

# Confronting “Self” and “Other” in Damon Galgut’s *The Good Doctor*

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## ABSTRACT

This article evaluates the position and experience of whites in South Africa after the advent of a black majority government, insofar as these are represented by the English-speaking white male protagonist in *The Good Doctor* (2003) by Damon Galgut. Analysis of the novel will illustrate that the legacy of colonisation and apartheid continues to influence the settler descendants’ perceptions of self and the other and their place in the country.

Since the demise of apartheid, white South African men have become more aware of the contradictory and non-African aspects of their identity, and some have found their sense of belonging compromised and problematised. This alienation, combined with a continuing ambivalence about the legacy of white rule in South Africa, has been depicted in various novels. Its significance has yet to be fully explored in *The Good Doctor*, particularly with reference to its detective narrative framework and the role of intertextuality and irony in suggesting other interpretative possibilities. The novel will be analysed in terms of the concepts of space and place, the expansion of space and place through the

transgression of boundaries, and the influence of these concepts on the central character's sense of self and relationship with others and society at large.

The perpetrators of colonisation – white settlers and their descendants – have over time come to question their beliefs and convictions in a mode of self-confrontation. Uncertainty about the principles and practices of colonisation was first most memorably expressed in Joseph Conrad's *Heart of Darkness* (1899). Critics have remarked upon Conrad's awareness of the forms of violence and destruction entrenched in imperialist ideology. Andrea White remarks that Conrad works towards deconstructing "the imperial myth as formulated by [. . .] fiction traditionally" (194) by cultivating an ambivalent mode of representation which rehearses certain ideological preoccupations whilst undermining them and exposing their fallibility and prejudices. In this fashion, the novelist makes metropolitan citizens interrogate their hypostatised, stereotypical assumptions about themselves and others, civilised and savage, and, ultimately the putatively impenetrable border between an enlightened Europe and a "dark" Africa (Sewall 30). Conrad's suspicious stance towards Western supremacy and the colonising endeavour in the Belgian Congo anticipates the more overt scepticism voiced by the settler caste in South Africa, including Alan Paton. In *Cry, the Beloved Country*, published in the year of the National Party election victory (1948), Paton verbalises the hope that enlightened liberal whites, along with long-suffering blacks, will join forces to improve social and political conditions in South Africa. That hope dwindled with the passing of time and the systemic injustice that accompanied the imposition of apartheid.

Nobel Prize-winner Nadine Gordimer (1923–2014), whose works appeared before and after the Soweto Uprising (16 June 1976) and the death in detention of Steve Biko (12 September 1977), focuses in novels like *July's People* (1981) on the possible repercussions of past actions of appropriation, dispossession and domination. In such works, Gordimer, like J. M. Coetzee in

*Disgrace* (1999), stresses the need for intense self-appraisal and a re-evaluation of the effects of hegemonic practices in history, as well as the redress of injustice and the acknowledgement of guilt. Since the 1994 transition to a democratic society, both Coetzee and André P. Brink have felt the need in their respective autobiographies (Coetzee in *Youth* [2002] and Brink in *A Fork in the Road* [2009]) to reflect on their position as South African citizens and artists and choices made in the past. In *Country of My Skull* (1998), a nonfiction book about the work and findings of the Truth and Reconciliation Commission (TRC), Antjie Krog wonders if a racially divided country can come to terms with and make restitution for its brutal past. Coetzee's, Brink's and Krog's works make it clear that a reckoning with the consequences of colonialism and apartheid remains ongoing, and that the descendants of European colonisers have become increasingly aware of their identity as invaders and interlopers guilty of displacing and dispossessing others. The apprehension long articulated by European settlers regarding the consequences of colonisation and apartheid has become notably more prominent during the post-liberation dispensation, exerting a growing influence on their perceptions of themselves and their "others."

Before the overturn of political structures and the institution of a non-racial democracy, whites defined their place and identity within the country on the basis of land ownership and control of and dominance over the other (McEwan 2). After the dissolution of apartheid, white South African men, as exemplified by Galgut's character Frank Eloff, come to recognise their contradictory non-African identity and minority status and start to distrust their sense of belonging to the African continent and the country. Now that the once-oppressed occupy the seat of political power, the former settlers find themselves on the periphery of a postcolonial and post-apartheid society, and have to contend with feelings of marginalisation and isolation. Psychologically – and in extreme cases also physically – uprooted, they have to make do with outdated mind-maps of the world as they struggle to locate their

identity within the self-other division imposed by imperialism. What is more, they doubt whether they can play a meaningful role in the reconstruction and advancement of the new society. This accounts for a feeling of foreboding that features in narratives written since the transition.

