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Declaration of Authenticity

I hereby confirm that I have conceived and written this diploma thesis in English all by myself. Any quotations, paraphrased passages and borrowed ideas from the works of other authors have been clearly indicated within this work and truthfully acknowledged in the bibliographical references. There are no handwritten corrections added by myself or others and the mark received for this paper cannot be deduced from it in any way.

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Abbreviations

ASC:	Alternated state of mind
GST:	<i>Gem Squash Tokoloshe</i>
ITHOTC:	<i>In the heart of the country</i>
MPD:	Multiple Personality Disorder
PTSD:	Post Traumatic Stress Disorder
TRC:	Truth and Reconciliation Commission

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1. Introduction

South Africa's past is characterised by violence of various kinds. Colonialism, numerous wars and the Apartheid era have shaped this country's peoples, their lives and their cultures. For an amount of 46 years, black and coloured people had to suffer under the cruel practices of the white supremacy. Their stories and screams were not heard. They had to endure assaults silently and on their own. Regardless of the fact that this era of separation and segregation ended nearly two decades ago, its legacy is still detectable in the people's minds and ideas. Despite the efforts of the Truth and Reconciliation Commission to make the stories of individuals heard and to encourage them to verbalise what they had to go through, one can say that South Africa's culture is shaped by a still prevailing culture of silence. This and the fact that women and children in particular have to face a high level of domestic violence are mirrored in South African narratives as well.

In the course of the literature seminar "The Contemporary South African Farm Novel" which was held by my supervisor Professor Ewald Mengel, I was deeply moved by what the characters in the novels had to endure. I noticed, that some of the characters who were confronted with violent acts against themselves – most of them were women – developed psychological problems in the course of the novel. This paper seeks to discover a link between the South African culture of silence and the violent acts which characters are confronted with. These components are to be considered as the seedbed of the mental malfunctions that are developed in the respective novels. This means that medical as well as psychological concepts and ideas are applied to literary texts. Of course, it has to be emphasised that this paper does not raise the claim to transfer these concepts directly and without reconsideration or reflection. Nevertheless, the revelation of the connection between violence as serious life event and mental illnesses helps to comprehend what the authors may want to express with their works, namely that characters who cannot utter what happened to them literally turn "mad".

In the section theoretical considerations important ideas are discussed. Due to the fact that trauma has been the focus of numerous diploma theses and published works concerning South African literature, this concept is dealt with in short only. For the reader it is relevant to know what trauma does to the human psyche and how it is defined in order to understand the analyses of the texts. The violent acts depicted in the novels can be classified as serious life events. In addition to this, they are not displayed openly. They are omnipresent but hidden at the same time. Furthermore, this paper provides an introduction to the basic concept of “culture of silence” and its relation to the case of South Africa. In addition to this, the reader is led to the portrayal of relevant mental disorders by being introduced to the concepts of “madness” and “illness” at first. These sections are followed by a depiction of three psychiatric disorders the characters in the novels develop. The possible link between the onset of these and the situations the characters have to deal with is supported by respective literature.

This paper seeks to portray the link between serious life events and a culture of silence as a seedbed of mental disorders concerning the female characters in *In the heart of the country* by J.M. Coetzee, *Gem Squash Tokoloshe* by Rachel Zadok and *Madlands* by Rosemund J. Handler.

2. Theoretical considerations

2.1. The South African culture – a culture of silence?

2.1.1. Culture of silence and *Pedagogy of the Oppressed*

The reason for incorporating this work into my theoretical considerations is the fact that Paulo Freire was the first scholar who developed the concept of a 'culture of silence'. This basic concept can be extended and it can be applied to the theory involved in this thesis.

In his popular work *Pedagogy of the Oppressed* Paulo Freire concerns himself with the situation of illiterates and their position in society. As they are not able to write or read, a significant amount of language and options to act and to articulate have been held back by the strong ones of society. "The oppressors are the ones who act upon men to indoctrinate them and adjust them to a reality which must remain untouched." (Freire 83)

The oppressors created a culture of silence. According to Thomas, who as well adapts Freire's theories to the case of South Africa, there are different educational concepts of which the "'banking' concept" (254) is predominant. It is "fundamentally oppressive, and operates to maintain violent and exploitive forms of organisations in society. By indoctrinating people to accept, and adapt to, the 'realities' of the oppressive conditions in which they find themselves, individuals become incapable of imagining the world around them that is transformable." (Thomas 254) This means, that the oppressed accept the culture and rules that are of their own disadvantage. But nevertheless, there is ambiguity to be detected. "[...] Freire knows that the oppressed are not merely uninformed or apathetic. He sees them as frightened, facing a constantly repressive situation. Hence, they experience a certain [...] duality that makes them want their freedom and hate their oppressors simultaneously."

(Christians 269) The power of oppression cannot be limited to politics. Freire "[...] catalogs intellectually the various forms of oppressive power – sexual, economic, technological, psychological, and political." (Christians 271) This indicates that the basic meaning of Freire's concept 'culture of silence' can be expanded and therefore it can be found in various layers of society. South Africa as well has developed a 'culture of silence'. It is a dimension that exists within the South African society due to the country's violent past. This – in

combination with the patriarchal structure – heavily influences the development of the characters in the novels. They grow up as the weak parts of their society, they learned to accept a world that is not shaped according to their own needs and so they have to assimilate. As the world they have to face is considered as the norm and as they are expected to behave according to these norms, they have never been equipped with a sort of language to utter their own problems and the horrible acts that were done to them. To a certain extent, they appear to be illiterates of a special kind as they are not able to audibly utter what is wrong for them in this society they live in. As far as mistreatment and crimes are concerned, South Africa has its own dark history that contributes to this special form of ‘culture of silence’.

2.1.2. The roots of South Africa’s culture of silence

The South African peoples are peoples that were traumatised by hundreds of years of colonisation. The history of this country is characterised by violence, cruelty, war and oppression which are interwoven in a highly complex way. Injustice and racial segregation were common from the mid of the 17th century when the Dutch landed in South Africa. The Cape of Good Hope was colonised by the Dutch. Economy was upheld with the workforce of slaves who were imported from a number of different countries. South Africa as it is known today emerged “from an era characterised by large-scale political violence.”

(Hirschowitz 169) At the core of this political violence was the implementation of the Apartheid regime. In Afrikaans, this word is spelled “apart-heid” and refers literally to “seperateness” and “apart-hood”. This racial segregation was introduced by the National Party who were in power in the years from 1948 to 1994. The advent of democracy was fought against with all means. An amount of “evidence given at the Truth and Reconciliation Commission” gives “an indication of how extensive torture, murder and arson were in this country during the apartheid era [...] particularly during the 1980s and early 1990s.” (Hirschowitz 169)

As the name of the TRC suggests, its aim is it to make the voices of victims heard and it should help the nation to assimilate its violent history, to find a “way towards reconciliation and healing”.¹ It was on April 15th 1996 when the TRC

¹ 20 August 2013. <http://www.sthp.saha.org.za/memorial/articles/the_day_the_truth_hit_home.htm>

“opened with its first hearings at the East London City Hall.”² Archbishop Desmond Tutu was the chairman of the TRC. Even though opponents tried to disturb the process by issuing threats, the Commission decided to carry on. The victims’ verbalised experiences were that horrifying that the chairman himself had to cry and could not even stop when he should then close the proceedings for that day.³ Desmond Tutu was so deeply moved by the testimonies that he even considered himself as maybe being too weak for the role of the chairman.

An incredible amount of 2100 victims “gave testimony at the TRC and, according to the Ministry of Education’s Every Step of the Way, their statements related to about 38 000 incidents and the killing of 14 000 people.”⁴ All victims received a reparation of 30 000 Rand by the government. It must not be forgotten, that punishment was not the primary goal of the TRC but to make “atrocities publicly known” and “to reconcile the people, rather than sowing seeds of discord.” (3) The TRC’s aim was it to inform the people about incidents which have been considered as taboos. So, the TRC tried to fight the existing culture of silence in the country. It seems that Desmond Tutu and the TRC even wanted to achieve more than that when considering what he told numerous witnesses: “This is a tremendous country with tremendous people. You are an example of why we are going to make it in this country. The reason why we won the struggle was not because of guns, but because we had people like you - people of incredible strength.”⁵ People, who will build a better and peaceful country. Despite the effort of the TRC and the government, in “the opinion of many Africans the commission failed to meet its goal, leaving thousands of war crimes unpunished.” (Trinbacher 3)

It did not solely leave thousands of crimes unpunished, but thousands of horrible, personal stories unheard as well. As a number of experts suggest, there still exists a “prevailing culture of silence about the past in South Africa” (Simigiannis v) despite the work of the TRC. During the years of apartheid and even before, people were killed and tortured, groups of people lived in fear and with the knowledge that within this society they are people of a far lower value.

² ibid

³ ibid

⁴ Ibid.

⁵ Ibid.

“With the final report of the TRC in 1988, officials hoped the time of peace and brotherhood had finally come” (Trinbacher 3), but unfortunately, that did not happen. As it is stated in Simigiannis’ research

South Africa suffers a *de facto* culture of silence on specific elements about the past in complex and often hidden ways, perpetuating the existence and the experience of impunity for both historical and present-day injustices. In spite of the Truth and Reconciliation Commission, the enduring absence of the whole truth contributes to this culture [...]. (v)

The people in this country have become used to the thought that talking about what has happened to them would not make a difference or, even worse, would result in being punished themselves. In times of apartheid, violence against coloured people, no matter whether they were male or female, was part of the everyday life. Despite the fact that

democracy brought a reduction in politically motivated violence, some reports indicate that postapartheid South Africa has extremely high rates of violent crime, sexual violence and domestic abuse. [...] This pervasive violence may be the legacy of South Africa’s socio-political history of apartheid and violent repression, combined with ongoing socioeconomic inequality and deprivation. (Kaminer et. al.)

Today still, violence against women is tragically common in South Africa. By some journalists and experts, rape is even considered as “endemic”. “On this the police, politicians, sociologists and rape survivors all agree. There is a silent war going on, a war against women and children. It is a fact that a woman born in South Africa has a greater chance of being raped, than learning how to read.”⁶ It is furthermore stated that despite the fact that politicians work on raising awareness concerning this topic, most of actual rapes and attempted rapes remain unreported. “At the present it appears that the issue of a culture of silence is a complex and multi-layered one.” (Simigiannis 18) Still, a great part of their culture and part of their way to cope with violence is related to their highly complex past. As Simigiannis states, there are a number of people believing “there is a ‘cacophony of dialogue’ taking place in the country expressed through vigorous debate and opposition in newspapers, radio and television, the issue of who and what is being heard [...]” (18) People are failing to talk to each other but instead talk past each other. As already indicated, there is a disappointment as far as the TRC is concerned among the coloured people

⁶ 20 August 2013. <<http://news.bbc.co.uk/2/hi/1909220.stm>>

of South Africa in particular. “The ‘betrayal’ or disappointment experienced by black South Africans who went to the TRC and who did not receive the full truth by perpetrators, nor experience the arrests and convictions of perpetrators has impacted on a sense of impunity prevailing.” (18) But this disappointment and mistrust is not only felt by the coloured population but by the collective South African people. Professor Hugo von der Merwe uttered “that there is a degree of ‘silence’ on the ‘killing of informers and dissidents during the anti-apartheid struggle’ as well as ‘sexual violence in the anti-apartheid movement.’” (qtd. in Simigiannis 18) In Simigiannis’ study it is stated that according to van der Merwe there are “certain issues from the past that attract a general reluctance of engagement, especially those that challenge the new identity of South Africa. Not only are these issues remnants of the past, but they have also infiltrated into current socio-political and economic problems, but are nonetheless met with obfuscation particularly by the state.” (qtd. in Simigiannis 18)

This culture of silence is represented in the novels that are analysed in the course of this work. The characters experience horrible, deeply traumatising events, but they refuse or even cannot to talk about them. The reader can solely suspect what happened to the character. Like South Africa’s history has shaped its people’s culture, it has also shaped the South African writers. In the novels that are analysed, serious life events are hidden, but omnipresent at the same time. The affected character does not utter what has happened as he or she lacks the means to do so. This and the fact that the experienced event was traumatic, lead him or her to the edge of insanity. His or her mental health is affected in a serious manner, the character “goes mad”. In order to comprehend the force of a traumatic incident, the concept of trauma is introduced in short.

2.2. The concept of trauma

Originally, trauma is derived from Greek meaning wound. It was firstly referred to a physical wound, “a wound of the body” (Caruth 1996, 3). Still, in the field of medicine, ‘traumatology’ or ‘trauma life support’ are disciplines referring to the often multiple and severe physical wounds of the patient’s body.⁷ Since 1889, trauma, in psychological jargon, also refers to a wound of the soul, to an

⁷ 11 January 2014. <<http://www.naemt.org/education/PHTLS/whatisPHTLS.aspx>>

“unpleasant experience which causes abnormal stress.”⁸ This “more psychological meaning” (Leys 3) became part of the term “when it was employed by J.M. Charcot, Pierre Janet, Alfred Binet [...] Breuer, [...] Freud, [...]” who used it to describe “the wounding of the *mind* brought about by sudden, unexpected, emotional shock.” (3)

In her famous, although from many sides criticised work *Unclaimed Experience*, Caruth states that

[...] the wound of the mind [...] is not, like the wound of the body, a 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 act of the survivor.”(3-4)

The first remark concerning this statement I would like to make is that a wound of the body can be a highly complicated and probably a not healable event as well. For Caruth, trauma seems to be an event the victim is not ready for. It is an event the person cannot expect by any means. Due to the fact that it cannot come to consciousness to be processed by the victim, it comes to the mind repeatedly in different forms. So, the victim has to re-live the traumatising event again and again in nightmares and flashbacks. Trauma overwhelms the respective person as it is *beispiellos*. This means that the person experiencing trauma has to face an event or a situation that he or she has no mode of reaction for as until that point in time not a single comparable situation occurred. Trauma is not just “any event but, significantly, the shocking and unexpected occurrence of an accident.” (Caruth 6). Although, whether a person is traumatised by an event depends on his or her structure of personality. It must be said that no normal person can put this situation in already existing, common categories. The stress caused by this situation or change reaches an unknown degree. (Paultisch 177) *The* “pathology cannot be defined either by the event itself – which may or may not be catastrophic, and may not traumatize everyone equally – nor can it be defined in terms of a *distortion* of the event, achieving its haunting power as a result of distorting personal significances attached to it.” (Caruth 4)

⁸ 11 January 2014. <<http://www.etymonline.com/index.php?term=trauma> >

2.3. Madness and literature

“Great care has to be taken when applying the word ‘mad’ to a situation or person, as ‘madness’ is perhaps the most difficult of conditions to define or diagnose adequately.” (Allen 3) By being concerned with the term madness, I am referring to a state the fictional characters that are to be analysed, are in. What does madness mean in this context? It means that the characters’ perceptions and their modes of thinking are degenerated in a way that makes them unable to be a functional part of their society. Nina Allen describes four categories of madness of which one appeared to be exceptionally interesting and suitable for my thesis. This group “contains characters who might be described as ‘true’ madmen. It consists of those who inhabit their own fantasy-world and, moreover, are so convinced that their delusions form reality that they try to impose their own world-view on others – with disastrous results.” (3) Another characteristic of this form of madness is that in “some cases the disturbance may be barely discernible at surface level, and it is only because the characters in question are fictional, and therefore we as readers can be made party to their thoughts and/or desires, that it becomes apparent.” (3) This applies to a number of characters that are the subject of my thesis. Madness of this category provides the characters with heightened perceptions. Characters are not able to come close to an objective point of view as they lack the “capacity for abstract thought dissociated from themselves. Their sharpened consciousnesses therefore have nothing to work upon but the creation of a hermetically sealed universe with conditions perfectly tailored to suit its occupant’s specific illusions, delusions, and fantasies.” (4-5) This indicates that the reader is confronted with the development and existence of two worlds. The inner world of the fictional person and the apparently “normal” world that remains outside. According to Alan, characters can detect this incoherence which is unacceptable for them as this would lead to the destruction of their own world. So, “they attempt to solidify their ideas by imposing them on individuals or communities from ‘outside’ and thus forcing outside and inside to become one, their fantasy to become reality. Not surprisingly this can have terrifying results for perpetrator and victim alike.” (5) As it might be obvious, they act like this because their world is so different from the “real” world that assimilation would mean that their world is destroyed. This generates an apocalyptic atmosphere from which they try to escape.

In my thesis I am concerned with the mental states of fictional characters. I am not referring to psychoanalysis or depth psychology as an analysis from that point of view would include the author's psyche. The embedding of psychoanalysis into the study of literature has been facing various accusations of which one is the following:

[...] künstlerisches Schaffen sei demnach ein vom Unbewußten gesteuerter, durch individuelle Konflikte mit der Realität bedingter Vorgang mit pathologischen Zügen. Entsprechend entwerfe die Psychoanalyse das literarische Werk, sehe in ihm lediglich ein Symptombündel und interessiere sich nicht für das formale Gerüst und die sprachliche Form [...]. Die Psychoanalyse und die Tiefenpsychologie insgesamt übersehe die Bedeutung der Umwelt für die Literatur, ihre Interpretation sei wesensmäßig unsoziologisch und ahistorisch." (Metzner 164)

It is a fact that this thesis has its focus on psychiatric/psychological aspects and that characters' symptoms are analysed. Nevertheless, I am not concentrating on symptoms solely. Symptoms are analysed and then they are put into context in order to provide a holistic image of the characters' psyche and their relation to the world. The development, change and even deconstruction of the characters' personalities in the course of the novels, which most likely originate from an underlying serious life event will be explored. In the following section introduces the reader to the boundary of madness and illness.

2.4. From madness to illness

Zwar glaubt jedermann zu wissen, was krank und was gesund ist; die große Zahl verschiedener wissenschaftlicher und laienhafter Definitionsmöglichkeiten aber zeigt wie so oft an, daß gerade in einfach aussehenden Fragen viel Problematisches steckt. Zwecks Lösung unseres Problems wird gern mit dem Begriff der Norm gearbeitet [...]. Was ist denn ‚normal‘? (Geyer 18)

Geyer then defines health as the ability to assimilate. If a person, for example is able to process a traumatic event by integrating it into his or her mental structure and if this effort does not result in the fact that the person is not able to lead a normal life anymore, he or she is healthy. If the processing of the event influences perception and triggers hallucinations and delusions, there is obviously a lack of ability to assimilate and the person is therefore to be regarded as "ill".

The characters in the novels show a variety of symptoms that include hallucinations, delusions, depressive phases and mania. All these symptoms can be assigned to full-blown clinical pictures. Nevertheless, it must not be forgotten that this thesis is dealing with fictional characters and that their symptoms are fictional as well. Therefore, analysing them in a from a strictly clinical point of view will of course not be the main focus of this thesis. It will prove to be much more fruitful to investigate the relationship between the illness, the serious life events protagonists have to deal with and the South African culture of silence.

As in many of South African novels, these changes of the characters' minds are due to traumatic experiences which are only alluded to. But can, in reality, mental illnesses, such as schizophrenia, be triggered by a traumatic event?

2.5. Trauma and its relation to mental diseases

In a considerable amount of today's psychiatric literature it is stated that certain diseases such as schizophrenia and bipolar disorder are genetically determined but that there are so-called "vulnerable" phases during which the onset of the illness can be triggered by a traumatic event. In some studies, on the other hand, phenomena are described that show the possibility of schizophrenia and other diseases being solely caused by traumatic experiences. This indicates that trauma could be considered as being the seedbed of mental disorders.

In the International Handbook of Traumatic Stress Syndromes manifold studies concerning trauma and mental illness can be found. Often, they have World War II as context as during that time a considerable number of soldiers was traumatised. As a consequence, these soldiers showed intensive reactions due to their experiences. But can mental illnesses such as schizophrenia be triggered by such horrible events?

About 60% of persons diagnosed as having a mental disorder have experienced a severely stressful life event in the 2 weeks preceding the onset of that disorder. In contrast, about 20% of comparison groups not diagnosed as having a mental disorder have experienced a stressful event in the previous 2 weeks [...]. (Horowitz 56)

This fact indicates

that in the months following a traumatic life event, there is a sixfold greater risk of suicide, a twofold greater risk of depressive disorders, and

a slight increase in the risk of developing a schizophrenic syndrome. [...] Such data on the relation of stress to anxiety, depressive, and schizophrenic disorders do not indicate whether a patient's incipient mental disorder may have contributed to the life events in question. It is probably the best to view causation as interactional, with environmental, biological, and psychological causes and predispositions. (Horowitz 56)

This observation indicates that this slight increase in people developing schizophrenic disorders would not have developed if they would have continued living their lives without having to process such a traumatic life event. During "World War II, there was [...] a marked increase of schizophrenia in the United States [...]" (Somasundaram 333). In addition to this, Wardak clearly states that studies "carried out in the field of life events and their relations to serious illnesses suggest that there is a positive correlation between the occurrence of traumatic life events and the onset of diseases [...]" (Wardak 353) He furthermore expresses his concern that there has been a negligible number of studies that investigate the relation between schizophrenia and people "who have suffered stressful conditions" (353). Nevertheless, Wardak found studies that expressed the suggestion of some "researchers and clinicians that stressful life events may provoke schizophrenic disorders in nonpredisposed individuals [...]" (353). The researchers Brown and Birley (qtd. In Wardak) furthermore found out "that life events had causal effects in approximately 505 schizophrenic patients." (Wardak 353) This indicates " [...] a significant correlation between stressful life events and onset of schizophrenia [...]" (Wardak 353). These findings support my thesis that trauma may function as seedbed of mental disorders. In the following sections, three mental disorders are discussed. The research concerning these clinical pictures was done by using medical and psychiatric literature, in which it is stated that schizophrenia and the bipolar disorder are mainly a matter of genetic predisposition. In my thesis, I want my readers to think about the accuracy of these assumptions by having provided scientific opposing studies and arguments. For the sake of completeness, I included the provided assumptions of genetic predisposition in the following description of the clinical pictures.

These are chosen in order to refer to the characters' symptoms. When solely their symptoms are considered, the following three psychiatric disorders constitute possible diagnoses. In the analyses, I will be referring to respective

symptoms and justify my beliefs why the behaviour of a certain character might be associated with one of these mental diseases.

