inability to recognize her distress as indifference or complicity. The narrative structure mirrors case documentation in mental health assessments, where patients often recount behavioural patterns of avoidance and dissociation before acknowledging trauma directly. Morayo's forced compliance when her mother insists she enter Bros T's room exemplifies how caregivers unknowingly reinforce the conditions of abuse, making disclosure even less likely.

Kilanko's narrative technique demonstrates a compelling fusion of clinical precision and creative storytelling by presenting the psychological reality of child sexual abuse while maintaining narrative fluidity. Kilanko's detached clinical tone performs a dual function: it reinforces the clinical authenticity of trauma symptoms while simultaneously maintaining authorial distance, likely informed by her professional immersion in mental health care. For instance, the tone used to describe Morayo's emotional responses highlights the depth of psychological trauma without overt sentimentality. Her anger toward her mother, expressed in

“That day, I felt a deep anger towards Mummy start to bubble inside of me” (p. 90), aligns with Herman’s assertion that survivors often resent their caregivers for failing to protect them more than they resent their abusers (98). Kilanko’s writing reflects the diagnostic tone of a physician documenting trauma history, ensuring that each psychological response, hyper-vigilance, dissociation, and emotional detachment, is presented as an observable and diagnosable symptom rather than just a narrative device.

Physician-writers like Yejide Kilanko, through their professional roles, are often exposed to traumatic narration that may lead to vicarious trauma. Irene Visser observes that secondary trauma can manifest with symptoms similar to those experienced by direct survivors, including depression, nightmares, flashbacks, and emotional numbness (270). This psychological burden, if left unaddressed, can impact both the therapist’s well-being and their ability to support patients. Writing serves as a form of scriptotherapy, enabling physician-writers to process and externalize their experiences. In *Daughters Who Walk This Path*, Kilanko’s clinical portrayal of trauma suggests that her writing is both a coping mechanism and a tool for advocacy on trauma recovery. Through her storytelling, she uses two key methods of literary healing: bibliotherapy and scriptotherapy.

Scriptotherapy and Bibliotherapy have emerged as two interrelated, narrative-based therapeutic interventions that enable survivors to process and reconstruct trauma. Scriptotherapy, as conceptualised by Henke, involves the “narrative reconstruction of trauma,” where individuals reclaim coherence and agency through writing about their lived experiences (Henke). Gladding affirms that writing can support mental health by helping individuals confront trauma. Ryle also supports this by noting that expressive writing allows people to externalise internal conflicts and reframe emotional responses (Ryle 65). In *Trauma and Recovery*, as Judith Herman asserts, “remembering and telling the truth about the terrible events” is foundational to healing and reintegration (67).

Bibliotherapy, on the other hand, refers to the therapeutic use of literature, both written or audiovisual material, to promote insight, emotional catharsis, and behavioural change (Hadiyat, Widyawati et al, 52). According to Hynes and Hynes-Berry, the bibliotherapeutic process comprises four key stages: recognition, examination, juxtaposition, and application to self (qtd. in Hidayat et al. 53). Each stage facilitates a deepening interaction between the reader and the text, encouraging not just emotional resonance but cognitive integration. Altunbay extends the relevance of these stages by acknowledging that they may occur not only through reading but also through other narrative forms, including oral storytelling, especially in therapeutic and educational contexts (Altunbay 203). In a similar vein, Edsel Parke critiques the overly narrow application of bibliotherapy as text-bound, proposing a more reception-oriented model that recognises the role of reader or listener agency in generating meaning and therapeutic value (4). These perspectives affirm the importance of expanding bibliotherapy to include communal and non-textual engagements. However, Favazza warned against the “too broad use of the term” and defined bibliotherapy in strict clinical terms: “a program of selected activity involving reading materials which is planned, conducted, and controlled under the guidance of a physician ” (138). Favazza’s

model could be interpreted as overly medicalised and not fully responsive to the cultural and communal dimensions of therapeutic reading.

In *Daughters Who Walk This Path*, Kilanko illustrates an expanded and culturally resonant model of bibliotherapy through the “Weavers’ support group” in Omu village. Rather than relying on the solitary act of reading, the therapeutic strength of this group lies in shared oral narratives, where stories are told aloud, listened to attentively, and interpreted communally. This bibliotherapeutic process is grounded in orality and communal support.