*The Good Doctor* presents an English-speaking male protagonist who experiences conflicting emotions within the context of a run-down hospital in a former homeland of South Africa, as he comes to question his sense of self and the meaning of his existence. The expansion of horizons by the transgression of predominantly psychological boundaries enables the doctor to acquire insight into himself as well as others, and culminates in soul-searching and a sense of accountability. Dr Frank Eloff comes to realise that his complicity in or indifference to the injustices of the past has left an imprint on the present. It is this awareness of responsibility towards the other and for the past, as well as intense self-appraisal, which leads to a revaluation of his place and purpose in the world and the reconstitution of his consciousness. Frank's case seems illustrative of a bigger tapestry unfolding in post-apartheid South African literature.

### **Narrative Frame: The Detective/Mystery Novel**

As a politically engaged narrative, *The Good Doctor* provides a realistic representation of a postmodern and postcolonial world. The social patient is a country in crisis that requires a "good" doctor to heal it. The ironic title of the novel invokes the question of who the "good" doctor is and according to which criteria the judgement is made. In the text, South Africa, "a mêlée of mild anarchy and creeping corruption" (Rosenthal 4), resembles the dystopia of hard-boiled detective fiction. In the hard-boiled novel, the dangerous, crime-ridden surroundings into which the detective wanders signal moral decay and social disorder. Arguably owing to the country's violent history, the hard-boiled genre dominates South African crime fiction. *The Good Doctor* mentions patients

with “knife-wounds and shotgun blasts and maimings and gouging with broken bottles” (51) flooding hospitals. Illegal immigrants and contraband cross the borders virtually unchecked, and corrupt and sadistic officials get top positions in the police force. The narrator justifiably points out that “[s]omething in this country had gone too far, something had snapped” (52).

One may classify the narrator of *The Good Doctor* as an anti-detective. Whereas the classic detective protects members of a privileged social class against deviant individuals within their midst who cause anarchy and threaten their stable positions, Dr Frank Eloff supposes that he has no stake in his surroundings. His position as an outsider who navigates in-between states bears similarities to that of the former settlers. Indifferent to the contradictions that characterise the country, the doctor does not want something for which he will feel “obliged and responsible” (27); he does not “live for words like duty” (200). Whereas the old-style detective – akin to the original explorers – bravely enters unknown spaces, Frank dreads the “strange, unknown, maybe dangerous” (80) world outside his room. The doctor does not even know what he is looking for in the outside world (117); nor does he know the answers to his questions (199) because “it happened in another country, while [he] slept” (199). This is a country to which he does not belong and in which he has no meaningful role to play.

Just as Frank Eloff is not an actual detective, *The Good Doctor*, strictly speaking, is not a detective novel. In the traditional detective novel, everything in the plot converges on a surprising and startling denouement (Green 214). The novelist should wait as long as possible to make the identity of the culprit known, when the detective explains the steps s/he has followed to arrive at the truth. Because Galgut’s text is a literary detective novel where the emphasis falls on aesthetic sensibility, technical virtuosity and authorial self-consciousness (Black 78), as well as the search for clues to identity formation and the meaning of existence, the protagonist does not clear up the mystery, locate his

missing colleague or the person/s responsible for the latter's fate. *The Good Doctor*, therefore, offers no catharsis and the author denies his readers a convincing denouement or satisfying resolution. This of course reflects conditions in a postcolonial and post-apartheid South Africa.

## **Narrative Strategies: Intertextuality and Irony**

### **I. Intertextuality**

In addition to drawing on the genre of detective fiction, Galgut makes use of the postmodern narratological technique of intertextual referencing. Intertextuality (a term coined by Julia Kristeva in 1966) refers to a writer borrowing from or transforming an earlier, usually authoritative, text or, alternatively, a reader referencing such a text while reading another (Adam and Tiffin 5), consequently transplanting both into a different – often a postmodern and postcolonial – context. Intertextual enquiry illustrates the revisionist and reconfigurative nature of writing and reading: works and their meanings shape and are shaped by other works by way of allusion and citation. Narratives entering into dialogue with earlier material not only investigate the past, but also rewrite it from an alternative, often ironical or critical, vantage point. When intertextual linkage to an earlier text contradicts the newer narrative and brings to light its omissions and preferences, its “relativity and partial truths” (Viljoen and van der Merwe, *Threshold* 7), it lays bare – as postmodernism and postcolonialism also do – residual politics, usually of the colonial era.