2.5.1. Schizophrenia

Schizophrenia is a common major mental illness that has been known for a long time in the history of medicine. As it was doctor Eugen Bleuler, who coined the name of this illness, it is also called Bleuler's disease, which "is among the world's top ten causes of long-term disability" (Mueser 2063). The emergence as well as the biochemical basic principles are still not completely resolved and therefore are a vast field of research in today's psychiatry. (Paulitsch 109) It is furthermore important to discuss the misconception of the term Schizophrenia and therefore of the disorder's characteristics. It derives from the Greek "schizein" (to split) and "phren" (mind) which despite its etymology does not refer to persons who have more than one personality. Concerned persons neither have split minds nor do their hemispheres work independently from each other. Usually, if a certain behaviour seems irrational, contradictory or illogical it is called schizophrenic behaviour. This incorrect use of the term harms persons suffering from this disorder. "Der falsche Gebrauch des Begriffs trägt wesentlich zur Stigmatisierung Betroffener bei. Eine Namensänderung, wie diese auch bei der ‚Manisch Depressiven Krankheit‘ (= bipolare affektive Störung) durchgeführt wurde, wäre wünschenswert." (Paulitsch 109)

The lifetime prevalence of schizophrenia is one per cent (Mueser 2063). That means that the risk for a human being to come down with schizophrenia in his or her life constitutes one per cent. The incidence of this disease is the same across all countries, climatic zones and cultures. (Paulitsch 110) It is even

the same across sexes although women tend to have a later age of onset than men [...] Research by WHO across multiple countries also indicates that the clinical syndrome of schizophrenia is similar across a wide range of cultures and countries, including in developed and developing nations. (Mueser 2063)

Interestingly, Schizophrenia occurs more often in major cities and socially difficult areas than in villages and municipalities. According to Paulitsch (110) this circumstance can be explained by the Drift-Hypothesis. This states that before patients fall ill they have to find themselves in socially more difficult situations than experts would expect them to be in. This implies that the social

decline is not the cause, but the consequence of this heterogeneous and highly complex disease.

Despite the fact, that the genetic predisposition plays a major role, environmental factors and personality's structure are believed to be of significant importance as well. In the sense of a holistic view the so-called "stress-vulnerability model" has been established.

According to this model, schizophrenia is caused by an underlying psychobiological vulnerability, determined early in life by genetic and early environmental (eg, perinatal) effects. Once the vulnerability is established, the onset of the illness and its course, including relapses, is determined by the dynamic interplay of biological and psychosocial factors [...] (Mueser 2066)

People suffering from Bleuler's disease might have a certain vulnerability that can lead to the outbreak of the illness in case of stress, other external pressure drug consumption or cerebral damage.

According to Paulitsch (114) Bleuler's disease is diagnosed in case symptoms of two groups occur. It has to be at least one symptom of the first group and two symptoms that originate from the second group. Symptoms of the first group are for example "thought echo, thought of insertion or withdrawal, and thought broadcasting [...] hallucinatory voices giving a running commentary on the patient's behaviour, or discussing the patient among themselves" (WHO, *ICD-10* 79). Often, patients believe to have another identity, to be the chosen one, to have superhuman powers and that they are part of a greater mission. Examples for symptoms that belong to the second group are persistent "hallucinations in any modality, [...] breaks or interpolations in the train of thought, resulting in incoherence or irrelevant speech or neologisms, [...] catatonic behaviour, [...] 'negative symptoms' [...] blunting of incongruity of social performance" (WHO, *ICD-10* 79). Schizophrenia is diagnosed in case these symptoms are persistent for at least one month or longer. In case of social withdrawal and negative symptoms it must be made sure that these are not the result of depression and similar illnesses. Concerning hallucinations they can be of any quality affecting all senses but most likely they are auditory in form of voices. A schizophrenic episode is a severe dysfunction that affects the patient's inner core. (Paulitsch 114) "The disturbance involves the most basic functions that give the normal person a feeling of individuality, uniqueness, and self-direction. The most

intimate thoughts, feelings and acts are often felt to be known to or shared by others [...]” (WHO, *ICD-10* 78)

In the long term the disease leads to the loss of cognitive capacities. Patients stop caring about themselves and lead a lonesome life. One of the main problems is that affected persons often do not see that they are ill which causes difficulties as far as treatment is concerned. (Paulitsch 115)

2.5.2. Depression

According to calculations by the WHO depressive disorders tend to increase and they will be among the most common and most expensive diseases in the year 2020. Studies show that at least 15 million Europeans (Paulitsch 130) and about 350 million people worldwide are affected.⁹ The lifetime prevalence of the depressive disorder is 15%. Within the ICD-10 guidelines one differentiates between three forms of depressive disorder, namely the mild, the moderate and the severe depressive episode.

Women tend to be affected twice as common as men. Various reasons like differences concerning hormone status or other psychosocial influences are mentioned. It is assumed that it is harder to diagnose depression when treating a male patient due to the fact that men react differently when falling into depression. Women show classical symptoms like deep sadness and passiveness whereas men tend to be aggressive, petulant and they show risky and irrational behaviour which are not to be found among the list of symptoms. The higher the age, the higher is the probability for the onset of the disease as far as both sexes are concerned. (Paultisch 131)

Today, similar to the aetiology of schizophrenia, the cause of depression is defined by the multifactorial approach. Neurobiological, genetic and psychosocial reasons are believed to be the causes for the outbreak of the disease. Familial clusters of occurrence are found in cases with recurrent depressive disorder. As far as psychosocial factors are concerned, so-called life events play an important role. Loss or death of a beloved person, loneliness, divorce, alcohol abuse, bodily illness or the post-natal situation from the mother’s point of view are considered as risk factors for the onset of the

⁹ 11 January 2014. <<http://www.who.int/mediacentre/factsheets/fs369/en/>>

depressive disorder. (Paulitsch 131) That shows that the occurrence of depression heavily depends on the people's circumstances.

The symptoms might be different among sexes, but usually, the extent of social, leisure and work activities tend to be a reliable indicator for the existence and severity of a depressive disorder. Nevertheless, it always depends on the individual and its social and cultural circumstances how he or she performs while suffering from depression. In order to diagnose depressive disorder the patient has to show at least two of the three major symptoms which are:

- 1) Depressed mood which persists the most time of the day and occurs nearly every day. This mood cannot be influenced by the patient's situation. This episode lasts at least for two weeks.
- 2) Loss of interest and enjoyment concerning activities that used to be important for the affected person.
- 3) Reduced energy and increased fatiguability. (Simhandl 12)

Further symptoms are loss of self-confidence, "ideas of guilt and unworthiness" [...] "bleak and pessimistic views of the future", [...] "ideas or acts of self-harm or suicide" (WHO 2010 100), sleeping disorders of all kind, diminished appetite or increased appetite leading to respective changes in weight. (Simhandl 12)

Persons with a mild depressive episode show at least two of the three major symptoms plus at least one of the further symptoms. (Simhandl 12) "None of the symptoms should be present to an intense degree. Minimum duration of the whole episode is about 2 weeks." (WHO, *ICD-10* 101). To diagnose a moderate depressive episode two of the major symptoms and at least three of the other symptoms must occur. The duration of this episode constitutes two weeks as well. Persons suffering from a severe depressive episode without psychotic symptoms show all three major symptoms and in addition to this they show four other symptoms which appear to be highly intense. The severe depressive episode can be accompanied by psychotic symptoms such as delusions and hallucinations which tend to be auditory. Paranoia as well as "ideas of sin, poverty, or imminent disasters" (WHO, *ICD-10* 103) may occur. In addition to this, patients probably show psychomotor retardation that sometimes results in depressive stupor. Experts emphasise that depressive stupor has to be differentiated from catatonic schizophrenia which is characterised by similar

symptoms. (WHO, *ICD-10* 103) Moderate and severe depressive disorder may be accompanied by the somatic syndrome. Here, the patient lacks the ability to react emotionally. The loss of enjoyment as well as early awakening, two hours before the usual time are amongst its characteristics. Depressed mood tends to be stronger in the morning. Affected persons lose their libido and about five per cent of their weight. The clinical picture of the depressive disorder can vary considerably depending on the patient. In adolescence, atypical presentations are common. (WHO, *ICD-10* 100) “In some cases, anxiety, distress, and motor agitation may be more prominent at times than the depression, and the mood change may also be masked by added features such as irritability, excessive consumption of alcohol, histrionic behaviour [...]” (WHO, *ICD-10* 100)

2.5.3. Bipolar affective disorder

This affective disorder causes mood changes that vary from heavily depressed to a significant and pathological elevation of mood. These episodes are repeated at least twice. Usually, “recovery is complete between episodes” (WHO, *ICD-10* 97). That means that the patients’ mood reaches a normal level after every manic and depressive episode. The group of bipolar affective disorders include the bipolar I disorder that is the classical form as it is described above. Furthermore it involves the bipolar II disorder that is characterised by mild manic episodes and phases of depression. (Paulitsch 146) Cases in which patients show manic episodes only, are rare. Concerning this disorder it is particularly hard to come to the right diagnosis. Patients who come to their physician usually describe the depressive episodes as they do not perceive the manic episodes as part of the illness. This is because they do not suffer when finding themselves in mania. Consequently, it can take many years until the right diagnosis is found and until the patient receives the appropriate therapy. As far as sexes are concerned both are affected equally. Similarly to schizophrenia, about one per cent of the general population falls ill. Again, experts today use the multifactorial approach to explain the aetiology of this mental illness. Genetic factors as well as biological and psychosocial factors influence each other. Furthermore, it has been found out that patients have an inherent vulnerability that is influenced by various other factors throughout the lifetime of the respective person

Manic and depressive episodes occur repeatedly. Symptoms of the depressive episode are consistent with the depressive episodes described in the section depressive disorder. Manic episodes can be of diverse severity as well. This severity serves as auxiliary means to diagnose the form of bipolar affective disorder.

The bipolar II disorder which in the ICD guidelines is to be found under “F31.8 Other bipolar affective disorders” is characterised by recurrent depressive and hypomanic episodes. Hypomania, which is as the name indicates “below” the clinical picture of mania, is described as a “persistent mild elevation of mood” (WHO, *ICD-10 95*) that lasts for several days. Affected persons feel well and have the impression of increased mental and physical abilities.

Increased sociability, talkativeness, overfamiliarity, increased sexual energy, and a decreased need for sleep are often present but not to the extent that they lead to severe disruption of work or result in social rejection. Irritability, conceit, and boorish behaviour may take the place of the more usual euphoric sociability. (WHO, *ICD-10 95*)

Patients experiencing manic episodes and are therefore suffering from bipolar I disorder show elevated mood that can turn into aggression. They perceive this state, which lasts at least one week, as abnormal. It is characterised by increased activity and restlessness. This is resulting in “pressure of speech, and a decreased need for sleep” (WHO, *ICD-10 95*). Thoughts come and go fast. Affected persons have difficulties to sustain attention and they get distracted easily. They do various different things at the same time and they tend to change plans and intentions frequently. Furthermore, they lose common social inhibition which leads to inappropriate and boorish behaviour. “Self-esteem is inflated, and grandiose or over-optimistic ideas are freely expressed.” (WHO, *ICD-10 95*) This leads to risky behaviour as well. Patients tend to drive inconsiderately, start new projects and they have problems acknowledging their financial situation. (Paulitsch 148) It can happen that they buy objects or invite a number of people in restaurants which results in financial problems that can trigger a downward spiral. Manic episodes are not always causing elevated mood and euphoria but also suspicious and irritable mood. It may happen that

these people are incapable of sleeping for various days and that they are not able to control their desires. This may lead to committing of crimes and consequently to criminal sanctions. Besides changes in behaviour “perceptual disorders may occur, such as the appreciation of colours as especially vivid (and usually beautiful)” (WHO, *ICD-10* 95). The manic episode prevents the patient to carrying on his or her normal social and vocational activities. The very first attack usually occurs between 15 and 30 years. Nevertheless it might happen from puberty to the seventh or eighth decade (Huber 121). The occurrence of the first episode is often not recognised by the patient and his or her surroundings. Phases typically appear in autumn and spring.

Mania may be accompanied by psychotic symptoms. These partly resemble the symptoms described in the section of schizophrenia. Occurring hallucinations and delusions may cause a complete loss of reality. The inflated self-esteem may develop to megalomania. People are sure to be great inventors or related to celebrities. “In severe cases, grandiose or religious delusions of identity or role may be prominent, and flight of ideas and pressure of speech may result in the individual becoming incomprehensible.” (WHO, *ICD-10* 96) Furthermore, it may be the case that patients forget to drink, eat and that they neglect personal hygiene. Hallucinations may be auditory. Often, they are without accusatory content which means that these voices do not affect the patient emotionally. As one might recognise, there is an overlap of symptoms. “One of the commonest problems is differentiation of this disorder from schizophrenia, particularly if the stages of development through hypomania have been missed.” (WHO, *ICD-10* 96)

3. J.M. Coetzee's *In the heart of the country*

On a lonely farm in colonial, rural South Africa a white man, who has only one daughter with his deceased first wife, decides to start a new family with a robust, voluptuous black woman. Luck and harmony between the couple are disturbed by the mistrust and jealousy of Magda, the farmer's spinster daughter, who lives a lonely and isolated life in the opposite wing of the house. As the story is narrated from Magda's point of view, it becomes evident right at the beginning that she is an unwanted girl, the leftover of her weak, malfunctioning mother.

As the father ignores Magda's silent pleas for help and comfort, the situation escalates and results in agony and death. One can say that the story itself provides an own culture of silence. Magda slides into a violent relationship with her servant Hendrik who rapes, abuses and humiliates her. The novel abducts the reader into the mind of a woman who is born into a world not suitable for her, who tries to fulfil other people's expectations but who then perishes under this pressure. She slowly becomes insane. The analysis begins with the examination of the novel's ending, when Magda's mental illness reaches its peak. Based on this clinical picture, the analysis leads the reader back to where and why this spiral of agony and death has its beginnings. The woman's downfall will be retrospectively thematised in the following sections. The origins of her insanity are discussed in short, as they are important to fully understand the development of her mental malfunctions.

Analogously to GST, the relationship between the characters are of utmost importance to understand the origins of Magda's mental state. As reality, fantasy, time and space are blurred, the serious life events that may be the reason for the woman's woe are not explicit but underlying. Coetzee illustrates the complexity and the omnipresence of a culture of silence in a powerful manner that creates an uncanny atmosphere and that makes Magda's mental structure traceable.

3.1. Apocalypse, the divine language and intruders from outer space

Or perhaps I have been mistaken all the time, perhaps my father is not dead after all, but tonight at dusk will come riding out of the hills on the lost horse, and stamp into the house, growling because his bath is not ready, bursting open the locked doors, sniffing at the strange smells. 'Who was here?' shouts my father. 'Have you had a *hotnot* in the house?'

I whimper and begin to run, but he catches me and twists my arm. I gibber with fear, 'Hendrik!' I sob, 'Come and help, the ghosts are back! But Hendrik, alas, is gone and I must face my demons alone [...]' (ITHOTC 133 - 134)

The nearer the reader is to the end of the novel, the worse is Magda's mental health. At this point, Hendrik and Klein Anna have left the farm as they are afraid to be caught by the police. Magda killed her father and stored the body in a safe place. The servants, who are aware of their Miss' instable psyche, cannot exclude the possibility of her in the end claiming that the servants killed the father. Reality and fantasy have become blurred, the woman is out of her mind. This quote contains various elements that are responsible for the development of her disorders. As it becomes clear from the quote, she hears and sees ghosts and demons. These frighten and threaten her and for her, there is no way to escape from them. As it is typical for patients suffering from a schizoid disorder, these demons have the power to enter Magda's mind, to talk to, and about her. Magda feels alone. As it will become clear in the origin's analysis, solitude is one factor that triggered her disease. She wants her servants back, whom she already considers as friends. In her desperation and solitude she utters her death wish which is typical for psychiatric patients, but even in death, she does not want to be alone. "[...] we can lie together in the cool dark of the earth, you and I and Anna and they." (134) She wants them back even though Hendrik has raped and abused her. "[...] I will even [...] try to be your second woman, [...] all things must be possible on this island out of space, out of time." (134) Magda has now completely lost her sense of time. Her former dissociative disorder has developed into disorientation. Despite she did not keep a diary, she knows that a lot of time has passed since she is "[...] now truly a mad old bad old woman with a stooped back and a hooked nose and knobby fingers." (134) She believes to be isolated, on an island on which she struggles to stay alive but which she nevertheless loves.

I am corrupted to the bone with the beauty of this forsaken world. If the truth be told, I never wanted to fly away with the skygods. My hope was always that they would descend and live with me here in paradise, making up with their ambrosial breath for all that I lost when the ghostly brown figures of the last people crept away from me in the night. (151)

At the very end, the reader finds Magda disorientated, old and completely alone on a destroyed farm. As it is typical for people suffering from psychiatric

disorders, she appears bedraggled. Her syndrome, which most likely is to be classified as a schizoid disorder, is the cause for her hallucinations and delusions. “The voices speak to me out of machines that fly in the sky. They speak to me in Spanish.” (137) She believes that the creatures that live in these planes are gods. Magda’s ratio tells her that she actually is not in command of Spanish, but nevertheless, she can understand it. In her view that means that this form of Spanish is “[...] a Spanish of pure meanings such as might be dreamed of by philosophers, and that what is communicated to me via the Spanish language, by mechanisms I cannot detect, so deeply embedded in me do they lie, is therefore pure meaning. This is my guess, my humble guess.” (137) As it is Magda’s habit, she reflects a lot about the creatures in the sky. She can understand the language, she interprets the messages. As it is typical for a person suffering from schizophrenia, Magda believes to be the chosen one, she believes to be superhuman. She is the one who can understand this divine language although she has never learned it. It just comes to her. As her ratio still works, she takes into consideration the possibility that she has hallucinations and delusions. In the end, she comes to the conclusion that this cannot be the case, which is common for persons of this specifically altered state of mind. “I am not deluded; or if I am, my delusions are privileged. I could not make up such words as are spoken to me. They come from gods; or, if not, then from another world.” (138) The voices she hears, comment on her life. The woman does not literally hear the words, but they somehow “seem to hang in suspension in the air [...] and then to sift down as they grow colder [...]” (138) They “reach” her in the evenings or even in the early mornings. The thinking about their meaning keeps her from sleeping, she is restless. Apart from that, the voices sometimes tend to blame her. “The voices speak: *Lacking all external enemies and resistances, confined within an oppressive narrowness and regularity, man at last has no choice but to turn himself into an adventure.* They accuse me, if I understand them, of turning my life into a fiction [...]” (139) She understands the voices as being higher creatures that can look inside her inner and most secret thoughts. In addition to this, they only give her hints what their words might mean and room to interpret. The voices do not call her names or insult her. That corresponds to the way prophets have accepted God’s messages. She is grateful that the voices speak to her. But then: “*The voices*

stop too soon. I am grateful for what they give me. Their words are golden. Neglected once, I am honoured for my years of solitude as few can have been. There is justice in the universe [...]” (142) Here, the possibility is indicated that she hears these voices out of solitude and tedium. As Magda is a highly intelligent woman that would have better been placed in urban surroundings where she had access to literature and art, she is terribly affected by the physical and psychological deprivation she had to stand all her life. Out of desperation that the voices stopped sending messages, she forms messages to contact the skygods out of stones she finds on the farm and dyes them. Again, sexuality plays an important role as her sexuality has always been the only way out of solitude. So, she spends all her “[...] stones on a sketch of a woman lying on her back, her figure fuller than mine, her legs parted, younger than myself too [...]. How vulgar, I thought to myself, surveying the picture from the head of the steps, yet how necessary!” (145) Her solitude is expressed in the fact that she cannot put the stones she does not need any more back in the veldt as “[...]they have been brothers and sisters to each other so long, and participated in my messages.” (145)

The reasons why Magda has become like this, an old spinster living on a destroyed farm, waiting for skygods to send her divine messages will be explored in the following sections.

3.2. Special needs inherited from an incapable but loving soul

Magda’s downfall seems to have been set in stone before she was even born. Her deceased mother, who died in childbed, is part of her misery’s origin. Beside the fact that her mother died because of her, Magda is not the person her father wanted. Her father wanted a boy, a healthy and male offspring.

My father’s first wife, my mother, was a frail gentle loving woman who lived and died under her husband’s thumb. Her husband never forgave her for failing to bear him a son. His relentless sexual demands led to her death in childbirth. She was too frail and too gentle to give birth to the rough rude boy-heir my father wanted, therefore she died. The doctor came too late. [...] When he arrived my mother already lay composed on her deathbed, patient, bloodless, apologetic. (2)

Magda believes that her father was sexually demanding, that her mother could not fulfill the husband’s wishes and therefore accepted her just punishment – death. Magda is concerned why the doctor came too late. “(But why did he not

come on horseback? But were there bicycles in those days?)” (2) The woman’s source of information can only be her father as she herself was a newborn at the time of her mother’s death. Maybe this is why she later on, when her father is wounded, waives to call a doctor and lets the father die in bed. At least this is what happens in Magda’s frail and sick psyche. In her world, the father dies because of his child in bed, just like his deceased wife. Maybe she is sure her father wanted the mother to die, to leave him. “My father is the absence of my mother, her negative, her death. She the soft, the fair; he the hard the dark. He has murdered all the motherly in me and left me this brittle, hairy shell [...] I stand in the empty kitchen hating him.” (41) Magda is alone, she is missing a female constant in her life, which every normal girl has. Obviously, she has not even had a nanny, there was her father, only. Magda feels left alone. “[...] mother, soft scented loving mother who drugged me with milk and slumber in the featherbed and then, to the sound of bells in the night, vanished, leaving me alone among rough hands and hard bodies – where are you? My lost world is a world of men, of cold nights [...]” (7) The link between her and her frail mother is present every day as it obviously is her portrait “[...] that hangs on the wall of the dining-room over the heads of my silent father and my silent self [...]” (23). The mirror Magda inherited from her mother is placed opposite her bed so that she can see herself. This mirror shows her all her physical deficits and shortcomings. It is described that she sees herself in the mirror and then starts talking “[...] to it, or her.” (23).