On Wednesday evenings, Morenike went with Mama Omu to the Mission House. Mama Omu was part of a group of basket weavers. The money made from the sale of the colourful raffia baskets went towards taking care of the young orphans in the community. The women sat in a circle on large mats in the courtyard of the Mission House. As their busy fingers bent the long raffia strips, they shared their stories. Morenike listened quietly. At one meeting, one of the younger women spoke about her longing to have a child. She talked about the emptiness she felt...(126)

This weekly meeting is a symbolic healing ritual of women who weave together fragmented experiences into shared understanding. It demonstrates that bibliotherapy can take place not only through text, but through voice, where the reader is the listener, and the text is the lived experience of another. Mama Omu’s reassuring response: “Remember that others have walked this path before you... yours will not be an exception” (127), she performs the essential function of bibliotherapy: fostering recognition, affirming emotional experience, and guiding toward insight. Mama Omu’s encouragement reinforces hope and guides Morenike toward acceptance and recovery.

While bibliotherapy foregrounds the healing power of receiving narrative, through reading and ‘listening’, scriptotherapy turns attention to the transformative act of translating experiences into texts or words. In *Daughters Who Walk This Path*, scriptotherapy functions on two interwoven levels: authorial and character-based. At the authorial level, Yejide Kilanko’s creation of the novel itself can be understood as a scriptotherapeutic act. As a social worker exposed to numerous traumatic narratives, Kilanko bears witness to the emotional weight of others’ suffering. Herman asserts that “therapists who work with traumatized people require an ongoing support system to deal with these intense reactions. Just as no survivor can recover alone, no therapist can work with trauma alone” (p. 99). For the physician-writer, writing becomes both a space of catharsis and a form of psychological survival. In Kilanko’s case, it is also an act of advocacy, a means of exposing the cultural silencing surrounding sexual abuse and advocating for structured, trauma-informed recovery. Scriptotherapy, for the physician-writer, is the process of translating experiential knowledge into narrative form and therapeutic strategy.

At the character level, scriptotherapy surfaces through Morayo’s own act of speaking out. Her initial silence is symbolic of trauma’s psychological hold; her eventual disclosure marks the beginning of narrative agency. The turning point comes when she confides in Auntie Morenike, a fellow survivor, and begins to tell her story aloud. This shift from silence to speech is central to scriptotherapy. The act

of telling externalises the pain, opens the possibility of reinterpretation. It is not just the telling that heals; it is the telling in the presence of someone who understands. Kilanko strategically employs the subplot of Morenike's rape and recovery to integrate evidence-based healing practices and trauma recovery models. This reinforces the novel's advocacy for survivor-centered healing. Morenike's experience is a structured case study within the narrative, demonstrating the necessity of voicing out, maternal and communal support, and self-reintegration. By presenting both Morayo's and Morenike's trauma experiences, Kilanko highlights that sexual abuse is a widespread problem in the city. Also, she stresses that trauma recovery is achievable, but survivors must actively work toward healing rather than passively endure pain. It reveals that healing is not bound to form; whether written, spoken, read, or heard, narrative becomes the bridge between pain and recovery. For survivors like Morayo and Morenike, healing begins when stories are told and heard.

Morayo's healing is modelled after Morenike's, but her path is distinct due to Aunt Morenike's mentorship. Kilanko strategically positioned Aunt Morenike within the same university as Morayo for her postgraduate studies. She is a stable support system, ensuring continuous intervention rather than isolated therapeutic encounters. This structured approach emphasizes the importance of sustained, meaningful relationships in trauma recovery. Unlike Bisoye, who struggles with discussing Morayo's abuse, Morenike actively monitors her emotional state and redirects her from self-destructive behaviours. When Morayo engages in reckless sexual behaviour as a coping mechanism, Morenike intervenes firmly: "Morayo, what have you done to yourself? ... Has jumping from one man's sweaty sheets to another's taken away your pain?" (p. 154). This moment highlights the necessity of direct but compassionate confrontation in helping survivors recognize destructive coping mechanisms while affirming their agency. Rather than dictating her healing, Morenike provides the necessary support while ensuring Morayo ultimately takes charge of her recovery. By situating two survivors in the same space, one who has already navigated recovery and one still struggling, Kilanko reinforces the invaluable role of trauma in the healing process of victims.