*The Good Doctor* is a kind of rewriting of Conrad's key Modernist text, *Heart of Darkness*. Conrad's critique of the imperial encounter serves as a matrix for the themes in Galgut's text and Galgut's conceptualisation of space, principally the space of Africa. Galgut reproduces Conrad's presentation of Africa as the “other world.” When Dr Eloff first arrives at the hospital, he senses that “the bush presse[s] in on either side” (15), and during

one of his and Dr Laurence Waters's excursions into the bush, he feels watched by the trees and personifies them as "a dark cryptic presence all around [him]" (73). A wilderness that can never be fully known or tamed, and a far cry from the European ideal of a pastoral paradise, Africa defies and disrupts European civilisation and culture. Abandoned in the bush, as Marlow and Kurtz (*Heart of Darkness*) and the two doctors from Galgut's novel are, social graces and moral restraints recede (see Stott 70; Ashcroft et al. 109). Conrad's narrative suggests that the only defence against degeneration and regression to a state of savagery is the "power of devotion, not to yourself but to an obscure back-breaking business" (22). Marlow creates meaning by devoting himself to keeping the steamboat afloat, while Galgut's Dr Laurence's "back-breaking business" entails taking care of an ungrateful patient in a decrepit hospital in a nondescript town. Marlow presumes that performing pointless yet arduous tasks will prevent him from questioning the hegemonic ideology and his part in it, and keep his mind on "the redeeming facts of life" (89). Laurence, in turn, proclaims that "[w]ork is the only thing that matters" (130). The young doctor maintains his work ethic and carries out his duties sedulously, regardless of the shoddy and unsanitary conditions under which he operates, just as *Heart of Darkness*'s chief accountant proceeds, despite the "great demoralisation of the land" (83) around him. Laurence's commitment to duty, honour and obligation (199) – ideas that give such meaning to his life that he will supposedly live and die for them – finds a parallel in the Russian harlequin's devotion to Kurtz in *Heart of Darkness*. Just as the Russian blindly believes the colonising rhetoric that Kurtz, the "emissary of pity and science and progress" (92), disgorges, the intern convinces himself that a grand design has determined his choice to come to this threadbare hospital and town. With his lofty aspirations, the young doctor takes himself to be a heroic individual on a demanding and dangerous quest – if not to domesticate the jungle then at least to medicate it. He exemplifies the romantic yearning for heroism of the Victorian adventurer-

explorers who opened up the interior by journeying into unknown territory. In the character of Laurence, *The Good Doctor*, like *Heart of Darkness*, thus restages the imperial encounter by adopting and reshaping the tradition of male heroism.

In summary, Conrad, by means of *Heart of Darkness*'s narrator-protagonist, provides evidence that the narrative logic of European imperialist ideology and the colonial enterprise are founded on deception, hypocrisy and blinkered idealism. Those who judge themselves to be part of the great cause of "high and just proceedings" (87) with a self-imposed "heavenly mission" (70) to humanise and civilise are no more than rapacious conquerors and plunderers; their mission is "just robbery with violence, aggravated murder on a great scale and men going at it blind" (69). The senselessness of the colonising process that *Heart of Darkness* hints at through images of decaying machinery, broken pipes, etc. amid the African wasteland is reconceptualised in the form of Galgut's dysfunctional hospital in the homeland. With its surplus of drugs that the doctors rarely administer, shelves and shelves of condoms but hardly any vital medicines, swabs and sterile gloves, the hospital – an instance of colonised space – represents a sort of nothingness (Cartwright). The same atmosphere of torpor and aimlessness hangs over the stations where Marlow stops during his journey towards Kurtz. It becomes apparent to the reader – who crosses textual and temporal boundaries between Conrad and Galgut – that Galgut, by invoking the postmodern literary trope of intertextuality, adds multiple layers of meaning to his text so that the novel may be interpreted beyond its immediate context. Galgut engages with history in an ironical way by exposing the false foundation and futility of the colonising venture in Africa, specifically in South Africa. Through the character of Laurence, the author intimates that thinking it possible for the country to shrug off the residual weight of history is naïve. In this fashion, Galgut enacts Conrad's literary indictment of imperialist designs and domination, portending their imminent and inevitable doom.