Magda shows a significant amount of physical malfunctions. She describes her body as thin and frail. The woman experiences herself as weak. “I was in my room, in the emerald, semi-dark of the shuttered late afternoon, reading a book or, more likely, supine with a damp towel over my eyes fighting a migraine. I am the one who stays in her room reading or writing or fighting migraines.” (1) Magda believes to be insufficient, to have no purpose on the farm or even in life: “[...] how am I to explain the economics of my existence, with its migraines and siestas, its ennui [...] and what have I provided for them [sheep] but stone and scrub?” (20) Magda suffers from her incredibly low self-esteem and the problems she has as far as her identity is concerned. She should be a boy, she wants to be a good working woman on the farm, but she is consecutively excluded by her father and the servants. So, she most of the time stays in her

room, suffering, “pressing her knuckles into her eyes, watching the rings of light cascade and spin, waiting for visions [...]” (15). She feels that she has inherited all these malfunctions from her loving mother who was incapable of standing life on the farm and fulfilling the master’s wishes. The reason for this might be that her father always gave her the feeling to be insufficient. One crucial situation happens right at the beginning, when the father comes home with his new bride. It enables the reader to create a dark picture of the relationship between father and daughter and that this might be a further source of the woman’s woe: “I was absent. I was not missed. My father pays no attention to my absence. To my father I have been an absence all my life. Therefore instead of being the womanly warmth at the heart of this house I have been a zero, null, a vacuum towards which all collapses inward [...]” (2) Magda tries to understand why she has become the way she is. She wonders whether that happened because of her mismatching parents or because of a line of incest. No matter what the reason might be, she wants to fight fate, she wants to fight destiny: “Fate is what I am interested in; or, failing fate, whatever it is that is going to happen to me. [...] I am not interested in becoming one of those people who look into mirrors and see nothing, or walk in the sun and cast no shadow. It is up to me.” (25)

3.3. Tyranny, solitude and destiny – the constants in Magda’s life

In a house shaped by destiny like an H I have lived all my life, in a theatre of stone and sun fenced in with miles of wire, spinning my trail from room to room, looming over the servants, the grim widow-daughter of the dark father. Sundown after sundown we have faced each other over the mutton, the potatoes, the pumpkin, dull food cooked by dull hands. (ITHOTC 3)

As this quote indicates, there is a strict daily routine. Coetzee does not dissolve the enigma what H stands for. As biblical content is omnipresent, it could relate to heaven or hell or, which is most likely, both. As farm can represent hard work, slavery and illness, it can as well stand for nature, peace and independence. Supposedly, if the father built the house, he would not have wanted it to stand for hell. As it turns out in the course of the plot, for Magda it is both, heaven and hell. Comparable to protagonists in other South African novels, she feels misplaced, she does not belong to the farm. Often, a sarcastic undertone is evident when she talks about the duties to be done: “[...] in the

mornings vied in icy aestheticism to be the earlier afoot, to lay the fire in the cold grate. Life on the farm.” (3) She does not only feel that the farm may be the wrong place for her. Additionally, she mentions many times that the garden is “petrified”, it is lifeless. Apart from orange trees and some small amount of grass there is nothing that prospers. She believes that no one – at least no mammal - can be a native concerning this place. This is one reason why insects play an important role in Magda’s life. When she was a child, they were her only “friends”, which is remarkable for a little girl. “[...] I would sit all day in the dust [...] playing with my friend the beetles, and my friends the anteaters who made those elegant little conical sandtraps [...]. I have no fear of insects.” (6) Her picture of herself as a child indicates that she loved spending time outside and that she was in need of occupation. As a girl she spent time with the servants’ children with which she “fed cowsmilk to the orphaned lambs, hung over the gate to watch the sheep dipped [...]” (7) That of course changed when she became an adolescent. Then she was the Mistress of the house, the “grim widow-daughter of the dark father.” (3)

3.4. The dark father – mighty, relentless, loveless

Apart from the fact that he obviously treated his wife badly, he does not take steps to enable his daughter to lead a life according to her mental and physical premises. He does not foster the woman’s overall development at all. Social contact, love and care are the keystones for a healthy mind. And Magda longs for company and exchange. Even though Magda prepares dinner and consumes that in her father’s company, a conversation does not happen. “Is it possible that we spoke? No, we could not have spoken, we must have fronted each other in silence and chewed our way through time, our eyes, his black eyes and my black eyes inherited from him, roaming blank across their fields of vision.” (3) Communication, if it takes place at all, happens at best non-verbally. “I am spoken to not in words, which come to me quaint and veiled, but in signs, in conformations of face and hands, in postures of shoulders and feet [...]” (8) Magda longs for her father’s attention and tries to fulfil all his wishes. “My father pushed the food aside, untouched. He sits in the front room staring into the grate. I light a lamp for him but he waves me away.” (18) Her efforts are in vain. At an early stage she learns to interpret, her vivid imagination developing a life of its own which as well is one factor of her declining mental health. It is evident

that the relationship between Magda and her father, whose name is not mentioned once by the main protagonist, cannot be described as the stereotypical father-daughter relationship.

3.4.1. An atypical father-daughter relationship

This relationship is one of the main determinants of Magda's downfall.

Throughout the whole work, the reader is well-informed about what Magda thinks and feels and how she understands situations that happened in the past. As there is no proof, and this corresponds to the phenomenon of a culture of silence, it is very likely that Magda might have been raped herself. In an alleged inconsiderable aside Magda states: "The childhood rape: someone should study the kernel of truth in this fancy." (4) One hint that she might have been raped by her father is given when she enters his bedroom to kill him and his wife. She sees the "[...] tired blind fish, cause of all my woe, lolling in his groin [...]" (12) She does not comment further what she exactly means by that. Maybe she does not recall the incident as it is too much for her to bear and as it would be a breaking of codes. So, she might have put another happening in place of this experience. Her father puts her down and sees whether she is feverish. After his apparent leaving, Magda feels that her "loneliness, begins to go away. [...] I am growing soft again, a soft human animal, a mammal. [...] My woes are leaving me. Small stick-like creatures, they crawl out of me and dwindle." (62) Are these creatures his semen? Why should her loneliness go away if she is still alone in her room? Most likely because her object of love, her father has returned, doing things to her she cannot yet describe with words. She and her father are united. "All will yet be well." (62) Apparently, the father has changed his mind and wants Magda to forget what happened and so he hits her. It could be that her father raped her for disturbing his life and then wants her to forget about it. He could want that she is concussed and therefore her short-time memory is malfunctioning. Magda is bleeding. "Now I can taste the blood. [...] A moment ago I was a virgin and now I am not, with respect to blows." (63) In my view this scene can be interpreted as a rape. Magda, who is unable to cope with this situation, embeds it in another story that might be a fictive one that contains material that is leaving her, a stick and blood. It appears that this is her way to cope with what has happened. First, she believed the act to be an act of love but she discovers that it was full of pain. "I have been dealt with. I was a

nuisance and now I am dealt with. That is something to think about while I have time on my hands.” (63)

As it has become plain in the previous sections, Magda is an unwanted child who has been confronted with refusal, ignorance and even hatred all her life. Nevertheless, her father has always been her only point of reference in the world. He is her attachment figure whom she knows best, who has power over her. In Magda's childhood already lies the important reason for this remarkable relationship that will become one factor determining Magda's declining mental health.

In a scene about which one cannot give justified reason whether it is reality or not, it is described that the father and his new bride have sexual intercourse. She sees her father in the shadow of the new bride's haunch, sleeping. Magda stands at the door, coming into the bedroom. The woman sees her and does look at her. Magda weeps as she wants a situation like this for herself as well. The question is whether this really happens or if it is part of Magda's vivid imagination. No normal-thinking woman would let the grown-up husband's daughter in after having had intercourse. The scene is interesting as the new woman is always described as voluptuous. She can provide what the father needs. He is exhausted after having had sex with her. She can fulfill his demands and even seems to enjoy it. She is a motherly figure in various respects whereas Magda is a frail and fragile girl whom apparently nobody wants to touch. It is she who stands at the bedroom door of the couple and watches her father, who sleeps. The “new bride”, whose name is not mentioned, is awake and seems to be in control of the father and his feelings. Magda stands at the door where she undresses while she is watched by the stepmother, who, with “her full ironical lips” seems to be amused by the woman's “candid body” (9). “In the glare of the moonlight she goes over my poor beseeching body. I weep, hiding my eyes, wishing for a life story that will wash over me with tranquillity as it does for other women.” (9) Magda obviously envies the new woman because she has so many things Magda has not. “Her eyes are full and happy [...] her legs swing easily, at peace with her body.” (10) Originally, Magda only notices her unfavourable qualities: “The new wife is a lazy big-boned voluptuous feline woman with a wide slow-smiling mouth. Her

eyes are black and shrewd like two berries [...]. She is a big woman with fine wrists and long plump tapering fingers. She eats her food with relish. [...] She sticks out her long red tongue and licks the sweet mutton-fat [...]" (1) The daughter thinks that she is lazy and slow. The woman is described as voluptuous and greedy. Her long red tongue might be the one of a snake, of a seducer that infatuates the father so that she can do all the things Magda is not allowed to do, such as to lie late abed. To stay in bed in the mornings with her father? It is not only that the woman wants love and affection ("Who could wake my slumbering eggs?" (11)), she wants her father's love. She wants to be a fully acknowledged woman by her father. This is also one reason why she hates the father's new wife, even though this wife would like them "all to be happy together" (4). It appears to be obvious: Magda suffers from the Oedipus complex.

3.4.2. Magda and "Daddy Issues"¹⁰

When he came in hot and dusty after a day's work, my father expected that his bath should be ready for him. It was my childhood duty to light the fire an hour before sunset [...] Then I would retire to the dark side of the floral screen to receive his clothes and lay out the clean underlinen. Tiptoeing out of the bathroom I would hear the wash of his entry, the sucking of the water under his armpits and between his buttocks, and inhale the sweet damp heavy miasma of soap and sweat. Later this duty ceased; but when I think of male flesh, white, heavy, dumb, whose flesh can it be but his? (ITHOTC 9)

As Magda is apparently highly intelligent, she finds the reason for her affection towards her father in various situations that took place in her childhood. Various times, the reader has the opportunity to enter Magda's childhood as she provides flashbacks. She has always tried to be a good daughter, to fulfil all his wishes. The woman is concerned with her situation and has analysed various details that in the end led her to the current situation. "If my father had been a weaker man he would have had a better daughter. But he has never needed anything. Enthralled by my need to be needed, I circle him like a moon. Such is my sole risible venture into the psychology of our débâcle." (6) As her mother departed when she was an infant and as there were no other female figures in her life, she was totally attached to her father. This as well led to absolute

¹⁰ See Setiawan, 2010 p.182

physical and mental dependence. Magda's father haunts her in her dreams, he "enters" (37) her dreams committing acts she does not describe further.

The phenomenon 'Oedipus' complex inherited his name from the Athenian tragedy by Sophocles. Oedipus, who should have been killed as a new-born, due to the fact that the oracle predicts his father that he would be murdered by his own son, survives. A shepherd then finds the baby and accepts him as his own. As an adult he returns, kills the father, not knowing that he is his father and marries his mother. According to psychoanalysis, the Oedipus complex per se constitutes a normal stage of development. It is the term for "a desire for sexual involvement with the parent of the opposite sex and a concomitant sense of rivalry with the parent of the same sex [...]"¹¹ Usually, if children face a normal family life including a loving parent-child relationship, this stage of development is passed without inconvenience. In case of serious life events there may occur "an 'infantile neurosis' that is an important forerunner of similar reactions during the child's adult life."¹² Additionally, Freud was convinced that this stage and its secure overcoming is the headstone of the morally important superego. "Freud considered the reactions against the Oedipus complex the most important social achievements of the human mind."¹³ Obviously, this important superego is not developed normally in Magda's case.

As it has become plain from the preceding sections, Magda finds herself in strange situations which are more likely part of her imagination induced by the wish to be loved by her father. Sick because of solitude, her thoughts revolve around the idea of becoming pregnant. "But who would give me a baby? [...] And who would attend my childbed? My father [...]" (ITHOTC 11) Her thoughts' speed increases. Love turns to hate, she wants to be free from oppression. "A mind mad enough for parricide and pseudo-matricide and who knows what other atrocities can surely encompass an epileptic Führer [...]. Labouring under my father's weight I struggle to give life to a world but seem to engender only death." (11) All her efforts are in vain. It is from his mouth "from which echoes and echoes his eternal NO" (18). In a surrealistic setting, she kills her father and his wife. It turns out that this does not correspond to reality as

¹¹ 9 November 2013. <<http://www.britannica.com/EBchecked/topic/425451/Oedipus-complex>>

¹² Ibid.

¹³ 9 November 2013. <<http://www.britannica.com/EBchecked/topic/425451/Oedipus-complex>>

later on, when the dark father has a relationship with Klein Anna, she really shoots her father and lets him die. Her anger and her deep frustration are expressed in a short and sober utterance: “The door of my father’s room is locked against me but the window is open, as ever.” (66) He takes his playmate to the heart of the house, to the “great bed” from which one can descry the “warm murmur” (9). That is the place she was never allowed to enter. Not even as a child when she needed her father’s care most. In a flashback she re-experiences a night in which she is plagued by insomnia. As it is normal for a child that cannot sleep, she seeks comfort and knocks at the father’s bedroom door. “They look into each other’s eyes, his look saying, What must I do?, her look saying, She is not mine. ‘Daddy, I feel strange. What shall I do?’ [...] I turn the knob. The latch moves but the door does not open. They have locked it.” (59) The child is in fear, she definitely needs comfort, so she does not give up. The father opens the door, grabs her, hurts her. “[...] my head is against the doorjamb. I feel no pain. Things are happening in my life, it is better than solitude, I am content. ‘Now stop it! Stop irritating me! Go away!’” Magda is devastated. The father seems to have changed his mind, he takes care of her. “His hand is on my forehead, the horny hand of a man who bends wire. How tender, how comforting! But what he wants to know is whether I am feverish [...]” (61) This is another impressive example that Magda suffers from Oedipus complex. She is impressed by how the father is built. She considers him as a man that she adores which definitely is to be considered as pathological for a girl of this age. The fact that here furthermore strikes the reader is that, from an objective point of view, the father by no means returns his daughter’s affection. He mistreats her and abuses her physically and mentally. But still Magda loves him. The situation Magda is in resembles the situation of a hostage. She is on a lonely farm, mentally and physically disabled and mistreated all her life. Apparently, the only opportunity to survive consists in subordinating and loving her father unconditionally. This phenomenon is called Stockholm Syndrome.

3.5. The unconscious but determined will to survive – the Stockholm Syndrome

The name of this phenomenon is derived from a bank robbery that took place on 23rd August 1973 which lasted incredible 131 hours. A man took three women and one man hostage and moved with them into the vault of the

building. Interestingly, the victims developed and showed sympathy and empathy for the criminal who threatened to shoot the victims. They explained that they were scared more of the Swedish police than of this criminal. The victims developed a special bond towards the offender. Some of them even visited their tormentor in prison after their release.¹⁴

Of course, one cannot adopt this phenomenon in a non-reflected way and apply it to Coetzee's work, but nevertheless there is a significant amount of parallels to be found. Magda is not taken hostage literally, but her life resembles the fate of a hostage as she is completely dependent on her father, who treats her in a degrading manner. According to Wieczorek, subordination alone is not yet a sign of the Stockholm syndrome. This has to be classified as normal and suitable reaction. But if the victim identifies himself or herself with the offender and therefore gives up the own system of values one talks about a syndrome. This is the point where the victim's behaviour is not only securing survival.¹⁵ One has to bear in mind that the rising affection towards the culprit is not to be equalled with a conscious decision. "Einen klar definierten Persönlichkeitstypen scheint es für das Stockholm-Syndrom nicht zu geben. Zu fragen bleibt jedoch, ob beim Opfer nicht bereits vor der Geiselnahme psychische Auffälligkeiten wie dependenter Persönlichkeitsstörungen oder 'sexuellem Masochismus' gegeben sind oder waren (vgl. Wieczorek 2003)".¹⁶

Magda herself sometimes feels to be a prisoner, she feels oppressed. "Who is behind my oppression? You and you, I say, crouching in the cinders, stabbing my finger at father and stepmother. But why have I not run away from them? As long as an elsewhere exists where I can lead a life, there are heavenly fingers pointing at me too." (5) This section makes it plain that Magda feels trapped. She cannot leave as devastation and disaster would be awaiting her, she believes to be observed which is one sign of her declining mental health. So she wants to stay on the farm and she fantasises about getting rid of her father and his wife, her rival. As she is "full of contradictions" (43) she bears her situation and that her father hurts her. She identifies herself with this man and

¹⁴ 9 November 2013. <<http://www.kriminologie.uni-hamburg.de/wiki/index.php/Stockholm-Syndrom>>

¹⁵ 9 November 2013. <http://www.kriminologie.uni-hamburg.de/wiki/index.php/Stockholm-Syndrom#Das_Ph.C3.A4nomen_Stockholm-Syndrom>

¹⁶ Ibid.

tries to find reasons for his behaviour. “I know that his rages and moody silences can only be masks for a tenderness he dare not show lest he be overwhelmed in its consequences. He hates only because he dare not love. [...] He is not a bad man, despite all. He is not unjust. He is merely an ageing man who has had little love and who thinks he has now found it [...]” (56)

The second important and beloved man in Magda’s life is Hendrik. Considering the structure of his psyche, he is similar to Magda’s father. When the father dies, Magda discovers that she has no money to pay Hendrik. As the woman has never been faced with problems that concern reality, problems that are not induced by her thought experiments, she does not feel responsible for that at first. Hendrik’s reaction here is meaningful. “I know you, you are your father’s daughter,’ he says behind his hand; ‘You are my wife’s half-sister, where your father lay I lie too, I know that man, his mark is in my bed.’ ‘You, you, you,’ sings Klein-Anna from behind where I cannot see her.” (106) In my view, this is a further indicator that Magda was raped by her father, just like Klein Anna. They are not sisters in a literal sense, but rather companions in misfortune. As Magda cannot pay Hendrik, he takes the father’s clothes. He furthermore successively takes the father’s role and is “the man” in the house. When Magda tells Hendrik that these clothes are the new ones and that he is supposed to only take the old ones, Hendrik scares and humiliates Magda. He starts to undress. “Hendrik begins to unbuckle his trousers. I close my eyes and bow my head. [...] ‘Look, our miss, look!’ What I hear in his voice is certainly hatred.” (107) Magda is in fear and feels uncomfortable as she is not used to seeing a man naked. Here, the relationship between Magda and Hendrik that formerly was characterised by respect and courtesy turns into a violent perpetrator-victim relationship that is full of violence and fear. This is an additional trigger for Magda’s downfall.

Magda sends Hendrik to the post office to get some money. After a two-day bike ride he returns without having received anything. In his anger, he rapes Magda. She first reacts with dissociation just as Faith in GST has done it when she could not handle challenging situations. “I am falling, perhaps even fainting, held up only by his arms around my thighs. [...] Things are happening to me, things are being done to me, I feel them far away [...]” (114 -115) The act is terrible for Magda, she believes that something died in her. Her world is turned

upside-down. "It is beginning to seep out of me, this acrid flow that must be his seed, down my thighs, on to my clothes, on to the floor. How can I ever wash it all out? I sob and sob in despair." (115) She can go nowhere. She is left alone. As the culture of silence is the ruling force, she is on her own, hurt and full of shame. This woman is alone in a petrified world that drives her insane. "I do not think it was ever intended that people should live here. This is a land made for insects who eat sand and lay eggs in each other's corpses and have no voices with which to scream when they die." (118) This land is made for creatures that have no voices.

Hendrik now comes to Magda's room regularly and has sex with her. "It hurts, I am still raw, but I try to relax, to understand the sensation, though as yet it has no form. [...] I would like to sleep in his arms [...] but that is not what he wants." (120) Here again, one can talk of at least parallels to the Stockholm Syndrome. When Hendrik has sex with Magda for the first time, it is obviously rape. She tries to get out of this situation, she says that she does not want that to happen. She grabs a fork to stab him so that he would back off. "No!" I say. 'Yes!' he grunts an inch from my ear [...] I weep, the situation is shameful, I do not see how to get out of it, something is going limp inside me, something is dying." (114) The following times, she tries to understand what he wants, she even tries to enjoy it which she obviously just cannot do. Hendrik is a sadist, just like Magda's father. "Pulling off my pants he rips them on the shoebuckles: more womanwork for me. 'Open up,' he says, those are his first words to me, but I am cold, I shake my head [...]. He parts my knees by force [...]." (116) Magda believes that Hendrik just wants to humiliate her, to have power over her. "He turns me on my face and does it to me from behind like an animal. Everything dies in me when I have to raise my ugly rear to him. I am humiliated; sometimes I think it is my humiliation he wants." (122) For Magda, sex has always been linked to violence, sickness and death. Just like her mother, she has to live under relentless and demanding men. And so, she develops the Stockholm Syndrome, to save her own life and to make these violent acts more bearable. It appears that she somehow loves Hendrik. Once, when they are in bed together, Magda utters: "'You have been sleeping.' They are my words, soft, from me. How strange. They just come. 'Please don't be cross any more. I won't say

anything.' I turn on my side and look full at him." (118) Magda tries to love this man, who only hurts and devastates her.