Kilanko precisely portrays how city spaces amplify trauma and shape the psychological struggles of survivors. *Daughters Who Walk This Path* illustrates the overwhelming mental stress that traditional urban spaces like Ibadan impose, particularly on those navigating the aftermath of sexual violence. As portrayed in the text, Ibadan is affected by various problems of urban centres such as pollution, overcrowding, and extreme communal vigilance, making it hard for survivors like Morayo to find a safe space to heal. Her family home, rather than offering comfort, reflects a patriarchal structure that silences and prevents open acknowledgment of her suffering. This makes her home a site of repeated violation with no communal support. Unable to seek support, Morayo internalizes her pain, leading to suicidal thoughts where she contemplates taking an entire bottle of Panadol Extra as a way to escape the psychological burden she carries: "... I suddenly wondered what it would feel like to empty the entire bottle into my mouth... These thoughts had started soon after Aunt Adunni left. When I stayed awake in my room at night, I often wondered what it would feel like not to be trapped in this heavy body but floating around free." (p. 112).

Also, the city exposes Morayo to direct visual triggers that reinforce her internal distress. One of the most haunting scenes in the novel is her encounter with a suicide victim hanging from a tree in her school:

“Only last month, I had arrived at school to see a naked young man dangling from the wild mango tree. No one knew who he was. It was hard for me to concentrate on mixed cultivation methods when I could see his body swinging gently in the wind from our classroom window ... But on windy days, I still saw that young man swinging gently from the tree branch. No doubt he longed to be free too” (p. 112)

This moment captures the overwhelming hopelessness that city spaces can impose on trauma survivors. The act of erasing the physical evidence of the suicide, that is, cutting down the tree, symbolises society’s tendency to silence suffering rather than address it. However, the psychological imprint remains as Morayo continues to see the image of the dead man, reinforcing her intrusive thoughts and suicidal thoughts. Kilanko shows how city life, with its social stigma and lack of support, makes recovery even more complicated. In a bid to escape, Morayo moves to Lagos, a city that offers anonymity but also exposes her to further self-destructive behaviours.

In contrast, Morenike's relocation to Omu village provides an alternative path to healing, demonstrating the impact of the environment on recovery. Morenike's mother, Mummy Ibeji, represents the ideal maternal protector, as she directly confronts Chief Komolafe instead of shielding him with silence. “By the time I am done with you, the whole of Ibadan will know that you are a shameless old man” (p. 134). Her refusal to be silenced contrasts with the cultural tendency to prioritize family honour over justice. Though not free from patriarchal judgment, the village offers communal support, structured maternal care, and emotional validation absent in the city. Mama Omu's unwavering reassurance re-frames Morenike's trauma, encouraging her to reclaim a sense of self: “Remember, this child has a part of you too. Start with loving that part” (p. 141).

Kilanko's narrative suggests that healing for city dwellers depends on finding safe spaces and supportive people like Auntie Morenike. Unlike the village, where communal support happens naturally, urban survivors must intentionally seek out people who listen and provide guidance. The city's lack of a close-knit community makes recovery difficult, but intentional support systems can help. Through Morayo and Morenike's experiences, Kilanko highlights the importance of speaking out, seeking help, and finding structured support. Whether in the city or the village, healing requires connection, understanding, and a safe environment where survivors can rebuild their sense of self.

Conclusion

This study has examined *Daughters Who Walk This Path*, focusing on how Yejide Kilanko's professional background as a social worker informs her clinical and prescriptive portrayal of trauma and recovery. Using Judith Herman's trauma framework, the study has shown how Kilanko not only depicts trauma with clinical accuracy but also prescribes structured pathways to recovery, emphasizing

interventions such as voicing out, communal support, safe spaces, and guided self-recovery. The study highlights how patriarchal silence, social stigma, isolation, and urban pressures intensify trauma in urban spaces like Ibadan and Lagos. The contrasting experiences of Morenike and Morayo illustrate different trauma recovery trajectories. While Morenike initially finds solace in the village through communal care, Morayo struggles within the isolating pressures of the city. However, the novel does not idealize rural spaces but instead underscores the necessity of intentional support structures, regardless of setting. *Daughters Who Walk This Path* functions beyond storytelling, offering a bibliotherapeutic approach that validates survivors' pain while advocating for structured healing interventions such as scriptotherapy. Though its vivid depiction of trauma carries the risk of re-traumatization, the novel ultimately fosters awareness and critical discourse on gender-based violence, reinforcing that healing is achievable with appropriate intervention and sustained communal care. Trauma narratives by physician-writers like Kilanko have a dual impact; while they may initially trigger re-traumatization, they also provide validation, helping survivors acknowledge their trauma. This acknowledgment becomes the first step toward recognizing the need to leave harmful environments and seek intentional support. Moreover, it highlights the role of survivors in supporting others, as seen in Morenike's guidance to Morayo, reinforcing the idea that healing extends beyond the individual and contributes to collective empowerment.

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