## II. Irony

The rhetorical strategy of irony also decentres previous discourses by bringing to light the duality and duplicity inherent in texts. In the same way as intertextuality, irony can work to decentre and reconceptualise hegemonic binaries and hierarchies such as those characterising colonisation and apartheid.

*The Good Doctor* conveys the notion that decolonisation is an occasion not for celebration but for dejection – over the ostensible deterioration of the country at all levels, governmental, economic and moral. Nine years after democracy the colours of the rainbow nation have lost their lustre. The markers of everyday life are poor service delivery, violent strikes, unemployment and poverty. Politicians may preach the rhetoric of progress, but in reality they remind one of Conrad's colonisers who "grabbed what they could get for the sake of what was to be got" (69); they have no empathy with those they liberated a few years previously and treat them as the colonisers treated the colonised. The new rulers appear to be concerned only with their own advancement and enrichment. As Koos Venter from *The Economist* speculates, Galgut's aim, in depicting this disintegration, is to spell out "in fiction what no South African, black or white, would dare to even whisper among friends: that South Africa run by Africans is going to hell in a handbasket" (8): the government for the people has betrayed the people. In showing up post-apartheid disappointments, Galgut's subsequent novel, *The Impostor* (2008), extends this exposé of a country in which cupidity, corruption and criminality characterise the collective consciousness.

Even though it functions as a metaphor for South Africa, the hospital, strangely enough, is also the place where Frank finds peace and a sense of belonging. Having no desire to establish an essential human connection with anyone, the doctor takes exception to the intern's presence in the hospital and particularly in his room. Laurence is white and also a doctor, but Frank treats

the young man as if he were “the other” and vehemently denies it when people refer to Laurence as his friend.

Ironically, Frank’s indifferent and critical attitude towards others dissipates as soon as Laurence disappears. In his absence, more so than in his presence, Laurence changes Frank’s outlook on people and places. While Laurence has become a doctor to heal patients, he heals another physician by giving the physician’s life purpose and direction. Yet the defining experience Laurence had as a boy that determined his decision to become a doctor and gives meaning to his life in fact never happened. Even though the young doctor professes that small acts can bring about big changes and that things somehow always “work out for the best” (150), his own actions and dreams come to grief: in fact, they may be the reason for his disappearance and, almost certainly, his death as well.

### Space and Place

To show how the two doctors in *The Good Doctor* interact with space and place and how these concepts affect their sense of self and their relationships with others, this section focuses on “place” in terms of physical and mental orientation and social engagement. Viljoen and van der Merwe (*Storyscapes* 14) theorise that space – a blank area, an openness without emotional, ideological and literal meaning – becomes a habitable and purposeful place when humans occupy it, imagine it, and have “embodied experiences” and social relations in it. Once humans start interacting with others, share events and experiences with them that create social and moral meaning, an *unerfüllter Raum* (a space without people or with isolated and unrelated people in it) becomes an *erfüllter Raum* (a filled, occupied place) (Müller-Funk 75). Put differently, human habitation shapes the apparently abstract infinite emptiness of space, endows it with value, and transforms it into a meaningful place. People invest places with ideological significance through their histories, memories,

imagination and the stories they live and tell. Thus, people have an affective and emotional association with places.

Places, moreover, are points of orientation from which to view our position in the world (Wenzel 145); they indicate who and where we are and with whom we belong. Spatial relations interact with individual identity and shape social subjectivity. We cannot be separated from our position in the world because we are able to think and act only through “being-in-the-world” (Heidegger); that is, being located in place (Smit 15). Consequently, the loss of an ideologically circumscribed, controlled place and displacement – when the dividing line between home and world becomes indistinct (McClintock et al. 445) – chips away at the essence of our being. In a postcolonial age of spatial deprivation and diasporic displacement, individuals who have their sense of place disrupted may experience feelings of alienation and *Unheimlichkeit* (not-at-homeness).