3.6. The downward spiral – Magda going “mad”

3.6.1. Asperger's, tedium and deprivation or Magda as *ungeheures Ungeziefer*¹⁷

Right at the beginning, the reader has the impression that Magda is peculiar. She describes her life. This description is sober and it seems as if she distances herself from it. The reader is introduced to detailed facts. “My father wore his black swallowtail coat and stovepipe hat, his bride a wide-brimmed sunhat [...]. More detail I cannot give unless I begin to embroider [...].” (ITHOTC 1) Magda appears apathetic and her emotional response to contents concerning her life seems to be rather poor: “She is the new wife, therefore the old one is dead. The old wife was my mother [...].” (2) This is a really sober formulation for a person who talks about her beloved mother. There is given a considerable amount of evidence for the possibility that besides the schizoid disorder Magda suffers from Asperger's syndrome. This a form of autism. It is a “lifelong disability that affects how a person makes sense of the world, processes information and relates to other people.”¹⁸ Affected people have difficulties in communicating with other people in a meaningful way, as they have “have difficulty understanding gestures, facial expressions or tone of voice”¹⁹. “Mad hag” Magda seems to have difficulties of this nature: “We look at each other. Try as I will, I cannot work out what feelings his face express. I lack the faculty of reading faces.” (ITHOTC 70)

One generally has the impression that she is looking at her life from the outside. She presents herself as being the author of the story of her life. “My father is the one who paces the floorboards back and forth [...]. And then, [...] there is the new wife, who lies late abed. Those are the antagonists.” (1) At this stage of her disease Magda has neither hallucinations nor delusions and therefore one might think that she is depressed. “I live, I suffer, I am here. [...] I am an uneasy consciousness, but I am more than that too. When all the lights are out I smile in the dark. My teeth glint, though no one would believe it.” (4) Besides the

¹⁷ Lawson 216

¹⁸ 20 November 2013. <<http://www.autism.org.uk/About-autism/Autism-and-Asperger-syndrome-an-introduction/What-is-Asperger-syndrome.aspx>>

¹⁹ Ibid.

possibility that Magda is depressed, it becomes plain that she has much time to think about her life and her situation. She suffers from deprivation and her father's ignorance. As her mother died early on, she has only her father left. As discussed in the respective section above, her father is absolutely not interested in her well-being and personal development. According to Bowlby (12) the deprivation of motherly love is one aspect of developing mental problems in later life. In Magda's case, as she grew up without a mother, her psyche most likely would have developed differently if she would have had a "permanent mother-substitute" (11). "The ill-effects of deprivation vary with its degree. Partial deprivation brings in its train acute anxiety, excessive need for love, powerful feelings of revenge, and arising from these last, guilt and depression." (12) One can say, that the protagonist shows these signs. Even though her father can be classified as a bad or malfunctioning parent, he nevertheless provides shelter and food. This is why it is legitimate to speak of partial deprivation here. As Bowlby describes, the problem of partial deprivation "[...] leads to a variety of responses, often repetitive and cumulative, the end products of which are symptoms of neurosis and instability of character." (12) Summing up, one can say that this woman did not grow up in a functioning family that provides secure space for her development. She has no person she feels attached to. This is one important reason why she concerns herself with insects. "Another aspect of myself [...] is my love of nature, particularly of insect life [...]" (6) To her, these are the only creatures that are native to this inhospitable region. "No one is ancestral to the stone desert, no one but the insects, among whom myself a thin black beetle with dummy wings who lays no eggs and blinks in the sun, a real puzzle to entomology." (20) Due to her father's denial to accept her as a fully-fledged human being, she considers herself to be part of the insect world. But even there, she has significant shortcomings. Nevertheless, she believes to be rather part of the insect world than to be part of human society not least because of her physical appearance. Magda describes that she has too many teeth and that she would like to pull them out. In her face, there is too much hair and her body is weak and limp. "[...] I sometimes wonder whether the blood flows in me or merely stands in pools, or whether I have twenty-one skins instead of seven, as the books say – if the cause be physical then the cure must be physical; if not, what is there left

to believe in?” (24) When Magda thinks of her mother and how her father represents the mother’s absence as it is due to him that she died, she begins to think of her own youth. She tries to see herself as a normal human being as one day she must have been a baby like everyone else. But her attitude towards herself does not allow her to think about herself like this. “How can I believe this creature was ever a child, how can I believe she was born of humankind? Easier to imagine her crawling from under a stone in her bottlegreen sheath, licking the egg-slime off herself before taking her bearings and crawling off to this farmhouse to take up residence behind the wainscot.” (41) Like *Gregor Samsa* in Franz Kafka’s *Die Verwandlung*, Magda appears to be an *ungeheures Ungeziefer* (Lawson 216). *Ungeziefer* here means a creature that is considered ugly and of no use. This “Metamorphosis” indicates the psychological regression and underlines the cruelty Magda has to face. Because of that she does not feel human any more. When her father wants to find out whether she is feverish, her thoughts revolve again around whether she is human or not. “Should I tell him there are no microbes in me, my flesh is too sour to harbour them?” (ITHOTC 61) Nevertheless, Magda’s thoughts are still clear and coherent in the first phases of her mental regression.

3.6.2. Parricide and pseudo-matricide²⁰ or the elimination of antagonists

How sick and dangerous Magda is, becomes apparent when she describes the murder of her father and his “new wife”. It is the spinster daughter, who enters their bedroom and finds the two people sleeping and defenseless. “The axe sweeps up over my shoulder. All kinds of people have done this before me [...]. Like a ball on a string it floats down at the end of my arm, sinks into the throat below me, and all is suddenly tumult. [...] I deliver much the better chop deep into the crown of her head.” (ITHOTC 12) During this act her thoughts appear calm and distanced. She describes the situation in her cool manner and provides a detailed description of her act of cowardice. It soon becomes plain that besides eliminating her oppressor and his companion it was her aim to find a way out of tedium. “For no longer need I fret about how to fill my days. I have broken a commandment, and the guilty cannot be bored.” (12) To escape boredom, Magda does not only accept violence against her, but she would also commit crimes. Right after this act, Magda doubts whether it was right. She

²⁰ ITHOTC 11

again doubts her thoughts and herself. She thinks about how it could have been to be friends with “the new wife”. “[...] Can I imagine cutting out patterns with her, or strolling through the orchard hand in hand, giggling? Is it possible that I am a prisoner not only of the lonely farmhouse and the stone desert but of my stony monologue?” (13) Here, she takes into account the possibility that it might be herself who causes her lonely life. Apart from reflecting continuously on herself, she obviously has the ability to know right from wrong. “[...] What is it in me that lures me into forbidden bedrooms and makes me commit forbidden acts? Has a lifetime in the desert, wrapped in this funnel of black cloth, wound me into such a coil of vicious energy that the merest pedlar or visiting third cousin would find himself poisoned at his meat or hatcheted in bed?” (13)

Magda describes how Anna comes to the house whom she sends away, afraid that she might have smelled blood. She thinks how to get rid of the bodies and which steps to take next. Her logical lines of thought are interwoven with thoughts of her own inadequacy. The description of the dead bodies and her plans to get rid of them are so intense that the reader believes she really must have done it. But then, when she is scrubbing the floor she immediately states: “For he does not die so easily after all. [...] The old days are not gone after all.” (18) It is here, where the reader is first aware of the fact that for Magda her imagination and reality have become blurred. As she is the reader’s only source of information, he or she has to call into question all events that have been described so far. From this point it is clear that Magda suffers from some sort of mental disorder. She even describes herself as a beast. A beast that is capable of doing horrible things but who does not do it. “How fortunate that beasts feel no anger but endure and endure! The psychology of masters.” (36) Magda’s father is influencing her, he is possessing her thoughts, he is interfering with her thoughts. “[...] Nor can I believe that he does not know how he enters my dreams, in what capacities, committing what acts. [...] They are not my creatures nor are they his: they are ours together. Through them we possess and are possessed by each other.” (37) Magda has the feeling that there is an interference between her father’s thoughts and her own. She even believes that acts are committed. Whether there is a kernel of truth or if it is just a product of the sick woman’s imagination is an enigma, which’s solution lies in the eye of

the reader. Nevertheless, this passage underlines the parallels that can be seen concerning a schizoid disorder.

As already discussed, Magda hears voices. This is common for people suffering from a schizophrenia-like disorder. Additionally, she starts feeling creatures that stalk her. At this point it becomes clear that Magda has reached the point of no return. She is ill and she is dangerous.

But the beast is not enchanted by my prattle. From hour to hour he stalks me through the afternoon. I hear his velvet pad, smell his fetid breath. It is useless, if I go on running I will only perish the more ignominiously, borne down from behind in a cascade of underwear, screaming until my neck is broken, if it is a merciful beast, or until my bowels are clawed out, if it is not. Somewhere on the farm my father roams [...] Is my father the beast? [...] Anna, with her sharp little teeth, her hot armpits – is she the beast [...]? (53)

Here, Magda is surrounded by ghosts that haunt her and that circle her, which are “smiling, powerful” (54). When the two “beasts”, the father and Klein-Anna start an affair, the spinster daughter turns her fantasies into reality as her desperation and her loneliness reach their peak. “I cannot see a necessity behind what we are doing, any of us.” (64) She loads the gun and points it towards the ceiling of the father’s bedroom. She closes her eyes and pulls the trigger. The reader is confronted with a description of a cruel crime scene. The father is badly wounded, he is in pain, sitting in his blood and excrements. But Magda does not call the doctor. The father repetitively asks her to do that but she does not. The woman does not state why, she ignores the father’s plea and lets the reader room to speculate. “Now we can only wait and see, Hendrik. Go to the kitchen, I will come and make coffee in a moment.” (76) She is in power now. Her father is helpless, he has lost his strength. He is not complete anymore as he is wounded and undressed. “The sex is smaller than I thought it would be, almost lost in a bush of black hair straggling up to the navel: a pale boy, a midget, a dwarf, an idiot son [...] Poor little thing.” Here again, it is important not to forget that Coetzee’s work is a postmodernist text. A scenario in which she killed him as well as the option that this incident is a product of her ill mind are both within the realm of possibilities.

3.6.3. The dethroned father and Magda's need to be needed

At least in the woman's mind, the seriously wounded father finds himself being completely at his insane daughter's mercy. Magda describes his pain and suffering. The reader might have the impression that she is somehow enjoying the unfavourable situation her father is in. "He is crying like a baby. 'Help me, help me, the pain is terrible!' [...] He is sitting in a pool of blood like a baby that has wet itself." (ITHOTC 74) For the woman, her father is regressing and turning into an infant. Finally, Magda is needed by her father, and this is what she always wanted. She obviously has developed a *Helfersyndrom*. People suffering from that disorder do not care about other people just to help them, but to enhance their own self-esteem.²¹ This could be the reason why she did not call the doctor as well. She does not want this situation to find an end but to last forever.

When the father apparently dies and his body is deposited in a cave, one thinks that this period of taking care of the father is over. But at the very end of the novel, Magda's loss of reality presents itself in a new and abhorrent shape. "But I have other cares besides quarrelling with my voices. Sometimes when the weather is fine, as it is today, sunny but not too warm, I carry my father out of his room and seat him on the stoep, propped up with cushions in his old armchair [...]" (147) The lonely woman took the father's corpse back to the house and treats him like a living person. Interestingly, she "knows" that her father is not alive anymore but somehow she seems to deny that. "He sees and hears nothing, for all I know he tastes and smells nothing and who can imagine what the touch of my skin on his is like? For he has retreated far, far into himself." (147) For Magda, her father is still present. Now he is the father she wanted him to be, listening to her, patient and uncomplaining. From the protagonist's point of view, the situation appears peaceful and harmonic. In fact, this represents the peak of insanity.

I lay my father out on his bed, unbutton his nightshirt, and unpin his napkin. [...] I feed my father his broth and weak tea. Then I press my lips to his forehead and fold him away for the night. Once upon a time I used to think that I would be the last one to die. But now I think that for some days after my death he will still lie here breathing, waiting for his nourishment. (149)

²¹ 20 November 2013. <<http://www.burn-out-center.com/ursache/helfersyndrom/>>

Despite the protagonist's detailed description concerning the father's corpse and how she takes care of him, the reader has to keep in mind that he or she is dealing with an insane character of a postmodernist text. The reader cannot know whether Magda "really" kills her father in the end.

3.7. Coming to terms with Magda

This analysis is meant to draw a detailed picture of the development of Magda's mental state. The text begins with her syndromes' culmination so that the reader knows right at the beginning how Magda will end up. The origins of her physical shortcomings are described in short which she most likely inherited from her mother who died in childbed. Tyranny and solitude, which can be seen as companions of deprivation in this case, furthermore influence the woman's psychological downfall. Magda slithers into violent relationships that let her develop the enigmatic Stockholm syndrome. As her hallucinations and delusions become more dominant and frightening, her imaginations in which she kills her father become more detailed and cruel. As the analysis is concerned with a postmodernist text, one has to consider the possibility that all her descriptions are untrue. The fact that the father in end returns, being alive as well as her killing her father might just be wishful thinking.

At the very end the reader finds Magda among mysterious airplanes from which messages are sent to Magda in Spanish language. Magda herself is feeding and carrying around her dead father, uttering declarations of love, concerning "this godforsaken world" (ITHOTC 151).

4. Rachel Zadok's *Gem Squash Tokoloshe*

Zadok's novel abducts the reader to a farm in the Northern Transvaal of South Africa on which Faith leads an isolated life with her parents Isabel English and Marius Albert Steenkamp. Due to considerable drought, her father starts to work as a travelling salesman and only returns to the farm at the weekend. Faith and her mother run the farm without help. One day, after a heavy argument, Marius stops coming home and this is the point when Bella's mental state clearly changes for the worse. Marius moves away to live a life with his girlfriend and leaves Faith, being at Bella's mercy. Bella drifts off to a world dominated by fairies which she foists on Faith as well. It is not only Bella who suffers from mental problems. As it is revealed at the end, Marius' mother suffers from dementia as well as resolute Tannie Hettie. Furthermore, it is indicated that Marius probably suffers from PTSD. After Bella's death, Faith's mental health also begins to go into decline.

As the thesis concerns trauma and a highly complex culture of silence as the seedbeds of the mental disorders the characters develop, the relations between the characters have to be analysed as well as the trauma which is not explicit but underlying. The disorders the characters show are the results of secrecy and cruelty. The fact that incidents cannot be uttered due to social conventions leads the major part of the female characters to the edge of insanity. Zadok here uses mental disorders as a means to show how hopeless the situations of the various, most often female characters are.

4.1. Isabel 'Bella' English – a matter of identity construction and of a culture of silence

The fact that Isabel does not feel at home is revealed after the first fight with Marius. This fight takes place during the night when Bella drinks too much. The day after Marius is gone Bella takes Faith to the market where both are looked at with suspicious eyes as they arrive considerably later than usual. "Môre, Bella, or should I say afternoon," (GST 27).

When we first came here I could tell those old bats would be trouble. They didn't like me from the beginning. I'm not from their precious little town. Worse, I'm not even an Afrikaner. (GST 34)

Isabel utters this thought on the way back home from the market where she sells goods produced on the farm. It indicates that she never felt welcomed or at

home, neither at the farm nor in the city nearby. The people at the market consider her as an eccentric who does not act according to the rules and laws of the town. One day, when Bella does not come to the market due to her severe condition, Nomsa and Faith leave alone with Tannie Hettie. Nomsa, who sells the goods that day, is not welcome at all. Oom Cyril questions Faith where Bella is and why she is not present. He concludes his interrogation by stating “Your mother is always trying to break the rules. She thinks that laws do not apply to her.” (93)

The reader sees the world through the eyes of Faith and therefore does not know anything about Bella’s earlier life. When Bella has to spend the rest of her life in the psychiatric asylum, Faith lives with Mia, Bella’s friend who tells Faith about how Bella and Marius met and how their relationship developed. Marius’ and Bella’s relationship was troubled from the beginning. It might be possible that her mental state would not have become that bad if she stayed away from Marius. Mia describes that Bella thought that “he was too strange” (GST 233).

He was quite strange. There was an odd look in his eyes, obsessive. Lots of men had that look, the ones who’d been to the border. He looked at Bella with those eyes and it freaked her out.’ [...] ‘After they married, it was like they swapped eyes. Like all the demons he’d brought back with him from Angola attached themselves to her. Started whispering. I didn’t see it then, her going funny. Maybe I didn’t want to see. (233)

It seems that Bella was affected by Marius’ (who might have suffered from PTSD) experiences at the border. She did not like him at first, but then decided to marry him for a reason the reader cannot reveal. Many years later, when Faith has to manage her mother’s estate, she finds out more about Bella’s life.

I leaf through the rest of the documents in the file. Certified copies of the title deeds for the farm and the house, even my parents’ marriage certificate, dated 1975. Marius Albert Steenkamp and Isabel English, even their names seem mismatched, incongruous that they should share a page, let alone a marriage. (239)

During her whole lifetime Isabel does not feel at home but tries to be a good farmer and she tries to be a good mother. She manages the farm completely on her own and she takes care of Faith while Marius is gone. Bella suffers from the drought, as well as the entire farm. Finally, when it starts to rain, she dreams of planting roses that obviously remind her of her childhood and youth.

Mother spoke softly of the change rain would bring, of the new leaves that would sprout on the trees, of the oranges we would pick. She said she hoped to have time to plant some roses now, like Grandma English. (13)

Due to the climate, the roses cannot survive on the farm. They do not belong here, like Bella. Water obviously plays an essential role in Bella's life. Of the various fairies she created, her favourite one is Stillstream, the water fairy. It is the element that is rare in South Africa but it is needed so badly at the same time. This constitutes one part of the South African culture of silence. People are rough and suffer in silence and this is not how Bella was raised.

Grandma English once told me that crying was good for you. She said that crying let out the hurt that you were feeling inside, that if you didn't let it out it would grow until it made you sick. Crying was like medicine. Mother said Grandma English cried too much. Mother didn't cry when Grandma English died. (148)

But Bella tried hard to adapt to this culture of suffering in silence and to pass it on to her daughter. "One thing you must learn, my girl, is never to cry in front of other people.' It was a lesson Mother had drummed into me from as far as I could remember." (GST 88) Faith learns to accept that as her only reference person, Bella, is remorseless and without empathy. This becomes evident right at the beginning when Bella bathes herself, Faith and Boesman. "She scrubbed every inch of me until I glowed, pink and raw. I didn't complain; all that would me was a slap across my backside and a day's worth of teasing. Better to just bear it." (GST 16) Bella has successfully transferred the concept of the culture of silence to her little daughter.

4.2. Dead Rex, Stillstream and Tit Tit Tay – the special force to avert apocalypse?

4.2.1. Apocalypse – a shattered world

The cause of Isabel's declining mental state is not to be found in just one traumatising event but in many of them. These destroy people's worlds. That means that the affected person is overwhelmed by the event to such an extent that he or she at the very time of the event occurring cannot understand and process what is happening. "The experience of trauma impairs the capacity to register events fully as they occurred." (van der Merwe vii) People are ripped off the ground, their lives change. They experience loss in a multitude of forms. "Trauma has been described as the 'undoing of the self', and as loss: loss of

control, loss of one's identity, loss of the ability to remember, and loss of language to describe the horrific events." (van der Merwe vii) This can be equated with experiencing apocalypse. It means the loss of one's world.

Apokalyptik ist [...] im weitesten Sinn Sprechen über die für unausweichlich gehaltene katastrophale Annullierung von etwas Bestehendem. Literarisiert erscheint sie als ein >Weltuntergang<. Doch Welt kann vieles bedeuten. Nicht allein Kosmos, Erde oder Menschheit sind den Gesetzen der Apokalypse unterstellbar; [...] Die Vernichtung braucht nicht einmal physisch gemeint zu sein: zum Gegenstand literarischer Apokalyptik kann auch das Zugrundegehen eines Werks, eines Ideensystems, einer Gedankenwelt gemacht werden. Sogar die Zerstörung einer Person ist, insofern diese als Trägerin einer eigenen Welt von Vorstellungen und Erfahrungen existiert, einer Weltkatastrophe gleichsetzbar. (Metzner 1)

In which ways Bella's world has been threatened in the past can only be suspected. First of all, she has to face serious difficulties as far as her own identity is concerned. The reader gets to know this character when she is already married to Marius and living on the farm, having a child. As the main protagonist and unreliable narrator is Faith, the reader sees Bella through her eyes. Bella obviously built up her world of Fairies when Faith was an infant. "My mother believed in magic. She told me stories of the fairies who lived on our farm as she rocked me to sleep at night." (7) Bella even integrated Faith into the fairy world and made this world interfere with the small child's perception: "I'd been surrounded by fairies. They lived on the peripheries of my vision, well hidden from my curious eyes, but I knew they were there. Mother was forever warning me about the dangers of bad fairies: 'Don't go into the orchard alone, Tit Tit Tay will steal you and turn you into a monkey child.'" (7)

4.2.2. Nomsa – the most accursed intruder

In Isabel English's eyes, her built-up world is threatened by people who want to enter it from the world outside. One of these intruders is the young, black Nomsa, who is brought by Tannie Hettie. Nomsa should support Bella by doing the household and by taking care of Faith so that she can experience a fast recovery. In a short amount of time, the black woman builds up a connection to Faith, who is the centre of Bella's world.

I'd seen Papa and Oom Piet greet each other with a handshake whenever they saw each other, but it was not something I'd seen anyone other than men do. I put the cup down and stood up [...]. I imagined I

was Papa and stuck my hand out stiffly. She clasped it in her cool dry palm, then swiftly moved to make a fist around my thumb. I looked up at her, surprised. Papa had never done that. 'It is an African handshake, mosetsana. Like this. Shake, fist, shake.' We shook again. 'You are Faith?' I nodded, [...]. 'It is a lucky name.'(65)

Considering clinical pictures, Bella most likely suffers from a schizophrenia-like mental disease. Although she might have suffered from the disorder from her youth onwards, the outbreak becomes significant when Marius leaves. Now, Nomsa is the new object of mistrust. It is her, who threatens Bella's carefully constructed world by socialising with Faith. Nomsa represents Faith's access to the "normal" world. This threatens Bella's control over her daughter as Bella now is the only one not any more providing Faith with information. As a consequence, Bella tries to drive a wedge between Faith and her nanny.

'That woman doesn't belong here.' My eyes snapped open. Mother was looking at me now, she looked angry. 'She'll make the fairies leave.' [...] 'Don't tell her.' It was an order. I recognized the tone. I nodded. She softened and kissed me on the forehead. 'I don't want us to be alone, Faith,' she said." (75 ff.)

Faith is in a pitiful situation. For the first time in her life she has a reference person she could rely on. Bella does not allow her to do that at all and cleverly creates a distance between Nomsa and Faith by forbidding Faith to talk to Nomsa about the fairies. The girl feels trapped in a fairy world and she believes that there is no way out. One day, when Faith is again overwhelmed by her mother's insanity, she collapses and is brought to bed by Nomsa:

'Koko, why didn't you say you felt sick?' Mother's face hardened; she leaned in so close to me that her eyes merged into one. 'You must get her out,' she whispered, 'or the fairies won't come.' Then she leaned back and smiled again, as if nothing had happened. She stroked my head one more time before she left, passing Nomsa with a smile and a nod that left me cold. (81)

Bella continuously brings Faith in bondage with herself and the fairy world. Faith gets isolated. She is alone with her thoughts and fears. "Koko, nobody has stolen your mother. She is sick.' I shook my head. The lump in my throat strangled my voice. I so wanted Nomsa to believe me, to help me find Mother's soul." (86) But Faith has already incorporated the rules that are set up by Bella. She is not allowed to cry and she has to keep her mother's dark secrets. She is part of the culture of silence.

4.3. The Downward Spiral – Bella going “mad”

4.3.1. The Fairy world, hallucinations and delusions

The reason why a mother tells her child horrifying stories like this are manifold. First, it could mean that something awful happened to Bella herself in the orchard and that she wants to protect Faith from harm. The novel provides signs that Bella was attacked in the orchard. Right at the beginning of the novel, the reader might believe that the fairies are created by Bella to make it understandable for Faith not to go into the orchard. Bella does not only create fairies verbally, but she also paints them.

When mother was not tending her vegetables and herbs for the farmers' co-op market behind the town hall, she painted pictures. Sometimes of me, making me sit still, staring ahead unblinking until my eyes burned; sometimes of Boesman, though he wasn't a very good model; but mostly of the fairies. Some days a strangeness would take hold of her, and she would disappear into the orchard for hours, leaving me alone on the farm with only Boesman for company. (8)

It is already at this point in the novel when the reader learns that Bella sometimes behaves in an inadequate way, not only as far as her utterances but also as far as her behaviour is concerned. She leaves Faith, who is only six years old, alone for hours to spend time in the orchard. This is not a normal way of acting for a mother. In the course of the novel, details are revealed that have taken place earlier. So, the reader gets to know that Bella most likely has been suffering from paranoia for a longer time. At the age of six, Faith does not dare to pick up the phone as Bella firmly believes Marie would listen in:

Sometimes when Papa was away Mother would let me say hello to him when he called, but if I spoke too long she would get agitated and gesture wildly, meaning I should get off. Mother didn't like to say too much on the phone either; she was sure Tannie Marie listened in, and she didn't like Tannie Marie knowing our business. (GST 96)

From an early age onward, Faith is embedded in Bella's fairy world. Faith believes in fairies just as her mother does. She even warns her dog Boesman against Dead Rex: “‘Never look him in the eyes,’ I said, [...] ‘He'll lock you away inside your head and you'll be able to see everyone else, but no one will be able to see you. [...] And you won't be able to move, no matter how hard you try, not your arms or your legs, you won't even be able to turn your head.’” As one notices, Faith is afraid of these fairies even though she cannot see them.

“Mother was the only person who ever saw the fairies.” (GST 11) It is only Bella, who knows how they look like and it is her who paints them.

It is obvious that Bella tries to incorporate Faith into her world of delusions and hallucinations. She tries to keep up this parallel universe. Despite the fact that Faith’s mother appears to be insane somehow, she manages to lead a normal life. She takes care for the garden, looks after Faith, and makes dinner for Marius. The point at which Bella’s mental problems start to dominate her in a way that makes her unable to lead a normal life is when Marius brings home Faith. Bella left her at the restaurant in which Marius’ girlfriend works. The fight between Bella and Marius escalates and Marius hits Bella directly in her face and leaves. Faith is shocked and faints. Bella gets up and simply leaves Faith on the ground. When the girl wakes up and looks for her mother she notices her face has changed.

Her face was now divided into two sides, her profiles different people. One side was smooth and flawless, her tanned skin offset by her thick white hair. One eye, cold and blue, looked out at the world, alert as ever. Even her nose, bruised by the punch, seemed sharper on that side. On the other side, her face was so swollen that her eye was forced almost completely shut. (GST 54)

From this point onwards, Bella’s health worsens. Bella starts creating her own, new world as the “old one” has been destroyed by Marius. He was the centre of Bella’s and Faith’s life. Now, Isabel creates a world in which she has the ultimate control and no intruder should be able to change that. So, her first action is to kill Boesman. The only friend Faith has besides King Elvis. Boesman used to be Marius dog and this is why he does not belong here anymore. “He’s gone, Faith. God’s taken him. Do you understand?’ I nodded slowly, absorbing this new information. Boesman was gone, like Papa was gone. Taken by God.” (GST 57) Of course, Bella does not want to explain to Faith that it was her who killed the girl’s beloved dog. So the woman decides to tell her he was taken by God, namely by her, goddess of her newly created world. Isabel English wants to protect her world from “intruders”.

One important characteristic of a schizophrenia-like mental disorder is the neglect of hygiene. The degree of personal hygiene most often mirrors the person’s condition.

She cocked her head sideways and stroked the wood, like she was smoothing the creases in some invisible tablecloth. ‘Yes, that’s right,’ she whispered to the table, tapping it twice with a dirty fingernail. For a moment she remained frozen in that pose, like she was listening to someone on the other end of a telephone. I leaned forward, hoping to catch snatches of the voice on the other end. Suddenly she looked up at me. Her eyes were wide and bright blue, two topaz jewels in sunlight. With a sudden movement she snatched my hand and leaned closer to me. Her musty hair brushed against my face; it smelled like the wet feathers of a dead chicken. ‘Who let her in?’ she whispered. I felt her breath staccato against my cheek, hot and acidic. I swallowed the bile that burned at the back of my throat. [...] ‘They made you, forced you, forced my little girl.’ (GST 78)

One can see that Bella’s condition is declining as her hands are dirty. Most obviously she has not had a shower for some days as Faith describes her hair and her breath as malodorous. Faith also sees her “leg, pale yellow skin pulled taut over her shinbone, strangely hairy.” (GST 128) Another indicator that Bella suffers a schizophrenic episode here is the fact that she has hallucinations. Typically, she hears voices who are talking to her. Faith sees Bella talking to the table and listening, waiting for an answer which she gets in the end. Often, the fairies talk to her: “Mother said, fairies spoke in strange tongues.” (GST 25) Her hallucinations are not solely acoustic ones but they are visual as well. The reader might suspect at the beginning of the novel that Bella sees the fairies as she paints them. This is not profound evidence as it as well could have been her vivid imagination creating fairies for Faith and for other people who are interested to buy her paintings. In the course of the novel it becomes plain that for Bella the fairies are real creatures.

Mother pushed away from the door and walked over to the curtain, stepping on the Papas and scattering them with her foot. She didn’t notice them as she peered out of the curtain. ‘Look’ – her voice was shrill and excited – ‘they’re waiting for me.’ Even though I couldn’t see them, I knew who she meant. Dark fairies, the really bad ones, like Dead Rex. I could feel them closing in on the house surrounding us until there was no escape. (GST 79)

Faith recognizes that the way Bella moves is changing as well. “The way she walked, the strange shuffle like she never lifted her feet suddenly erupting into what seemed like flight, hardly touching the floor. Mother was becoming one of them [...]” (GST 98). Bella gets worse. Her hallucinations become more dominant throughout the course of the novel. Faith loses the strong bond between her and her mother as Bella’s declining health is accompanied by

unpredictability. Her personality is undergoing deconstruction. Bella recognizes Faith's alternated reactions towards her:

'Are you afraid of me, Faith?' [...] Was I afraid of her? There had been times in my life when I had done things that made Mother angry, times when her blue eyes flashed with fury, [...] She'd scared me then, but that was different. I'd known who she was then. But now, [...] I was gripped with deep penetrating fear, the same fear I felt when looking into a dark cupboard at night. (99 ff)

Faith does not feel safe in her mother's presence anymore. Bella talks about the fairies most of the time and about the fact that both of them soon will be with the fairies. When Isabel tells Faith that the fairies told her about the treasure suitcase, Faith acts against her mother for the first time as she penetrates Faith's most intimate sphere – her room. Bella reacts like she has done it in the majority of challenging situations concerning Faith's upbringing, namely with violence: "My hands gripped hers, they were the same hands, long-fingered with squared-off nails, twin hands though hers were wider, longer, older. [...] Then she slapped me. I didn't feel her palm connect, I was already halfway to the floor, the prickly heat of unconsciousness closing in." (GST 102) Bella does not accept her daughter's own will, she wants to uphold the ultimate control. She is sure that her hallucinations constitute true incidents. Although there is nothing that indicates her wish to die explicitly, it might be interpreted that she has that wish. She talks about the fairies, who will get her, and about her plan to "get us out of here soon" (GST 103). Faith seems to have noticed her mother's wish too: "They were words I didn't want to hear. I knew what she meant now, and I didn't want to go." (103)

4.3.2. Faith – a child of the fairies?

Bella's condition is on continuous decline. She often explains to Faith that she is a child of the fairies and that therefore, she belongs to the fairy world together with her mother.

'I think the fairies gave you your hair, Faith, you're a child of the fairies.' I froze; the warmth emptied out of me and the space it left was filled with a sick feeling. Mother's voice was dreamy now, like she was drifting off somewhere. 'I think the day I conceived, the fairies came and put you inside me. I used to wonder about that; your father wasn't even there, I think.' The sick feeling was rising. I thought I might vomit. Mother turned to me and smiled. I don't think she even saw me when she looked at me. I think she was looking at somebody behind me. (GST 129)

To the reader it appears that this situation is the point of no return as far as convalescence is concerned. Her symptoms appear schizophrenic. She believes that some force is controlling her body and her thoughts. This force also gave her Faith, her only child.

The girl starts to question whether Marius is her father when she looks into the mirror attentively. “Blue eyes stared intently back out at me. Where did they come from? [...]. Mother’s eyes were a deeper blue, more intense, nothing like the pale eyes that looked out at me. And Papa’s? Papa had brown eyes.” (132) Faith recognizes that there really is a similarity between her own appearance and the looks of the fairies.

The certainty I’d felt moments before that I looked nothing like Dead Rex disappeared. There, in the painting, were the same long fingers, the same knuckles, the same knobby wristbone. Even the tiny freckle between the knuckle of my little finger and my ring finger was mimicked on his hand, on the hand of the most terrible fairy. (GST 133)

Bella has a wonderful talent. Otherwise she would not be able to produce paintings that reflect Faith’s anatomy so accurately that she recognizes herself. Furthermore, the colour scheme perfectly represents the colour of Faith’s eyes. Through her paintings, Bella expresses her fantasy and parts of her psyche. The fact that Faith’s appearance is so similar to that of the fairies and that there are no overlaps between Faith and Marius suggest that there was an underlying event which is not directly addressed in the novel. Does Bella really believe that Faith is a fairies’ child or is she trying to overcome a serious life event? Was she raped? Did she have a love affair with some other man? This is not revealed but it appears to be clear that Marius is not Faith’s biological father. This could lead to the interpretation that Bella chose to create a fairy world to enable herself to accept Faith and to act normally according to cultural norms.

4.3.3. Dr Fourie – a misdiagnosing patriarch

As Bella’s condition worsens despite Nomsa’s care and support, Tannie Hettie asks Dr Fourie to come to the farm to see what he can do for her. Fourie is an educated and experienced general practitioner. When he comes to the house it appears he is a gentleman, taking Faith’s hand, calming her. He asks Nomsa about Bella’s condition and behavior. The fact that Fourie names Bella ‘patient’ triggers unease in Faith as her grandfather was being called ‘patient’ in the time

before he died. She feels that it “[...] was like a stain on Mother, something that might never come off.” (GST 118) After having examined Bella, Fourie turns to Hettie and Nomsa: “It’s a typical nervous breakdown, she’s depressed,’ he said. [...] ‘Not to worry,’ [...] ‘lots of women around here come to me with these sorts of problems.’ [...] ‘It’s because Marius left. For some women, this is like death.’”(GST 119) Here, it becomes obvious that he has a male perspective as far as psychological problems are concerned. He does not take the time to examine Bella’s problems but he accepts the most easily accessible possible cause for Isabel’s condition. He does take into account the possibility that his patient has endured other traumatizing events that might be the real reason for her declining mental health. Instead, he assumes “typical female character” traits to be the source for her woe. According to Fourie, Bella is depressed and fragile. “Women think too much, don’t get on with things.” (GST 120) She does not function anymore as people expect her to do. So, Fourie officially diagnoses a nervous breakdown which equals the “Hausfrauen-Syndrom” (Schwarzer VIII). “Eine der Vorstufen zum psychiatrischen Gefängnis ist das weitverbreitete sogenannte Hausfrauen-Syndrom, das sich in Nervosität, Schlafstörungen, Alpträumen, Kopfschmerzen, Depressionen und Hysterie äußert. Seine Ursachen sind auch nach Meinung der Mediziner Leere, Rollenkonflikt, Abhängigkeit und Überarbeitung.“ (Schwarzer VIII) Affected women are to be enabled so that they can take over their roles as mothers and wives again as it is common in a patriarchal society like the one in South Africa. Women who do not act according to the culturally defined gender roles have had troubles in all societies in all times. In the 19th and 20th century, men, who believed their wives were insane or mad, just because they refused to accept to take care for the children on their own, brought their wives to psychiatric asylums where they should learn how to behave properly. (Chelser 70) For a male-dominated society, women like these are difficult to deal with and need to be led back to where they belong to.

So, Dr Fourie prescribes Bella a sedative. “It will calm her, help her sleep.” (GST 120) It should make her passive again and accept her fate. She should be a caring mother again. She should find a man whom she treats with full devotion. In the novel, even little Faith recognizes that a sedative and sleep will not help her mother out of insanity. “I was grumpy when I was tired, but Mother

wasn't grumpy. She was more than that. I didn't believe Dr Fourie. Not sleeping didn't make you go away, it didn't make you not you." (121)

Madness is neither a solution nor the beginning of fighting the male dominated society, but it indicates despair and agony: "[...] Wahnsinn ist keine Lösung, ja noch nicht einmal eine Flucht. Wahnsinn [...] ist nicht die zu Veränderung gesellschaftlicher Machtverhältnisse notwendige Macht, sondern ist Ohnmacht. Denn: *Wahnsinn ist hoffnungsloser Einzelkampf.*" (Schwarzer X)

4.3.4. The end of Bella's hoffnungslosem Einzelkampf

"Mother stood and looked at it for a while, like it was some foreign thing she had never seen before, then she walked slowly round to the driver's side." (GST 144)

Bella and Faith are in the orchard when Oom Piet arrives in his truck. Dr Fourie told Piet that Bella was not doing well, so he came to the farm. His strategy resembles the one of a snake that first bites its victim and that then comes for it when it breaks down. As Bella's trauma is underlying, one can only guess that Piet might have raped Bella at an earlier point in time. Possibly this man is Faith's biological father as well. The reader's grounds to suspect that there is something dangerous about Piet are provided by Faith who intuitively notices that her mother is in fear. She feels that there is something wrong. "The look on her face brought out an overwhelming urge to protect her [...]" (GST 144)

Now it seems that the patriarchal society and its authority in form of Fourie prompt Bella to give up. First, she was given a sedative and then Piet was informed about her state of health. "Dr Fourie told me you were sick.' Mother didn't say anything so he went on, 'Ja, I saw him at the bar last night. He said he'd been around to see you, and you weren't doing very well.' Mother looked up and furrowed her brow. 'Did he?'" (GST 144 ff.) Without Fourie's utterance Piet might not have come to the farm. Piet is still unsure about Bella's condition and therefore he is cautious. Faith feels that Piet does not like her being around when he comes over to visit Bella what he does nearly every day. He brings flowers and tells her rumours about Marius' new life. It is clear that Marius will never come back to the farm which Bella realises as well. "We're alone, Faith,' she said, 'all alone in the world.'" (GST 159)

Bella continues to meet Piet. One day, when she comes by to see how Bella is doing, Tannie Hettie finds out about the relationship between Isabel and Piet. “Tannie Hettie poured herself a cup of coffee. She sat down in the chair Oom Piet had recently vacated. ‘You’re looking better,’ she said to Mother, ‘but I think you’ve finally lost your mind.’” (161) Piet is known as a ladies’ man, who cheats on his wife on a regular basis. In addition to this, the reader might already guess from his body’s description that he is the rapist in the prologue. Bella obviously considers him as the key to a normal life:

‘I know he’s married,’ she said. Mother threw back her head and laughed a manic, hysterical laugh. She let go of Tannie Hettie’s hand, tossing it away like it was something horrible she no longer wanted to touch. [...] ‘I have no choice, Hettie,’ she said, ‘we have nothing left.’ I looked at Mother and realized for the first time what the change had been the day Oom Piet came. Mother had stopped fighting. She was not getting better, she’d just given up. (GST 162)

Bella has been trying to resist Piet from the very beginning. Faith describes Piet as “[...] a man who stopped by our stall every Monday to pinch my cheeks. [...] Oom Piet was our best customer and the biggest flirt in our small town. He was something of a ladies’ man [...] Mother wouldn’t flutter her eyelashes when Oom Piet appeared, and it was for this reason why he owned so many of her paintings.” (GST 28) Now, as he has conquered Bella’s world, he destroys it completely by raping Nomsa and by letting Bella go to the psychiatric asylum.

4.4. Dissociation in *Gem Squash Tokoloshe*

The novel provides two parts. In the first part, Faith is a six to seven year-old child, in the second part she is a young grown-up. In the course of the novel, the protagonist often describes that she does not feel like herself which may be an indicator for a kind of a dissociative disorder. During her childhood, she is completely involved in her mother’s fairy world and tries to meet her mother’s expectations. Despite her sympathy for Nomsa, who is her only friend, she is full of hostility in times when her mother influences her most. She tries to see and to feel the fairies, which does not work for her. After the tragic night of Nomsa’s death, Faith moves to Johannesburg where she lives with Mia, Bella’s old friend. In her first years as a young adult she denies and hates the world she lived in when she was a child. As far as her mother is concerned, Faith is full of hatred and disrelish. Her troublesome childhood, that was full of violence,

intrigues and repudiation, results in Faith suffering from dissociative disorder's phases.

“Dissociation is a state of consciousness, a definite and special state of awareness, feeling and experience, which transculturally we – with our European eyes – can observe in all cultures.” (Perren-Klingler 1) The fascinating aspect about the analysis of mental disorders in this novel is that Isabel and Faith, who live in the Northern Transvaal, have European roots. Therefore, their mental decline or “insanity” can be viewed from different perspectives. First, the thesis introduces the reader to clinical pictures of the West and then includes results of Somer's comparative analysis on culture-bound dissociation.

4.4.1. Dissociative disorder

Bei dissoziativen Störungen (Konversionsstörungen) besteht eine Entkoppelung von psychischen und körperlichen Funktionen, wodurch es zum Verlust der normalen Integration von Erinnerung in die Vergangenheit, Identitätsbewusstsein und körperlichen Funktionen sowie Empfindungen kommt. (Paulitsch 182)

Typical phenomena that occur when suffering from dissociative disorder are amnesia, depression, anxiety, depersonalisation and derealisation. Patients lose the “normal integration between memories of the past, awareness of identity, immediate sensations, and control of bodily movements [...]” (WHO 2010 122) People may have seizures, palsy or paraesthesia. The cause of this disorder is most often due to psychological distress and usually a temporal link between a difficult experience and the first occurrence of respective symptoms can be observed. Normally, affected persons have difficulties to integrate their memories into their past. The dissociative disorder can occur in different forms and types. According to Perren-Klingler, every

person has the capability to intentionally or automatically, unintentionally, move into different states of consciousness [...] Normally the ability to dissociate first emerges in puberty. Child psychiatrists however observe that children who experience a Type II Traumatization – repetitive, extreme – traumatic stress (like in chronic family violence or sexual abuse, but also persecution and war) develop this ability much earlier, as a survival skill. (1)

4.4.2. Dissociative amnesia

There is a memory loss concerning recent events or problems that have been or are highly challenging or even traumatising. Amnesia applies to incidents such as accidents, sudden death of a loved one, rape, war but banal experiences as well. (Paulitsch 184) “The extent and completeness of the amnesia often vary from day to day [...] Complete and generalized amnesia is rare [...]” Interestingly, “young adults are most commonly affected [...]”(WHO *ICD-10* 124)

It is important that one distinguishes dissociative amnesia from simple amnesia. The latter “involves a loss of information from the memory, usually as the result of disease or injury to the brain. With dissociative amnesia, the memories still exist but are deeply buried within the person’s mind and cannot be recalled.”²²

4.4.3. Dissociative stupor

The affected person shows the classical symptoms of stupor but no “evidence of a physical cause” (WHO *ICD-10* 125) can be revealed. He or she only barely moves or speaks and in addition to this only reacts to a minimal extent to exterior stimuli such as noise, light and touch. Solely tonic, position and occasional opening of the eyes make apparent that the patient is awake. (Paulitsch 184) The person remains in his or her position for a long time. “Speech and spontaneous and purposeful movement are completely or almost completely absent.” (WHO *ICD-10* 125) “In addition, as in other dissociative disorders, there is positive evidence of psychogenic causation in the form of either recent stressful events or prominent interpersonal or social problems.” (ibid.)

4.4.4. Trance and possession disorders

Trance can be defined “as a state of profound abstraction or absorption”²³. It is characterized by “partly suspended animation with diminished or absent sensory and motor activity”²⁴. The individual feels a loss of personal identity and a constriction of consciousness. That means that affected persons are not fully aware of their surroundings. Sometimes, persons experience a “Besessenheitszustand” in which they act “as if taken over by another

²² 16 January 2014

http://my.clevelandclinic.org/disorders/dissociative_disorders/hic_dissociative_amnesia.aspx

²³ 16 January 2014 <http://www.merriam-webster.com/dictionary/trance>

²⁴ Ibid.

personality, spirit, deity, or 'force'. Attention and awareness may be limited to or concentrated upon only one or two aspects of the immediate environment, and there is often a limited but repeated set of movements, postures, and utterances." (WHO 2010 125) The state of trance and possession can be elicited through religious rites or sect membership as well.

4.4.5. Multiple personality disorder

Since 1980 there has been an increase in the number of people diagnosed with MPD. According to Paulitsch (185) this is a consequence of the intense media coverage. Nevertheless, MPD is rare and there is still a controversy "about the extent to which it is iatrogenic or culture-specific." (WHO 2010 128) The chronic and complex symptomatology consists of inaccurate memory processes and insecurity as far as the own identity is concerned. Different personalities that can range from two to hundred can be identified within one person. It is never the case that more than one personality is present at a time. Each personality has its own behavioural pattern and preferences. (Paulitsch 185) "Each personality is complete, with its own memories, behaviour, and preferences; these may be in marked contrast to the single premorbid personality." (WHO *ICD-10* 128) The form in which a person has two personalities is most common. Usually, one personality is the dominant one who has the executive control. Neither of the personalities "has access to the memories of the other" (ibid) and they are not aware of each other. In many cases, a change of personalities first occurs suddenly and is temporally close to a difficult or traumatic experience. (Paulitsch 185)

4.4.6. Dissociation in a non-European context

In her study, Somer makes it plain that the "notion that psychologic conditions that are unclassifiable by Western psychiatric nosology are 'culture-bound' exceptions, to be contrasted with the 'uninfluenced' Western medical standard, is unconvincing." (214) So there has been created a new term in psychiatry, namely the "culture-bound syndromes". Dissociation, or altered states of consciousness (henceforth ASC) are a common phenomenon in different cultures where it is not associated with any pathological process: "[...] dissociation ostensibly plays a significant role in the lives of billions of people outside North America." So "[...] in some cultures, dissociation might convey not only psychopathology but also more normative idioms of disavowing or

distancing from certain experiences.” (Somer 214) Nevertheless, the group of clinicians tends to consider forms of ASC as pathology. Somer states that interpreting “native manifestations of ASC in terms of psychiatric classification systems could be an overextension of Western psychiatry and an unwarranted ethnocentric intimation of inherent pathology.” (215) Dissociation or ASC can be pathological in different cultures but it can be the way to restore health. In some cultures such as among the Nigerian Tuareg ACS is not considered as part of a disease but it is “evoked for the purpose of easing distress of the body and the mind.” (Somer 215)

4.5. Faith’s altered state of consciousness

Many times in the novel, Faith’s mind seems to have separated from her body. In her childhood she has to face this many times. As a young adult, phases of ASC or dissociation reappear when she has to deal with her mother’s legacy. The first time when the reader “sees” Faith altering her consciousness she is seven years old. On her birthday she witnesses the brutal fight between her parents. Bella is injured and she is crying. Faith cannot stand the situation. She tries to apply her mother’s behavioural patterns but considers them inappropriate. Due to the fact that there are no possibilities to set an appropriate action and that she is overwhelmed by the situation, she faints.