A number of significant places feature in *The Good Doctor*, the most notable of which is the hospital in the homeland. Christopher Hope (2003) maintains that the device of the dilapidated and dysfunctional hospital is allegorical. The hospital is South Africa under the microscope. Reminiscent of the descriptions of deterioration and decay in *Heart of Darkness*, the hospital, like the other structures in town, is “useless space” (38), “falling slowly into ruin” (34). With political power changing from white to black hands in the capital of the country and with the independent homeland’s reabsorption into South Africa, “the meaning and the future of the hospital [become] permanently unclear” (33) (like those of settler descendants in Africa). Once an emblem of national pride, this remnant of the order of enforced segregation is now “a sterile and purposeless” place (Barris 25), devoid of function or future. With its *raison d’être* gone, the building has a morally debilitating effect on its staff, who struggle to minister to the needs of their patients. In its state of desertion and degeneration, the hospital serves as a trope for post-liberation decline. It appears that after decolonisation structures

representative of European civilisation are turned into abandoned and desolate spaces.

The hospital may be deemed a liminal space. Frank describes the hospital as a “strange twilight place, halfway between nothing and somewhere” (34). South Africa, a country on the southern tip of the African continent and largely disregarded by its former colonial masters, is likewise in an interstitial position, vacillating between an African and a European identity. Although Homi Bhabha (1994) asserts that in an interspace creative energy and the imagination’s potential are released so that original thinking thrives and growth is experienced, this does not seem so in Frank Eloff’s case – at least not initially. In the non-place of the hospital, the doctor figures he can remain uninvolved and uncommitted, without assuming accountability for his past actions/inaction. For seven years a kind of solipsism has been the main feature of his life, and Frank, who refers to himself as a “piece of flotsam” (203), has existed in some sort of equilibrium “outside history” (117), between borders. Perturbed by the unpredictability of the future, he feels insulated and safe from the world and his past in this in-between place. The drab hospital room anchors him in place; its walls function as boundaries, enabling him not to confront his essential self or that which is other and foreign.

Another instance of space in transition is the disintegrating house and garden that Frank comes across while accompanying Laurence on his expedition into the bush. Frank conjectures that the house had been owned by a white family who abandoned it when the area became a homeland for black South Africans. The house with its “vacant shells” (74) for rooms, like the hospital, makes manifest that European edifices cannot withstand the encroachment of the African wilderness. (This notion is also prominent in V.S. Naipaul’s novel *A Bend in the River* [1979], a text effectively mediating between *Heart of Darkness* and *The Good Doctor*, in which the protagonist, Salim, finds a former European suburb laid claim to by the bush.) With power in the hands of an African government, the colonisers might well fear

that being ousted will also be their future fate in Africa. Unable to conceive of South Africa as their land, many have emigrated since 1994.

Frank's mistress's shack, with its African artefacts, signifies Africa – the world of the foreign and primal other. Frank incorporates both Africa and Europe in his being when he amuses himself in the one space and works in the other. The shack, an “exotic backdrop to a nightly escape” (20), is a place of meetings and exchanges with the other. The doctor recognises that he leads two distinct lives: “one that [is] empty and adrift” and “another that [is] illicit and intense” (26). In the shack, colonial rules of conduct are dispensed with, and his “empty and adrift” European side becomes “something separate to [him], a hat or a shirt [he]’d dropped on the floor and could push at [. . .]” (160). Exploring the “illicit and intense” other side of himself in his relationship with Maria, Dr Eloff navigates historical, racial and intra- and interpersonal boundaries.

While the shack represents Africa, the hospital room that the two doctors share exemplifies the enforced coexistence of different political and moral standpoints – hope and despair, redemption and failure – in the South African space (Cabarcos-Traseira 52). As Frank proclaims, “the moment you put two people in a room together, politics enters in. Everything is politics [. . .]” (18). When Laurence moves into the room, he usurps Frank's space. Because Frank seeks sole ownership of the room, he experiences “a flash of personal outrage” (43) and “feels under siege” (42) when the other rearranges the furniture, replaces the curtains and puts up a “shrine of photographs” (43). By territorially delimiting his own identity, the newcomer appropriates Frank's space and Frank feels no longer at home there. To add insult to Frank's injury, Laurence invites the entire hospital staff – black and white – to a welcoming party for his girlfriend, Zanele. Matthys Crous contends that the event of the party implies that the only way in which people “from different backgrounds in the country can really come together and forget

about their past experiences is within the context of a party atmosphere with artificial goodwill, temporary acceptance of one another and with a frenzied sense of madness fuelled by alcohol and music" (Crous 7). It would appear that when inhibitions are suppressed, social and racial barriers dissolve and the self recognises that the other is not that different. When Frank goes to Tehogo's room to return the orderly's cassettes, he grasps that the black man's room is actually "a place inside [him]self," "a sordid little room of [his] own heart, where a secret [i]s stored" (124). The room at the end of the passage, removed from that of the two white doctors, is a potent reminder of South Africa's past of segregation, of the creation of boundaries between human beings. In Frank's opinion, Tehogo should not even be there (53).