I had never seen her cry before. [...] I considered reaching out and ruffling her hair and saying ‘Don’t be a cry-baby,’ the way she did to me, but it didn’t seem right. I chewed my bottom lip and started to back away slowly, my eyes glued on her. Mother turned and looked up at me through puffy eyes. Her face looked soft and slack. One side of her face was swollen, and blood mixed with snot on her upper lip. I felt sick. Black dots swam in from the edges of my vision, landing on my face with prickly legs, then went up my nostrils and filled my mouth. Mother’s broken face bobbed between the dots and I slid downwards. Everything went black. I struggled to breathe; it felt like there was a heavy weight on my chest. Someone lifted me up and I felt myself moving. The smell of sulphur and copper stung my nose. I forced my eyelids apart, my vision rolled, a congealing red pool, sharp yellow teeth, a lolling tongue. [...] I pulled away from the ghoulish sight and slipped into darkness. (GST 53-54)

Zadok impressively describes Faith’s sensations and the way she experiences the dissociation. She seems to be in trance first as she has the feeling that some exterior force pulls her up. This is followed by visual impairment of hallucination. At least Faith interprets her decreasing eyesight as a revelation of forms that surround her.

When Bella takes Faith into her room, again being in a phase in which she sees the fairies, the little girl collapses again. Due to intense stimuli, Faith's mind distances itself from reality. The light in the room is dim, as Isabel has the curtains closed. The air is heavy with the smell of cigarettes and "her unwashed body" (GST 79). The seven-year old has to notice that her mother has ripped all photographs, that show Marius, apart. In addition to this, Isabel does not stop to talk about the bad fairies that have come to possess her.

Mother's room was hot and stuffy; I was finding it difficult to breathe. Heat flushed up my neck and into my head, my ears rang with an electric hum. My head felt like it was underwater. All I could hear was a loud buzzing but I knew Mother was talking because her lips were moving. I focused on her face, struggling to make out what she was telling me. Everything around her disappeared into darkness until her face was the only light left in the surrounding black, then dots swarmed in and covered her up. (GST 79-80)

Again, Faith's vision is impaired as in the various other situations when she just "faints" as a reaction to her mother's psychotic phases. The only time when her phase of ASC could as well have a traumatic reason in physiological terms is characterized by physical violence. The usually obedient and compliant Faith fights for her right to have secrets and that this right is to be accepted by her mother. When Bella literally intrudes Faith's room and steals the items belonging to the treasure suitcase, Faith becomes violent. She bites into her mother's hand, leaving a considerable wound. As a reaction, Bella gives her daughter a hiding that results in Faith being unconscious. "The last thing I saw was Papa's ring, lying against the wall, dull and lifeless, like all the magic had leaked out." (GST 102) Still in the first part of the novel, it becomes plain that Marius might not be Faith's biological father. Due to Bella's artistic talent, the seven-year old recognizes the similarities between her and the most evil fairy Dead Rex. Faith now believes to understand why the people in the town behave so strangely. This finding again leads to an ASC with similar symptoms concerning preceding situations. Here again, she has a blow delivered to her head when she throws the compact against the painting which then bounces off. As before, she feels ill and dizzy. "[...] I closed my eyes, feeling a stifling flush of heat rush up my neck into my head. I opened my eyes but the room was gone, replaced my millions of tiny points of light." (GST 134)

Faith seems to unknowingly comprehend that these happenings of dissociation prevent her from suffering. When her mother wants her to come to the orchard with her, Faith is full of fear. She is reluctant to go but she is prompted by Nomsa as well. Nomsa is not informed about what ought to live in the orchard, as Faith could not tell the nanny her mother's dark secret. Consequently, she sees no other option as to follow Isabel outside. There, for the first time, she drifts into another level of consciousness without fainting and without losing parts of her memory. "At the kitchen table I had grasped for ways to escape, but now, forced as I was into this situation, I felt far away, like some small distant bird, sitting in a tree above myself, watching. I was lost [...] Inside, I was shrinking down, disappearing." (GST 142) She feels that she has problems to breathe, but she fights this feeling. She distances herself from her body and her bodily feelings to get through this unwanted, difficult situation.

In the night of Nomsa's death, Faith feels sick again. Here, the phase of dissociation was induced by an event that was too difficult for Faith to process. Later in the novel it turns out that it was her, who accidentally shot Nomsa. Actually, she wanted to protect her from Oom Piet who rapes her. So, the loss of memory here is the only way for her body and soul to cope with the current happening. "Ein Funktionsausfall oder eine Behinderung kann auch dem Patienten helfen, einem unangenehmen seelischen Konflikt zu entgehen." (Paulitsch 183) Again, she has troubles to breathe properly and she feels so sick that she even vomits. She cannot remember what she has done and believes to have a nightmare (GST 166).

When she is a grown-up, the memories that were locked away in the unconscious part of her memory turn up in her dreams piece by piece. She is haunted by her past, which is triggered by the early death of Isabel English. "[...] the nightmares have started again. I can feel it when I wake up, that sense of futility, that there is nothing to live for, that everything is lost. Sometimes there are snatches when I wake up in the morning, images." (GST 187) Besides having nightmares, Faith shows signs of depressive episodes which becomes clear through the antecedent quote. She realizes that the return of her bad dreams have to be put into relation to her mother's passing. "Perhaps Mother's causing them from the grave, unwilling to be forgotten and left to rot. The

thought chills me.” (ibid.) As it was usual in her childhood, the young woman is alone with her despair. Until the day on which she is approached by the traditional African healer Elizabeth Mabutu. She sees the bad inside the young woman. Faith does not want the old, blind sangoma²⁵ to pray for her as she thinks she would not need it. “‘You do need it,’ she says, ‘there is bad inside you’ [...] ‘bad things have happened and need to come out. You don’t let them come.’” (GST 191) Faith’s healing process is lead and dominated by traditional African healers. Maybe this is the reason why Faith in the end can restore her mental health whereas Bella could never leave the edge of insanity. As already mentioned, Isabel English received Western treatment which in all this was not suitable for her situation. According to respective literature, Faith’s disorder could not have been healed by any medication. “Eine wichtige Therapieoption sind modifizierte **psychoanalytisch orientierte Therapieverfahren**. [...] **Psychopharmaka** sind rein symptomatisch einzusetzen und bewirken allein keine Veränderung der Symptomatik.” (Paulitsch 187ff., no emphasis added) Faith restored her health with the power of the African tradition and with the power of her own initiative and strength.

4.6. Dementia and the culture of silence in Zadok

In Zadok’s novel, which is full of mental anomalies, even dementia plays a role, albeit it is inferior. Again, exclusively women are affected by this disorder, namely Albertina Steenkamp, Faith’s grandmother, and Tannie Hettie. 200 years ago every disorder as far as mental processes are concerned were named dementia. Only in the following years dementia was referred to as a syndrome that was characterized by degenerative disorders which were basically irreversible. Dementia is derived from the Latin *mens* and therefore dementia means “loss of the mind”. (Paulitsch 278) Today, medicine has its focus on organic decay in terms of dementia. This is to be equaled with a sort of body and mind dualism. This appears to be the counterpart of a holistic view as here, the importance of mental well-being has no significance. Patients suffering from dementia show a reduction of various abilities. Their cognitive performance as well as their memory processing are impaired as well as their emotional

²⁵ Sangomas are traditional African healers and practitioners. Within the native African society they have a variety of responsibilities. As it is postulated on Mrs Mabutu’s cardboard, they help people with problems of all sorts and in addition to this they are skillful as far as traditional African medicine is concerned.

control. (Paulitsch 281) Faith gets in touch with a demented person in her childhood. Her grandmother from the father's side (who then actually is not her biological grandmother) was a woman "so strict about cleanliness and godliness, but after it happened she'd become a little demented." (GST 224) According to the protagonist, the old woman turned into a "clinging ghoul" (ibid.), who "no longer bothered with false teeth or clean clothes. The smell of decay hung over her and her house [...]" (GST 224) Her grandmother as well had visual hallucinations and she chased creatures that were not present. For Faith, this was hell: "[...] I lacked compassion, I found her repulsive and hated visiting her." (GST 224)

Faith decides to go to Tannie Hettie's place where she finds her daughter Liesel. The women do not recognize each other at first. When Faith utters her wish to talk to Hettie it is revealed that the old woman suffers from dementia. Or has she gone mad as well? "She's in a [sic!] old people's home, got old-timers," (GST 284), Hettie's daughter explains. "[...] 'you know, she's gone a bit funny, in the head.'" (GST 284) Faith then decides to visit Tannie Hettie in "her" nursing home for the elderly. The nurse explains Faith that Hettie is "a bit depressed", but she does not mention that she suffers respectively from dementia. The woman appears confused but she shows episodes of lucidity. For the character Faith, her utterances appear incoherent, but the reader is now able to reconstruct the night in which Nomsa died. Hettie incurred the liability to keep the dark secret and to take it to the grave. Her utterance "don't stir the pot" (GST 284) indicates that she as well is subject to the culture of silence.

These two women are again used to show the complexity of the society. Obviously, they suffer from dementia as a reaction to their life events. Alberta Steenkamp experiences the onset of her disease when Faith was a young child. Probably, she recognized as Faith gets older that there are no similarities between the girl and her son Marius. Due to the fact that the reader's knowledge is limited, he or she cannot reveal to which extent Mrs Steenkamp was informed about Bella's suffering. Tannie Hettie was fully involved in Bella's struggle. Most likely, the fact that her own daughter was part of the marriage's downfall and that she could not talk about it was the reason why Zadok let this character fall ill as well.

4.7. Coming to terms with Bella and Faith

This analysis shows how the characters' mental health develops throughout the story. At first, Bella appears to be the only one who has to face serious problems concerning her psyche. She has struggles to find her place in society. Due to several reasons, her mental state rapidly changes for the worse. She starts to embed Faith in her world of fairies in order to uphold her own world and in order to isolate her only daughter from other persons.

When Faith lives with Bella's friend Mia, she is still haunted by her past due to a complex mixture of violence and a prevailed culture of silence. Nobody ever told Faith that it was her who –as a try to protect her – longed to save her beloved Nomsa and within this act, killed her. The young woman develops manifold psychological malfunctions. These are in the end treated by traditional African healers who have a different concept of sanity and madness than western medical doctors. Only through this approach it is possible to save Faith and make it possible for her to lead a life without being haunted by dark secrets one – at least from a western perspective – is not supposed to talk about.

5. Rosemund J Handler's *Madlands*

Madlands, Handler's first novel, introduces the reader to a South Africa in the period of the early 1970's to the beginning of the 2000's. She builds up a complex world in which different characters stand in complicated relationships to each other. The three main protagonists are Anna, Carla and Jake Jensen. Carla, the most prominent character, was initially meant to be aborted by her mother Anna as it turned out that her father Jake is a paedophile who molested an eight-year old boy. As in 1971, when Carla was born, abortion was illegal in South Africa, Anna had to give birth to this child and breaks off contact to her husband who has now to spend several years in jail.

At the age of twelve, Carla's mental problems become explicit and her mother seeks the help of trained and experienced psychiatrists who seem to have their own agenda. Anna, doing all she can to make sure her daughter is getting better, has various problems and dark secrets of her own. Haunted by her past, it seems that for her there is no future.

Jake Jensen serves his time in prison which was the worst time of his life. Saved by Sue, his later partner, he becomes a good Christian who represses the "demon" inside himself. He decides to never touch a child again. He, as well, is haunted by his past, in which the reasons for his actions are to be found, and he is striving for a better life.

Handler draws a dark and cheerless picture of South Africa that is at least partly the cause for the characters' destinies. This analysis will deal with various sorts of madness. As in *GST* and *ITHOTC*, silence is a powerful catalyst as far as affliction and destruction are concerned. All characters have dark secrets that trigger their problems. The author seems to focus on women and their problems in particular. Handler displays that individuals may become victims of a society that is incapable of changing perspective. The perpetrator may have been a victim, unable to escape the vicious circle of drives, abuse, sexuality or the feeling of being abandoned.

5.1. Addictions and perversities

In *Madlands* it appears to be a common pattern that the men's relentless sexual demands, which sometimes are to be categorised as perversions, drive their

women to distraction. The women in turn, try to drown their sorrow in alcohol which in this novel most often leads to their death. Handler does not simplify these issues to categories of black and white but introduces the reader into the mind of the pervert where the reasons for his behaviour are to be found. Most often, the pervert was a former victim with his own dark past.

5.1.1. Jake Jensen - the abused child abuser

Carla's father turns out to be a paedophile who molested an eight year old boy and who had to go to prison for this assault. The formerly successful and popular young man gets raped and beaten in prison by other rapists and murderers. When Carla and Jake meet in the end, he tells her his story which he does not intend to tell her as an excuse but to make his inner structure more understandable. Jake Jensen was raped by his initially beloved Uncle Jack for over a year. Jack therefore was a paedophile. According to ICD 10, paedophilia is among "disorders of sexual preference"²⁶. People with this disorder prefer one or several prepubescent children (Fromberger, Jordan, Müller 1125). These sexual assaults may have severe influence on the further life of the victim:

"Sexuelle Übergriffe zum Nachteil eines Kindes zählen zu den schwerwiegendsten negativen Ereignissen für dessen gesunde psychische Entwicklung." (1123) The molested boy Claude later develops schizophrenia. Jake himself did not know that he was a paedophile until the day he literally fell in love with this boy. What happened to him in his childhood is likely to have contributed to his perversion. "Einige Studien konnten belegen, dass eine überzufällige Häufung eigener Missbrauchserfahrungen bei Pädophilen zu finden ist. Eine Metaanalyse zeigte zusammenfassend, dass pädophile Kindesmissbrauchstäter häufiger in der Kindheit missbraucht wurden als nichtpädophile Kindesmissbrauchstäter [...]" (1129)

As a child, he himself felt guilty for what has happened. He believed Uncle Jack to be the devil and that he is the devil's associate. "[...] I also started to feel terrible guilt that my parents didn't know that half-child, half devil lived in their home; that I wasn't spending Friday afternoons at the zoo or eating a burger with my uncle. I was doing the devil's business." (Madlands 337) Jake's mother, unlike Anna, did not spend time with her child and just ignores the changes her

²⁶ See ICD – 10 Classification of Mental and Behavioural Disorders

boy is undergoing. Pauline, the black baby sitter, finds out in the end what happened to Jake and has to pay for acting against the culture of silence. She tells the parents about her suspicion. "I never saw her again. They fired her for her trouble. For being the messenger." (342) He talks about these issues neither to his parents nor to his wife Anna. Later, when he meets his new wife Sue, he dares to describe what happened to him and he decided to live an honourable life as a good Christian. Although he is a paedophile which is "as simple and unchangeable as that" (219), he decides to fight his demon and to never touch a child again.

5.1.2. Brandy and John Barleycorn – the women's best friends

Anna drifts into alcoholism when Carla has her first mental breakdown. As the reader learns in the course of the novel, Carla's grandmother was a drinker as well. Alcohol is a way of coping with terrible situations that no one is allowed to talk about. So, Uncle Jack's wife becomes an alcoholic as well when she discovers her husband's perverse sexual preferences. Interestingly, the drinkers depicted in the novel are women. Women, who drink because of their husband's sexual drives and because of their own inability to stand up against them in this Culture of Silence. "Die schlimmsten Wirkungen eines lang anhaltenden Alkoholmissbrauchs sind neben körperlicher Erkrankung Abhängigkeit und Sucht. Der Griff zur Flasche dient vor allem denjenigen Menschen als Kompensationsmöglichkeit von Konflikten und Stresssituationen, die glauben, sie nicht anders bewältigen zu können."²⁷

Anna, her mother and Jake's aunt decide to die because of their drinking. The grandmother keeps her husband's secret of having numerous sexual affairs with young women. Jake's aunt as well decides to die because of her addiction, but in a letter she informs Jake's parents about what her husband did to their child.

Anna tries to become clean several times but she just cannot do it. Her addiction is continuously consuming her. "She's ageing fast [...]. Her arms are bony, the veins raised and knotted on the back of her hands. [...] In the last few months my mother has walked into doors, missed steps, banged her head, her nose, her ear, her shins, her knees. All in the name of distraction from the task

²⁷ 29 December 2013. <<http://www.alkoholhilfe.at/pdf/INFO%20Krankheitsbild%20Alkoholismus.pdf> >

at hand by something more interesting.” (Madlands 292) As it is typical for addicts, she tries to hide the severity of her problem. When Anna realises that she under no circumstances will stop drinking, she explains to her daughter how she feels about her only ‘friend’ who makes life endurable for her. “I’m not drinking that much. Brandy warms me. I can’t seem to do without that warmth. I can’t get up in the morning, I can’t feel anything until I take that first nip. Darling girl, it’s hard to explain: brandy is like a friend. It’s there; it tells me that I’m still alive, it makes me feel less alone, less scared.” (298) The reasons for Anna’s drinking – being alone and full of fear – as well as the drinking itself made life hard for her as well as for her daughter. Carla’s challenging character in combination with Anna’s secret problems lead to a difficult relationship between the women.

5.2. A problematic mother-daughter relationship as a seedbed for madness

The complicated and multi-layered relationship between Anna and Carla is one main source of problems in this novel. Beginning with the fact that Carla was not planned to be, she as unborn foetus was loved at first and then it was tried to be aborted. Apart from one depressive episode, her childhood appears to have been beautiful. The beginning of puberty then is accompanied by difficulties and problems. Anna, overwhelmed with the bipolar and demanding character of her daughter develops a love-hate relationship to her, which makes her feel guilty and bad.

5.2.1. Satanic weed – kill it before it grows

‘The act itself was the venting of fruitless frustration on your part, but, you sick unnatural bastard, against all nature, if nature is as benevolent, as natural as she is purported to be, on this particular occasion the result, irony of ironies, was not fruitless. I wanted you to know that – as well as the fact that I am aborting this thing, this spawn of yours, getting it sucked out in pieces like a satanic weed, as soon as I can find a way to do it.’ (Madlands 52)

A woman’s attitude towards her unborn baby is not a fixed one. It can change throughout the pregnancy and it is influenced by a variety of factors (Amendt 19). Before Anna was sure that she wants to get rid of her foetus, she loved it. Her marriage was not a happy one. She felt alone, unloved, and abandoned. Then, she realises that this creature will be hers, that she can love it unconditionally and that he or she will love her back. “[...] But the surge of

excitement she feels is unexpected. It's as if she has been given a reward that she has done absolutely nothing to deserve. Then it hits her, builds inside her: this baby will be hers. Her very own." (Madlands 105) Here, the first indicator of her low self-esteem is to be found. She believes that she does not deserve the baby.

This joy of expecting a child fades when Jake is accused of having molested a little boy. Anna realises that she now is alone. In addition to this, she is plagued by thought of self-insufficiency as she believes it was her duty to notice that her husband is a pervert. The woman has thoughts about whether it is her fault that her husband started to stalk children. She believes it is her who should have saved this boy. This is why she decides to abort the baby. In 1971, abortion was not legal in South Africa. The patriarchal structure of society on which the church still had a great impact, made it difficult for women in general. In particular, it was difficult for single, pregnant women who wanted to abort. Anna tries everything to lose the baby.

Instead she soaks for hours in cheap gin, emerging pickled and creased as a walnut, runs up steep hills as hard as she can, feeling the triumph of shooting pains in her lower belly; then runs down again, hoping to trip and fall, dislodging the clinging cells inside her womb. An assortment of pills and alcohol in quantities that would kill the foetus of an elephant do nothing to hers. (112)

The desperate woman seeks women who have the same problems. She talks to prostitutes and homeless women. In addition to this, she "[...] tracks down every woman doctor in town and beseeches them in the name of mercy, of desperation, of their shared gender – in vain." (Madlands 112) Apart from consuming significant amounts of alcohol and pills, she tries to induce an abortion mechanically. "She probes herself, hesitantly at first, then with rough stabbing fingers whose nails draw blood as they scrape her vagina. Tears pour down her cheeks, but nothing else is expelled from her stubborn, resilient body." (112) Anna knows that by consuming alcohol she can at least harm the foetus or even –which is in her view the best case – kill it. No matter whether the baby dies because of alcohol abuse or not, it will harm the baby in some way. „Die pränatale Schädigung durch Alkoholmissbrauch schränkt demnach in jedem Fall die Lebensperspektiven der Kinder ein. Andere soziale und psychische

Einflüsse können gleichwohl zusätzlich die ursprünglichen Einschränkungen noch verstärken.“ (Amendt 56)

Anna is alone. She does not talk to anybody about her pregnancy. She feels unable to do so. Her only friend Jean, whom she initially wanted to share the news with, dies before Anna could do so. She dies because of unsuccessful self-abortion.

When it becomes obvious that there is no way to lose the baby, she gets a job and earns as much money as she can due to the fact that she will be a single parent. Right before Anna has her stroke in the end, she confesses that she suffered from matrophobia. Anna was afraid to become a mother. In addition to this, there is evidence that she suffered from a postpartum depression as well: “The woman dumps the package in Anna’s arms. Anna finds she is trembling all over. She looks up at the woman in terror and tries to give the bundle back. The nurse laughs, a tinkle of merriment. ‘Give her the breast,’ she commands [...]” (131)

“Postpartum depression is defined as the onset of depressive symptoms during 4 weeks after delivery.” (Härtl, Müller, and Friese 813) Often, the symptoms are not recognised as by the time of onset, the women are already at home without medical care or at least professional staff. According to the authors, there are various factors that can be connected to postpartum depression. Among them, fear and depression during pregnancy, the lack of social support and problems within the relationship are possible triggers. (815) These are to be found in Anna’s life before Carla is born. In addition to this, Anna has to face a serious life event when she, pregnant herself, finds her dear and only friend dead, lying in a pool of blood because she desperately tried to perform self-abortion.

When the reader is confronted with Anna’s view of her past, it becomes obvious that when she fought her fear and her depressive episode, she did her best and decided to just love Carla:

I didn’t want you, Carla, she whispers. I resented the presumptuousness of your tenacity in my body. I wanted to kill you because your father had killed something in me, and I held you as his accomplice. I cursed your perfection with my selfishness, damaged you before you were born, when you were still clumps of dividing cells. I interfered in some way with the complex tapestry of your becoming. And I’ve spent my life and years

since then in atonement. With all that I am, all that I have to give, Carla, I have loved you. (Madlands 132)

In her early life, Carla develops first psychological problems. Despite Anna's effort, her condition and symptoms get worse. In addition to this, it is remarkable that Carla does not call her mother just "mom" as other children would do it. Carla calls her mother by her first name. With regard to the difficult situations during pregnancy it may be concluded that the origins of Carla's problems are to be found in a time before she was born. She was born into a world that at first did not want her. The fact that she was faced with rejection as a foetus gives her life a particular direction. She is part of the vicious circle.

5.2.2. (Un-) conditional love or a mother indebted to her only daughter

Carla's early life seems to be like the life of a normal, healthy child. Anna loves her unconditionally and would do everything for her. As a single parent, she has to earn all the living expenses. She works hard and for long hours. Even her child notices how tired she is. "She yawns a lot more than she smiles." (30) Therefore, Anna hires a black woman to take care of Carla and to do the household while she is at work.

Carla tries to conceal that she is mistreated by this woman and behaves strangely, Anna becomes suspicious. In this case again, silence plays an important role. Carla is supposed to keep the secret that the maid abuses her physically. She burns Carla's butt with the hot iron. "That's when I smell the burning. She'll say it's my fault. I run. I run as fast as I can. [...] Then she comes after me. [...] She pulls down my panties and she does it again." (24) Carla is mistreated in an awful way. "You tell Mommy about our fun on the swing,' she says. 'You tell her nice or I take the meat knife and I find you in the cupboard. I cut you in small pieces and put you in a nice stew with pepper and salt.'" (25) The grown up builds up a world around the infant with its own laws. The most important attachment figure, the mother, appears unable to help the child to solve these apparently severe problems. Due to the child's credulousness, Carla sees no way out of her misery as to act the way Mina wants her to. Despite Carla's attempts to conceal her wounds and worries, Anna does not get distracted and finds out what the maid has done to her daughter. She takes immediate steps to do the best for Carla. The maid did never come again and Carla was taken to the doctor. Anna does her best to spend as much time as

possible with her offspring. According to little Carla's observations, her mother represents an exception in doing this. Carla even deduces from her mother's protective and child-focused behaviour that Anna is not normal.

My mother is always alone. After school is over, she and I are often together. It puzzles me that she spends so much of her time with me. [...] The mothers know how to enjoy themselves. [...] Anna never joins in, and she seldom laughs. When she smiles, though, her face shines above me like the sun after rain [...]. This fantasy doesn't stop me from praying every single night that Anna will become normal. That one day she'll wake up and send me away from her like the other mothers do. (34)

Despite the fact that Anna does her best to make a peaceful life possible, she is consistently haunted by her past. When Carla gets older and attends school, she first realises "that other kids have two grown-ups to tell them what to do. I have only one. I find that I like the sound of the word dad better than mom." (28) Here, Anna reaches her limits. Fathers, or even men in general, seem to be a taboo in the house. Anna is not able to react towards her daughter's question in a constructive way. Anna's behaviour and reaction represent the culture of silence. "I can't see and the air around us turns cold. Sometimes she orders me to leave her bedroom. It's my favourite room in the house, and I hate to leave." (36) Anna sends her away when she cannot bring herself to talking about taboos. To talk about taboos is sanctioned. This turns out to be of disadvantage for Carla's development and her understanding of the society and the culture she lives in and of which she naturally wants to be a part of: "I'm not even sure what fathers are for, besides fetching and carrying. I want one because other girls have one; because I'm the odd one out." (36) Anna even enforces this feeling as she suggests that Carla cannot be a normal child as she probably not even has a father. Like Bella in GST, Anna tells Carla that she is something special as her father might not even have been there at the time of conception. "Anna tells me that I'm pretty. She takes my face in her hands and with a smile she says she doesn't know where I came from, perhaps God, like baby Jesus did. Who else could have given me such eyes, she says, greener than a stormy sea." (37)

Anna does not correct her mistake of having taboos. At a later point in Carla's life, it has severe consequences for Carla's psyche and her further education. At the age of twelve, Carla gets expelled from school. When she looks at her

early adolescence retrospectively, she still does not describe what happened. It becomes clear that this was the incident that caused her mother to seek professional help. “Without discussing her decision with me, she makes my first appointment with a psychiatrist.” (48) The reader gets to know the details when Anna’s point of view is offered. It turns out that Carla, shocked by her very first menstrual bleeding, ‘threatened’ a schoolmate with her spoiled sanitary towel. It turns out that this classmate is June Wilson, who “has been giving Carla a hard time at school for ages.” (206) So, Carla hunted her classmate in the girl’s restroom and touched her several “[...] times. Her arm and leg and chest. She even batted her in the face.” (206) Anna realises that she has never talked to Carla about menstruation before and that it might have been a reaction of shock. “Miss Reid’s words smash into Anna’s chest like bricks, one brick at a time. She finds she is short of breath. She and Carla haven’t said a single word to each other about menstruation. Anna was far too busy with – other matters. She simply didn’t think to offer and Carla didn’t ask.” (205-206) But even after this incident, the mother does not seek a clarifying talk which probably would have worked a lot better than seeing non-empathic, narcissistic psychiatrists. Anna herself does not seek professional help but turns to her only remaining friend – Brandy. She tries to do the best for her daughter, but forgets about taking care of herself.

Every time, when Carla has her manic episodes, Anna tries to calm her down. After a party, Carla drives her car under the influence of drugs. She sees that Anna has called her at home, but the phone did not work so she wants to use the phone box. As she has problems using that as well, she starts damaging it. She gets in rage and riots. Carla gets arrested and spends the night in jail. Anna picks her up the next morning and gets her out of prison. “I touch my dry lips with a parched tongue and try to apologise. Words, threadbare as torn rags, drift aimlessly from my lips. Finally my mother takes one hand from its clenched position on the steering wheel and places it on my cheek. ‘Rest, darling girl, that’s what you need [...]’ She smiles at me.” (93)

Even though Anna has to be tired of situations and incidents like this, she manages to support her daughter and to be patient with her despite the fact that for herself it is not easy. When Anna visits Carla in Valkenberg, she has time to

think about their weird mother-daughter relationship. Her feelings concerning her daughter are at the centre of her reflections. She comes to the conclusion that she is just “tired of sacrifice. I love my daughter. *But I also hate her.* How is it possible [...]? The tenderness of mother love as opposed to the intransigence, the hard-heartedness, of hate. She shrinks from the monosyllabic weight of the word on her tongue. It engenders other words: disgrace, ingratitude” (100) Anna has the feeling that she always had to lead her life according to Carla’s mental condition. And she did so as she feels guilty for not having wanted her.

Additionally, it might even be possible that the seed for her later emerging mental troubles is to be found in Anna’s unsuccessful attempts to abort her child.

In the waiting room in Valkenberg, she carries on to analyse her feelings towards her daughter.

Did she feel an element of something sinister towards Carla the watchful five-year-old, the precocious ten-year-old, the dangerous, mysterious fifteen-year old? No, there was nothing like that, nothing so unmotherly back then. She can still recall that love, though its purity no longer exists. Her love has become adulterated. It has changed her; impacted her life as powerfully as a bulldozer [...]. *She not only changed your life, she took it over.* (100)

Anna constantly feels guilty and responsible for all the things that went wrong in her and in Carla’s life. She has an incredibly low self-esteem. Despite her hostile feelings towards her daughter, she never lets her daughter feel them. At the very beginning of the novel, when Anna is already dead, we find out that grown-up Carla still needs her mother to comfort her, that she appears to be the only one who loves her unconditionally and understands the state she is in.

“Anna. I wanted Anna. There were things I needed from her. Darling girl, she’d say, breathe deeply, you’ll be fine. My mother’s hand would be cool, her voice brimming with everything she’d tried to give me, everything I’d thrown away. Her elfin fingers would feather my face; hold it firmly, palms alongside my jaw. She’s make me breathe, a little deeper each time. I called her name, feeling scalding tears on my cheeks. I called as loudly as I could.” (15)

5.2.3. The need for each other or “the Mad leading the Drunk”²⁸

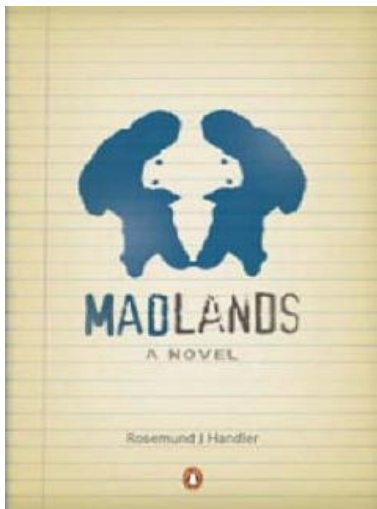


Fig. 1, Handler's *Madlands*

This is the cover of the novel. It appears to show similarities to the famous Rorschach test which “is a test for revealing the underlying personality structure of an individual by the use of a standard series of 10 inkblot designs to which the subject responds by telling what image or emotion each design evokes.”²⁹ The inkblot one can see here appears to show two persons who look exactly the same. They are not only the same as far as outer appearance in terms of silhouette is concerned, but both seem to cry. At their feet they are linked like Siamese twins who cannot get detached from each other. By designing a cover like this, Handler has beautifully and artistically summed up the relationship between Carla and Anna: two women of the same structure due to the fact that they share the same genes and the same surroundings.

Additionally, the women have problems of similar quality leading to suffering. They are attached to each other. The reader is only able to interpret the cover after having read and understood the complexity of the plot and its characters. Carla and Anna are on the one hand at least partly the reason for each other's destiny, but on the other hand they need each other in order to survive and to fight the adverse conditions provided by a society they find themselves in.

Their need for each other becomes apparent in various parts of the novel. Right at the beginning of Anna's pregnancy, she feels that it is a gift to get a baby as it will be the first person whom she can love and who really will love her back.

²⁸ Madlands 50

²⁹ 26 December 2013. <<http://dictionary.reference.com/browse/roorschach+test>>

Anna feels lost as Jake does not appear to care about her. After having delivered the baby, she decides to love it, no matter what happens. The child is the reason for her to get a job and to lead a structured life. Apart from her depressive episode, Carla seems to have been an unproblematic child. After the “sanitary towel debacle”, Anna starts to drink. Just like her daughter in manic phases, Anna is out of control. Young Carla realises that her mother endangers her own life and wants her to accept professional help. “Mom, you need help. Please, let me call a doctor, or maybe Alcoholics Anonymous. They can help you. They know what to do with people like you.’ [...] ‘Go do your homework,’ she mutters. [...] Anna cackles behind me, a disturbingly eerie sound. ‘The mad leading the drunk. My goodness, what a fine pair we make.’” (Madlands 50) At the same time Carla finds the letter which was supposed to be sent to Jake in which Anna describes her plans to have an abortion. All her efforts to assure Carla that she is wanted and loved seem to have been in vain. “Does my mother drink because she still wishes she never had me?” (53) Carla appears overwhelmed by these thoughts and decides not to be a burden for her mother any more. Two days after she read the letter she tries to commit suicide in the bathroom by cutting her wrists. Anna is drunk but finds her daughter early enough to save her life. “By the time I come out of hospital, Anna is an avid participant at weekly meetings of Alcoholics Anonymous.” (53) With this action, Carla has prevented her mother from dying a far too early death. For some time, Anna is back on track, keeps her job and leads a fairly normal life. She pays for Carla’s health care expenses and does little for her own well-being. She wants to be strong for her daughter as she is the only one able to take care of her as Jake is in prison. “*She didn’t miss her father, thinks Anna sorrowfully. She didn’t know what it meant to have a father. She missed me. She trusted me to keep her safe because that’s what mothers do.*” (103)

Anna’s love for Carla and the fact that Carla realises how much her mother needs her saves Carla’s own life. After her third suicide attempt, she decides to change her life for her mother. “While under suicide watch, I make a decision: this is it; this is the last time I suck down all that shit. Even if it’s only for my mother’s sake.” (65) Carla does her best, but her health declines. She becomes an inmate of Valkenberg, a psychiatric hospital in Cape Town. Anna visits Carla in Valkenberg, which turns out to be not easy. The mentally ill inmates touch her

and steal the things she originally brought for Carla. It is her daughter among the insane. Anna cares about which doctors Carla sees and whether they have a good influence on her. There comes the time when Anna is not the only person Carla needs any more. Anna starts to drink heavily again, Carla sees hope in her psychiatrist Dr Gold. "I know why I landed up in Valkenberg; I also know why I'm still here. [...] It's because as long as I am inside, Gold is my doctor; and he seems to believe in my future. If I leave, he doesn't get to go with me. And without him in my life now, I may not have a future to believe in." (246) Carla does not need Anna anymore. When according to Gold Carla is ready to Valkenberg, Anna already is in a really bad condition due to her alcoholism. Carla is worried about her mother, but her mother seems to have succumbed to her "fate", she does not fight any more. "Don't try, darling girl. Worry about yourself. Just get well. Leave me to – well, me, I suppose. I'm not your problem." (293) But still, she needs Carla to comfort her as she is the reason why Anna is still alive. This is why she wants Carla in her house.

'I'm so proud of you. I'll come and fetch you and we'll celebrate.'
 That's all I need.
 'Mom, I'm not going to stay with you. I'm going back to my place.'
 'But I was so looking forward to having you stay for a little while, Carla.'
 'Will you go to AA if I come?'
 'If that's what it takes; if that's what you want.'
 'It's what I want *you* to want.'
 'I need the toilet, darling girl [...]' (299)

Again, the mother would have acted and prolonged her life just for her daughter, but she does not seem to need her mother anymore. When Carla tells Anna that she has decided to see her father, Anna suffers a stroke which will lead to her death in the end.

5.3. Transgenerational madness?

Shortly before Anna has the stroke, she tells Carla about her own childhood. This uncovers the secret why her own life has become like this and why this as well has consequences concerning Carla's life. Anna's mother was an alcoholic as well and Anna can now see this vicious circle she feels unable to escape. "I didn't resent my mother for drinking. I didn't blame her [...] I felt sorry for her [...] The way you feel sorry for me now. [...] You blamed yourself, you thought your problems made me turn to drink and you acted out accordingly. The truth is you

had nothing to do with any of it.” (297-298) The grandmother used to drink heavily as she found out that her husband is cheating on her regularly. This woman who used to be of a joyful nature becomes embittered and ill. “It killed her in the end, though they said it was cancer of the liver. Shall I tell you what I think? I think she wanted her drinking to kill her. She loved the wrong man. Just like me.” (295) Anna’s feelings towards her own mother and her drinking are very similar to Carla’s feeling concerning Anna’s addiction. Like her mother, Anna appears to want her drinking to kill her. Initially, she wanted to fight her “fate”, but she gave up in the end. “‘All my life,’ she says simply. ‘I’ve been afraid all my life that I would become her. And in spite of that fear – perhaps because of it – I *did* become her.’” (297) Handler displays the reason and the key of the women’s problems in general to be dysfunctional relationships to their men. These troubles appear to have their origin in the men’s sexual drives. “*What the hell is missing with the women in my family? Not only do they pick the wrong man, they allow him to destroy them as well.*” (297)

5.4. The downward spiral - Carla going “mad”

One of the first things the reader learns about Carla is that she is bipolar. As many aspects of the novel itself, Carla is full of contrasts and contradictions. She tries to fight “biCarla”, although she at least appreciates her manic phases. “When I was craziest, consumed by mania, I looked my best, skin smooth, teeth glistening, eyes improbably green.” (18) During her manic phases she tends to put herself into danger physically as well as her finances are concerned. “My credit card ran into thousands, until my mother finally shredded it [...]” (18) As Bipolar disorder is part of the section *theoretical considerations*, further description is omitted here.

5.4.1. The absence of a father figure

As already mentioned, Carla appears to have been a fairly light-hearted child. She felt secure as her mother made sure that nothing lacks. Her world appeared to be perfect until the point when her classmates started asking questions about her father which she had not seen in her whole life. Anna did not talk about that topic and so the father as a concept as well as the person himself remained an enigma to Carla until the day when Jake begged Anna for one unique visit. Jake promises that he will never try to contact them again.

When Anna tells Carla about the visit, Carla is excited and looking forward to it. There, a picture is taken of the three.

The link is their small green-eyed daughter, who smiles for both of them, a big smile at the behest of the warden. Carla pulls at their hands, holding on to each of them as if her puny power can weld her family together. Anna feels a magnetic force pulling her in the opposite direction, out of the photo, as far away from Jake as she can get. Away from the sad shadow of the enemy, who must now be quickly erased from her daughter's life. (201)

Carla is really happy to see her father as he seems to be what was missing in her life. When they return from prison, Jake repeatedly turns into a taboo. The girl realises that she will never see her father again. The result is that she starts to behave strangely. The schoolteacher calls Anna and tells her that Carla's behaviour has changed. "She refuses to play and her drawings are disturbing. After rest time she is fretful and reluctant to get up. The teacher asks if there is anything wrong at home. Nothing out of the ordinary, says Anna, and puts the phone down [...]." (202) Anna has been taught to preserve the culture of silence and now she just does so. She does not try to talk to Carla about her feelings but she takes her to the doctor. "Anna has never heard of a six-year-old with depression, but the doctor, experienced and gentle, checks Carla thoroughly, pronounces her physically sound, and says it is quite possible. He, too, asks if there have been any recent changes. Again, Anna says nothing." (202) This is the beginning of Carla's declining mental health. The preservation of taboos, the neglect of feelings, a terrible Culture of Silence is depicted as the origin of declining mental health. As a child she had to face severe loss which led to infantile depression. As Jake is not dead, Carla has to face "just" a temporary loss. But the fact that she is so young and that she cannot know when and if she will see her unknown but beloved father again equals it with an absolute loss.

Temporäre Personenverluste sind Abwesenheiten eines Familienmitgliedes für eine bestimmte Zeitdauer, die durch die Rückkehr dieser Person in den Familienverband beendet werden. Es kann sich dabei um Tage, Wochen, Monate oder Jahre handeln. Temporäre Verluste können, solange sie andauern, in Analogie zu permanenten Verlusten aufgefaßt werden. Je früher im Leben eines Kindes ein solcher Verlust auftritt, desto schwerer fällt es ihm, einen temporären Verlust von einiger Dauer, die von den älteren Familienmitgliedern vielleicht vorausgesehen werden kann, von einem permanenten Verlust zu

unterscheiden. Die faktische Abwesenheit der jeweiligen verlorenen Person ist im unmittelbaren Erlebnis zunächst die gleiche. (Toman 47)

Carla is shocked by the loss of her father and reacts by developing a depressive episode. She seems to get over it but never becomes the same again. The girl has problems coping. According to Toman, the best way to protect the child from the consequences of such a severe loss would be to find an ersatz for the lost family member who is similar to the lost person. (51-52) Anna does not mention to ever lead a normal relationship again and so Carla becomes a more difficult child with diffuse problems.

5.4.2. Carla – the odd one out

Apart from the fact that she has no father, it is also her mother that distinguishes her from the other children at school. As already mentioned, Anna spends far more time with her daughter than other mothers do. In addition to this, she is not interested in fashion or fancy leisure activities. “Anna’s qualities are hard for a child to appreciate.” (Madlands 31) She does not give her daughter pocket money and so Carla is the only one who is not able to buy sweets. She is dependent on her friend Marie, who will share her candies with her. When Marie is not at school, Carla often becomes a victim of bullying. One day, the children make her lick dog’s excrement. On other days they threaten her that they will beat her up. “When I open my eyes I’m in the middle of a circle of kids. They smell of pee, as if they’ve peed in their pants. (Or maybe it’s me.) [...] I wish that Marie was there to save me, but she’s been absent with measles for two weeks. I want to vomit.” (30) The little girl responds heavily to the stress she is exposed to. “Being the victim of bullying involves the experience of suffering a defeat and humiliation that in turn could lead to entrapment, then hopelessness. With the co-occurrence of other adverse victimisation experiences, the likelihood of entrapment increases further.” (Meltzer et al. 501) According to Meltzer et al., bullying is to be considered as a terribly vicious act among children that might influence the victim’s mental health for his or her whole lifetime. Bullying can be the reason for people to commit suicide attempts in their later life. “Even after controlling for lifetime factors known to increase the risk of suicidal behaviour, adults who reported bullying in childhood were still more than twice as likely as other adults to attempt suicide later in life.” (Meltzer et al. 498)

5.4.3. Suicidal Carla - the burning desire to feel better

At the age of twelve, when the “sanitary towel debacle” takes place, her mother decides – again without discussing this decision with her daughter – that Carla needs professional help. She starts to see psychiatrists which, in her case, appear to worsen her situation rather than to change it for the better on the long run. The role of the psychiatrists will be discussed in another section. Important here is that obviously the lack of talk therapy and the fact that even the doctors have inflexible prejudices contribute to Carla’s downfall.

A week after my expulsion by Miss Reid I find that I am unable to unglue my tongue from my palate. Words won’t form without a sweaty struggle, which the psychiatrist – a gloomy pudding of a man – attributes to shock. He doesn’t seem interested in exploring this shock, or possible causes of my ‘bad behaviour’ (his words) at school, or how I feel about being expelled. He’s much more interested in medicating the bad stuff out of me. (Madlands 48)

Anna, who herself is overwhelmed with the situation starts to drink at this time. Carla has the feeling that again it is her fault that their lives drive into this direction. She finds the letter which shakes the girl’s fragile world to the very foundations.