Boundaries divide not only races but also generations. A generation younger than Frank, Dr Laurence Waters has a wholly different outlook on the medical profession and his milieu. At the remote hospital the young doctor imagines that he can make the greatest impact on society and in the process discover his uniqueness. South Africa is the blank canvas on which he will stamp his own impression, or, as Cabarcos-Traseira (48) phrases it, write his *Bildungsroman*. To Laurence the new South Africa is truly new, its newness unsullied by a history of inequality and acrimony. His way of thinking contradicts Frank's so much that Frank wonders: "Where do you come from, Laurence? What country are you living in?" (78).

Nevertheless, after Laurence – Frank's psychological "other" – goes missing, Frank experiences a strange emptiness. He becomes "one of those aimless people who [are] coming and going, coming and going" (199), confined to a circular existence and without a home and stable sense of self. Frank sees "only the long, lonely passage and that blank space in the ward, like a pulled tooth" (200), and the rest of his empty, meaningless life ahead. To dispel the sense of seclusion and loss, Frank does his utmost to eliminate Laurence's presence from the room. He puts all Laurence's possessions into a suitcase and stores the suitcase out

of sight. He cleans away “all the scuffs and marks, the shaving foam on the mirror, the cigarette stubs” (205) to remove all traces of his colleague’s presence. Frank also moves the furniture back to the way it was before the intern entered his space and his life. It is almost as if Laurence “ha[s] never been there” (205) and the room is as it was before the other’s intrusion. However, one cannot reduce a human life to the space of a suitcase or wipe out one’s memories of it as one would a scuff mark, as Frank is well aware.

So when Dr Ngema, the head of the hospital, is promoted and transferred to Pretoria and Frank becomes director, he is eager to move out of the old room. By crossing the threshold of the black woman’s room, the doctor also starts to overcome psychological barriers and obtain a new perspective. Hitherto Frank has been sceptical of symbolic gestures, but he now purchases cloths and pictures to decorate the new room. One may surmise that if the doctor wants to leave an impression of himself on his surroundings, he has located his subjectivity in place. His sojourn in the space of the first room and his involvement with someone he has considered other enable him to overcome the schism within himself, re-invent his identity and realise the relevance of his existence. In the new room Frank feels he is no longer lost, but belongs. He has come home and, as he puts it, “I have come into my own” (215).

## Identity

According to Jacqueline Dent (7), identity is a social construct founded on the premise of belonging to a certain group of people who live within the same *Umwelt* (environment) and share values and belief systems. We define our consciousness against others; we construct and realise who we are in opposition to those who are different to and distant from us (McEwan 6). Accordingly, the Western European psyche was predicated on the assumption of the “white patriarchal construction of difference” (Gittings 6–7).

The oppressors derived their sense of self from the alterity of the oppressed, defining themselves by identifying, setting and describing boundaries that distinguished and divided themselves from different others (Görner 63). Distance served to confirm and compound the others' foreign, fearful status. Thus, the other provided a negative reference point for subjectivity – a kind of inverted self-image (Fleming 93) – and the other's alleged lack of presence functioned as the foil against which the self articulated itself as the "privileged site of presence" (Stratton 44). The construction of difference as inferiority operated as the decisive factor that set the colonisers apart from the indigenous peoples (Hall 396), and motivated and justified the latter's categorisation, marginalisation and displacement (Smit 90) through colonisation and apartheid.

In South Africa before 1994, whites could openly delimit their distinctiveness against the difference of the other races – the self's whiteness against the other's ostensible "wildness" (De Kock 176). A binary system such as apartheid is an instance of that response to alterity which refuses to recognise the "full, equivalent subjectivity" (Cornwell 4) of others and validates their objectification and dehumanisation. Nevertheless, the shaping of self in contrast to the other has damaging consequences not only for the other but also for the self. What affects the one affects the other. Jean-Paul Sartre submits that "the dehumanisation of the oppressed [...] becomes the alienation of the oppressor" (23–24), and Shaun McEwan (28) states that a consciousness that will not dialogically and reciprocally engage with others remains encumbered by its own assumptions. Such a consciousness stunts its own growth and limits its potential.