And you, I say to the little girl smiling so widely in the photo, you’re the unwanted spawn of an alcoholic mother and a father you don’t know, who, it turns out, is a sick unnatural bastard. Chills trickle through me, drops of ice in my veins. My own mother wanted me dead. No wonder I feel the way I do, no wonder I do the things I do. This is why. These people are my family. (Madlands 52)

For the first time since her elementary school days she realises that there really is something wrong with her family. “Get real, most families have something to hide, accuses the part of me desperate to grow up normal. But the inner, knowing part of me acknowledges the truth: we’re abnormal.” (52) She finds out that the persons who are near to her are not as she imagined them to be. Her mother is not just loving and caring, but she is an alcoholic. The picture she has of Anna gets shattered, she loses part of her mother. Additionally, she finds out that her father has done horrible things which will haunt her family forever. Now, Carla is faced with so-called partial losses:

Partielle Verluste sind Verluste von Merkmalen oder Aspekten einer Person im Familienverband. Ein Kind kann erfahren, daß der Vater auch jähzornig sein kann, daß er trinkt, daß er einmal eine Gefängnißstrafe

abzusitzen hatte oder etwa, daß die Mutter schon früher einmal verheiratet war. Das Kind verliert den Glauben, daß der Vater immer gütig und beherrscht oder daß er „anständig“ (unvorbestraft) ist, oder daß die Mutter keinen Mann außer dem Vater liebte. (Toman 47)

This inner struggle that the constellation of her family influences her own development leads Carla to the conclusion that she never will be a normal person makes her so desperate that the only possible option for her appears to be suicide. So, at the age of twelve, she cuts her wrists in the bathtub and hopes not to be found. Anna finds her and they both try to recover. Carla wants to find joy in her life and Anna tries to fight alcoholism.

When Carla reaches puberty, she becomes an object of interest for the men who surround her. She is startled and tries to understand that. “I began to eye myself in the mirror with more interest, experimenting with different angles; trying to understand what men saw in me that I could not see in myself.” (Madlands 55) She loses virginity at the age of fifteen and becomes pregnant. Even here, the vicious circle the women find themselves is to be found. Carla is in shock and talks to nobody about it. Not even to her best friend Marie. It is her wish to turn to her mother, but she feels incapable to do so. “Ask Anna. She bungled aborting me, but she surely, learned something in the process. A watermelon tummy and a squalling baby materialise, cavorting horribly in from of my eyes.” (57) Just like her mother, she does not want the baby, she is afraid of this *Ungeziefer* inside her womb which will change her life completely just as she has changed the life of her mother. As she feels incapable to share her problems with Anna, again there is only one option for her: suicide. Carla comes home from a party and swallows Anna’s pills which she finds in the bathroom. She swallows all of them, she is determined to die. “This time there’ll be no mess, no bloody water or sliced wrists for the doctor to speculate about and diagnose treatment.” (59)

The next morning, Anna wants to wake Carla up. Carla’s face has already “turned to the waxen stillness of a statue. She was sure she was too late.” (59) Fortunately, it was not. Because of this intoxication, Carla loses the baby. “Two days later, I begin bleeding heavily. I eye the pad, wondering without interest if the blood is Mike’s baby. All I can feel are cramps from my period. Dead Mike is

just that: dead. I have nothing left to offer the doctors by way of explanation for this, my second suicide attempt.” (59)

The time between eighteen and twenty-five is described by Carla as her “blurred years”. Within this period, her syndromes develop rapidly and reach their peaks. Besides the problems every adolescent girl has to face, Carla develops a bipolar disorder. Her medication and the fact that she consumes alcohol and a significant variety of other drugs make her mood and her behaviour dangerously unstable. “Mood stabilisers are routinely prescribed for Bipolar Disorder. Some doctors insist on antidepressants as well, a near catastrophic cocktail when tarted up with my personal staples: dope and booze, crack, Mandrax, Ecstasy, [...]” (64) She changes her psychiatrists frequently without finding stability in her life. During a short-time stay in a psychiatric clinic her third suicidal attempt takes place. A deadly mix of medication and drugs nearly kills Carla who was found by a nurse just in time. This time, she believes that she actually did not want to die. “Again, I can offer no explanation. I couldn’t remember a thing. I don’t think I meant to commit suicide, I tell Anna. I just wanted to feel better.” (65) It is terrible for Carla that she cannot understand her own feelings. “Behind me three suicide attempts lie knotted up, coiled in enigma.” (65) The doctors confront her with the “facts” that she is abnormal and insane, she does not correspond to the norms in this society. As she is a dysfunctional member of this community, she is sent to the psychiatric hospital Valkenberg where she should be made able to lead a life according to the society’s stiff norms.

5.5. Valkenberg as a Heterotopia mirroring society

Perhaps this is where Carla’s been headed. Perhaps this place was always on the cards for her. A new feeling percolates in her hollow gut. It’s stronger than guilt; it swallows up her entire being, smothering her with a sinking sense of a border crossed and danger all around. The danger of contamination. That’s why I’m quarantined here, in this isolation cell for parents of the damned. But two steps away, through the door – and she, Anna, will be among them. Among the institutionalised insane, part of them. With her daughter. (Madlands 99)

The South African society that is depicted in Handler’s novel obviously has strict rules concerning how life has to be led, what normal and what abnormal means. Normal and abnormal appear to be important concepts. Carla is continually confronted with the fact that she is located among persons who are abnormal.

In the novel, family constellations that are different from the common constellation are judged. Unmarried women who become pregnant are whores, women who want an abortion are murderers. Powerful members of society, who are mostly men in this novel, use their status in society to abuse the weakest. Handler paints a dark picture of this society which leaves no space for even imagining a sort of utopia. The displayed society represents dystopia. People, who do not act according to the rules of dystopia are placed elsewhere. They are put in a place which Foucault in his text *Of Other Spaces* describes as heterotopias. These are locations “in which individuals whose behavior is deviant in relation to the required mean or norm are placed. Cases of this are rest homes and psychiatric hospitals, and of course prisons, and one should perhaps add retirement homes [...]” (1967) The concept of heterotopia is used by Foucault “in order to indicate a place which is different but nevertheless part of our reality.” (Mengel 157)

And indeed, Valkenberg is a real hospital Cape Town which offers a number of wards for different syndromes, for men and women. The women’s ward, in which Carla has to spend her time “is an acute in-patient unit for woman suffering from a broad range of psychiatric disorders. The majority of the patients in the unit are psychotic and/or behaviourally disturbed at the time of admission.”³⁰ For Handler, the reasons why the inmates are behaviourally disturbed appear to be clear. All characters that are introduced had to suffer abuse, neglect and violence. But not the mighty perpetrators were put into “other places” such as prisons, but the victims who, due to a culture of silence, could not utter what was done to them and therefore became peculiar. What is pointed out in *Madlands* is that just because incidents are not talked about that does not mean that concerned people do not know about them. In the chapter *They think I don’t know* Carla is the omniscient narrator describing the terrible nuisances that happen in Valkenberg.

I know a male nurse with his palm on my crotch; I know staff stoned on night duty; I know staff and inmates and visitors and trade: dope, booze, sex. I know about insomnia, nightmares and hallucinations; I know about systematic opportunistic sexual assaults on the most piteous of inmates, in toilets, showers, dark corners, during drugged slumber. I know about

³⁰ 28 December 2013.

<<http://www.health.uct.ac.za/departments/psychiatry/clinical/valkenberg/#Woman>>

smothered screams for help, about terror and rape while official protectors look the other way. I know the pain of the powerless, the soul imprisoned in a madlands of misanthropy and violence and despair. (Madlands 187)

It appears as if this madlands of misanthropy can be equalled with the South Africa described in the novel.

5.6. The insane treating the mentally ill

Handler depicts a society in which the weak are abused and women are discriminated against. Church and patriarchy appear to form this society's attitudes. Under the guise of moral commitments, women are forced into their roles. As the characters in the novel cannot lead a life according to society's expectations despite the immense pressure that is put on them, they start to show mental abnormalities. Normal and abnormal are two crucial concepts that dominate people's lives in *Madlands*. As Carla has significant difficulties to cope with the severely shattered family background, she is sent to a variety of psychiatrists – just like many other women. Like in GST, these doctors appear to be white misogynists who are not interested in their patients but rather to have their own agenda which contributes to upholding a society that provides advantages for them.

Already at the age of twelve, after her expulsion from school, Carla experiences these complex power relations. Her first psychiatrist, who is – like all psychiatrists in this novel – a white man, immediately judges her behaviour and classifies it as abnormal and “bad”. He is not interested in the reasons of Carla's behaviour. It is important that she stops acting this way and so it is his aim to medicate “the bad stuff out of me.” (48) To some extent, this act was fruitful as she could overcome the shock, but still her soul is wounded.

When Carla is older, she frequently changes her psychiatrists. “The reason for this is my quest: for a saviour, a doctor who understands what I'm going through; who, over and above the standard narcotic backup, is prepared to offer support and insight into the management of my debilitating mood swings and the havoc they wreak.” (63) But none of them has the social competence to offer Carla a few calm minutes to talk in which she could reflect upon taboo topics and explore her own psyche. The young woman describes how all doctors appear to have similar strategies. Medication of the patients is what

they consider as the most important factor of therapy. They act like if how and what the patient eventually feels, is none of their business.

The psychiatrists have two major flaws in common: one, the diagnosis they swear by usually contradicts, in some way, that of a previous doctor; two, they have a peculiar faith in the panacea of prescription medications and are intransigent about considering other options. The side effects from these medications are worse than the disease: insomnia, or horrifying nightmares, hallucinations, [...] the list is endless. (63)

The doctors just tell Carla that it is her “illness” and her fault and that she has to deal with the side effects of her medication. “I’m told they’re part of the price I must pay, that sacrifices must be made, that side effects are manageable and minor (!) and, unlike my illness, do not disrupt or threaten my life in any way.” (63) So they do preserve the culture of silence by not offering clarifying talks on the one hand and on the other hand by suppressing Carla’s efforts to verbalise her concerns. It appears as if the doctors do not try to fight the root causes of Carla’s worsening mental state but try to alleviate the symptoms.

Carla describes how she experiences the power relations between doctor and patient. “Bailey’s coldness is inside him as well as in his rooms. He drips ice into the atmosphere, a deliberate seepage which tells you upfront that he’s the boss.” (73) But she is tired of accepting that her psychiatrist is not interested in really helping her. Like Faith, she doubts that medication can cure her condition. She utters her thoughts. “So why do I feel so weird? Is it because I’m bipolar? Does sadness have anything to do with it? Can *that* be zapped by a new medication?” (80)

Carla even meets one psychiatrist, Dr Courtney, who is not just ignorant concerning her problems, but who abuses her and makes her dependent on him. He specialises himself on women. All his patients are female and with most of them, he has a sexual relationship. Carla has suspicions when she sees the considerable number of women in the waiting room. “The pool of applicants is endless, unsurprisingly almost all, by the descriptions, are women. How does word get out? Through whispers in cafes and bookstores and hairdressers? And why are so many women in dire straits?” (179) She appears to begin to doubt whether it is really the women’s fault that they have problems.

Courtney explicitly uses his religiousness to protect himself from bad conscience. As a male, white doctor he has the right to decide how to treat his female patients. “*God spare me from ageing anorexics with plastic skin, pleading eyes and open thighs. [...] Lord, keep me safe from boredom. I’m a hard-working detective, a compass, a mind surgeon. [...] grant me gorgeous women who need me. The real thing. Amen.*” (179) Courtney believes to be a good Christian. But he cheats on his wife and uses ill women to have sex with them. As these intercoursings happen during their official appointment, he even gets paid for it. In addition to this, he is homophobic as he “never saw gays of either sex.” (180) Carla, a patient herself, professionally analyses Courtney. She reads his private writings in which she finds out more about his sexual affairs with other patients.

I knew there was a dangerous dichotomy between the writer of those notes and his writings. [...] they were written by a man who was treating the mentally ill. A doctor who held in his hands the delicate workings of the human mind. Yet couched in mocking prayers were the words of a predator, a misogynist who objectified the very people who sought his help and who, instead, became his victims. (180)

Despite all this, Carla starts an affair with him and this shows the reader how dangerous and powerful the strongest members of this society are who promise you amelioration of a situation if one does as he or she is told. “You’ll say I went in with my eyes open, and perhaps I did. But they were unseeing; they say nothing. Walking in my own dim tunnel of hope and despair, I went from slipping into infatuation to infatuation with slipping.” (181) She loses a lot of weight and her mother starts being suspicious about Courtney. Interestingly, an eighteen-year old girl has the courage to take Courtney to court for what he is doing with his patients. The doctor himself is not able to reflect on his own and sick attitude towards women. He is sure not to have made any faults as he is the man. It is the women’s fate to succumb to his wishes, he is supposed to be the leader. He even believes that the source of the women’s problems is the lack of a real man in their lives. Courtney truly believes that regular sexual intercourse with him would contribute to their healing. Apart from his general attitude towards women, Courtney apparently shows signs of sexual addiction. He has affairs with fifteen women at the same time and in his prayers he begs God to save him from boredom. As the reader gets to know, his sexual demands are “explicit

and tireless.” (276) According to Gold and Heffner, this behaviour is to be associated with sexual addiction. (369) “Frequent sexual encounters”, “Seeking new sexual encounters out of boredom with old ones” or “Legal involvement resulting from sexual behaviour” are symptoms that patients with Sexual Addiction usually show (Gold and Heffner 369)

Just as many other men in the novel he does not link sexual relationships to love. Women are objects who are there to meet the man’s needs. In court, Courtney sees Carla again. “The last witness, his love Carla – his gorgeous fuck python - looked at him as if he were a talking turd. As if she hadn’t enjoyed every moment of it, the therapy and the fucking.” (Madlands 255) Women need a leader, they are not able to handle their lives independently. He is surprised that the youngest of his patients was able to influence his sex slaves. “[...] fifteen of his devoted women followed her devotedly instead – like dogs, bitches on a leash with a new owner.” (255)

5.7. Madness and *Madlands*

Handler abducts the reader into a world in which all characters have to face serious problems. Most of these characters show severe mental problems that are an expression of the vicious circle they find themselves in and which is perpetuated by the powerful of society. Handler’s focus does not lie on the symptoms themselves but what underlying serious life events are responsible for the malfunctioning psyche of the character. Apart from these events, another reason is the South African Culture of Silence. Women who are incapable to endure their husband’s perversities drift off into alcoholism and substance abuse. Children who are sexually abused become child molesters themselves or develop schizophrenia.

Just like her father, Carla appears to fight her syndromes by breaking the Culture of Silence. She is the one who breaks the vicious circle and then is able to lead a normal life. The woman faces her problems and devotes her life to treating people that are like she once was. Carla wants to become a psychiatrist. She is about to liberate the weak ones, she is a free woman, just as her name indicates.³¹

³¹ 29 December 2013. <<http://en.wikipedia.org/wiki/Carla>>

6. Conclusion

The analysis of the three selected novels shows that there is a link to be seen between the prevailing culture of silence in South Africa, serious life events and the development of mental illnesses. The characters have to endure acts of violence directed against them. They are not able to put the incidences into words as due to society and the culture of silence they are not equipped with methods to act. And this is what makes them ill. The only way to lead a normal life and to be free from illness and disease is to break the culture of silence and to change society.

In *In the heart of the country* Coetzee shows what happens to his character Magda who is not able to break free. She is oppressed and terrorised by her father who abuses and mistreats her and who considers her as a malfunctioning being, an *Ungeheures Ungeziefer*. In schizoid phases she intermingles past, present and future. Reality and productions of the woman's mad mind become mixed. In the end, it appears as if she is alone on her father's farm, talking to machines that fly in the sky hoping that they might land to bear her company. Magda has not the resources to break free and so for her the construction of another world is the only way to survive. Similar to that, Faith's mother Bella in Zadok's *Gem Squash Tokoloshe* builds up her own world in order to survive. Like in *ITHOTC* the serious life events Bella has to face are hidden. The reader is solely provided with hints that give him or her an idea of what happened. Faith is introduced to this mad world of taboos and fairies and therefore develops mental malfunctions of her own. Unless her mother, she is able to heal as she concerns herself with the past of her family and discovers the truth about why her life turned out the way it is. She stands up against the culture of silence and faces her experiences. Handler's *Madlands* provides the story of a mother and her daughter. The fact that Carla was meant to be killed before she was even born, characterises the woman's life. Anna, who decided to carry on living for her daughter, in the end dies like her own mother. She becomes an alcoholic due to the fact that she has been mistreated all her life by the men in the South African society. Carla, who is the third woman in a row in her family to suffer from the effects of violence and culture of silence, manages to break free

and to lead an independent life dedicated to help others who find themselves in similar positions.

The authors of the three selected novels let their characters, who suffer from the atrocities and mistreatments they have to face, become mad as a reaction towards what happened to them. Of course, this paper is concerned with South African fiction and therefore it is to be emphasised that the analyses are conducted merely on a theoretical level. But as it is already mentioned in the section “theoretical considerations”, the concept of culture of silence does really exist in South Africa as well as there is a lot of violence directed against the weakest in a patriarchal society – women. Women who have to fight against these conventions in order to lead a fortunate and fulfilled life.

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8.2. German abstract

Die Geschichte Südafrikas ist geprägt von Kolonialismus, Kriegen und dem Apartheidregime. 46 Jahre lang musste der Großteil der südafrikanischen Bevölkerung unter einer kleinen weißen Minderheit leiden. Was vielen Menschen in dieser Zeit passiert ist, wurde in einen Schleier des Schweigens gehüllt. Die Individuen blieben für sich, ihnen fehlten sowohl die Worte als auch die Zuhörer, die ein Verbalisieren der Geschehnisse möglich machten. Obwohl die „Regenbogennation“ Südafrika heute auf zwanzig Jahre Demokratie zurückblickt, ist das Vermächtnis der Apartheid-Ära noch stark zu spüren. Trotz der regen Bemühungen der TRC besteht noch immer eine Kultur des Schweigens, die in der Kultur des Landes und daher auch in den Köpfen der Menschen verankert ist. Zudem ist zu bemerken, dass die südafrikanische Kultur noch immer eine patriarchalische ist. Dies, wie auch die Tatsache, dass Frauen und Kinder regelmäßig und in weit verbreiteter Weise mit Gewalt konfrontiert sind, spiegelt sich im zeitgenössischen südafrikanischen Roman wider. Oftmals entwickeln von Gewalt und der Kultur des Schweigens betroffene Charaktere in den Romanen psychische Auffälligkeiten.

Diese Arbeit widmet sich der Sichtbarmachung der Verbindung zwischen der in Südafrika noch immer vorherrschenden Kultur des Schweigens, den daraus resultierenden traumatischen Erlebnissen für die Schwächeren in der Gesellschaft und der Entwicklung psychischer Störungen verschiedenster Schweregrade. Dieser Komplex wird in der vorliegenden Diplomarbeit als das Saatbeet psychischer Störungen betrachtet, welche die nahezu durchgehend weiblichen Charaktere dann entwickeln. Im Teil „Theoretical considerations“ wird der Leser bzw. die Leserin in die Konzepte eingeführt, die dann auf die literarischen Texte angewendet werden. Dazu gehört die Erläuterung des grundlegenden Konzeptes der Kultur des Schweigens, aber auch, wie dieses auf den Fall Südafrika umgelegt werden kann. Es werden des Weiteren die Begriffe Verrücktheit und Krankheit erläutert. Dies führt den Leser bzw. die Leserin dann zur Beschreibung ausgewählter psychischer Erkrankungen, an welchen die Charaktere der analysierten Romane leiden. Dabei wird ein weiteres Mal auf die mögliche Verbindung kritischer Lebensereignisse mit dem

Beginn einer geistigen Erkrankung hingewiesen, welche durch einschlägige Literatur gestützt wird.

Aus der Analyse der Romane geht hervor, dass die kritischen Lebensereignisse bzw. Traumata, mit denen die Charaktere zurechtkommen müssen, omnipräsent und verborgen zugleich sind. Der Leser bzw. die Leserin kann nur erahnen, was dem Charakter zugestoßen sein könnte. Die weiblichen Protagonisten gehen unterschiedlich mit ihren Situationen um. Diese Art des Umgangs stellt dann die Weichen für ihr weiteres Leben. Während Magda vermeintlich einsam und halluzinierend ihr Dasein auf ihres Vaters Farm fristet, stellt sich Faith ihrer Vergangenheit und geht gestärkt aus diesem Prozess hervor. Carla gelingt dies ebenfalls; sie widmet ihr weiteres Leben Frauen, denen es ähnlich ergangen ist wie ihr, um die Machtverhältnisse in der Gesellschaft und die vorherrschende Kultur des Schweigens zu durchbrechen.

Abschließend kann gesagt werden, dass im südafrikanischen Gegenwartsroman Vermächtnisse der komplexen Vergangenheit des Landes zu finden sind. Diese werden von den Autorinnen und Autoren aufgegriffen, indem sie ihre Charaktere in einer Gesellschaft leben lassen, deren Realität sie nicht akzeptieren können. Sie werden verrückt und erkranken. Eine Änderung der Gesellschaft bzw. das Durchbrechen der Kultur des Schweigens erlaubt es den Charakteren ein ihren Bedürfnissen angemessenes Leben führen zu können.

8.3. Curriculum vitae

PERSÖNLICHE DATEN

Name: Eva Fischer
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AUSBILDUNG

Seit 2012: Studium der Medizin an der MUW
 Seit 2007: Lehramtsstudium UF Englisch und UF PP, Universität Wien
 2009 - 2010: Ausbildung zur Notfallsanitäterin (aktuell mit Notfallkompetenz Venenpunktion und Infusion)
 2007: Ausbildung zur Rettungssanitäterin
 2006 - 2007: Studium der Pflegewissenschaften, Universität Wien
 1998 – 2006: Gymnasium (BG/BRG Schwechat)
 1994 – 1998: Volksschule Florian-Hedorfer-Straße, Wien 11

BERUFSERFAHRUNG

2012 – 2013: Übersetzerin für die IT Abteilung des bmukk (D-E, E-D; freiberuflich)
 2007 – 2012: KassiererIn (geringfügig angestellt) bei BauMax
 2009 - heute: Ordinationsgehilfin in einer Praxis für Allgemeinmedizin

PRAKTIKA

Juli 2013: Interdisziplinäre Aufnahme KH Mödling, 40h
 WS 2011: Fachpraktikum UF PP, Goethegymnasium Astgasse, Wien 14
 SoSe 2011: Fachpraktikum UF Englisch, Sacré Coeur, Wien 13
 August 2010: Anästhesie und OP Bereich, UKH Meidling, 40h
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