Since the advent of a black majority government, wide-ranging changes have taken place in South Africa. Those who before were in a position of privilege and defined themselves in disassociation from other racial groups, now have to contend with a dramatically altered reality that "does not support, and indeed is hostile to, many of the taken-for-granted assumptions of



superiority and entitlement” (Steyn 152). Whiteness is no longer the measure of all things. Moreover, whiteness is often construed as rendering whites uniformly culpable for the distress and devastation caused by racial discrimination.

In Galgut’s novel, the two doctors epitomise the consciousness of white South Africans and their divergent responses to the ambiguities of the transition between a colonial and apartheid past and a democratic present and future. The doctors may be viewed as mirror images of the same individual; but like original and reflection, dark and light, the past and the future, “their images are also opposed” (Jacobs 104). Their pessimistic and optimistic personalities contrast, but also replicate aspects of self and other and represent different ways of coping with the past and the present.

In the past, Frank assisted in the “calculated demolition of nerves and flesh” (66) when, during his military service, he did nothing to stop the torture and murder of a Swapo prisoner, so breaking faith with the Hippocratic Oath and his own ethics. Whereas Laurence Waters strives towards an integrated, non-exploitative future, believing that bygones are bygones, the older doctor remains anchored in the memory of this cowardice. He cannot transcend the past and make “an uncomplicated commitment to the future”: his own and that of the country. As Michael Titlestad (115) phrases it: “any gesture into the future will be proscribed and qualified by his experience.” Because the character is “caught in a present interrupted continually by the past” (Titlestad 115), he has difficulty conceiving of a new life narrative with personal significance that will also contribute to the construction of the rainbow nation. Patience Bambalele (20) puts it as follows: “the cruel corpse of the past weigh[s] on the living as they grapple to give meaning to their lives” and locate themselves in new spaces and times. Laurence, the voice of young South Africa, tells Frank that other people regard him as not part of the new country (169). He travels in an altogether different

landscape to his fellow South Africans; he is out of place because he is stranded in the past.

As a measure of the damage done by history, Frank's sense of self has been eroded. Estranged from society and aware of an inner division that he cannot overcome, he resists opening himself up to an intimate relationship with another person. His emotional alienation sits well with him and he seems to care little about other people, including his patients and his roommate. Titlestad (115) observes that the narrator is practically "emotionally cauterised," while Jacobs (97) suggests that the character exists in a state of metaphorical paralysis and on the periphery of things, looking at them "through a thin but impervious barrier."

As already stated, Frank resents Laurence's presence in his life and personal space. Laurence, by Frank's admission, is everything that Frank is not (201): Laurence's "involvement and effort show up a lack" (60) in Frank. With "his ideals and his sense of duty" (200), "his outrage and hope" (202), the intern disrupts the older doctor's fixed ideas on the past and the future and upsets his orderly existence. The protagonist symbolises the self-searching subjectivity of whites after apartheid, and the "unwanted usurper crowding [him] in [his] own room" (42) challenges his sense of identity; as a result he faces feelings of *Unheimlichkeit*.

Although Frank thinks Laurence is "slightly mad" (78) for trying to make a difference, living in the same space with Laurence acts as a catalyst for change. The younger man's positive attitude shakes up his world-weary colleague's perception of the world and makes him examine himself and re-orient his sensibilities. When Laurence moves into Frank's room – a space that Frank has invested with significance – Frank sees Laurence as the other to his self. But despite his fear of betrayal, Frank does in due course break out of his solitude and become more involved with the intern's life. Whereas he initially thinks of Laurence as merely his roommate, "a temporary presence who [is] disturbing [his] life" (47) and a "manic disconcerting figure" (59) following

him everywhere, he later begrudgingly admits to himself that the other is his friend and that he is no longer alone (70); he has someone with whom he belongs and who invests his existence with value. During the course of the novel, Frank Eloff's existence becomes connected to Laurence's. He has grown dependent on Laurence's presence – so much so that Laurence's girlfriend exclaims: "The two of you are obviously in love with each other, so why don't both of you just fuck off" (101). Acknowledging Laurence as an extension of himself, Frank sees the younger man as his shadow and envisages them as two strands in a rope: "We were twined together in a tension that united us; we were different to each other, though it was in our nature to be joined and woven in this way" (170). After Laurence's abduction, Frank feels as if he has lost a part of himself and his life has no purpose. He contemplates exchanging his life for the young man's: in his final moments Frank would exhibit real courage and transform himself (201–202) by shaping his subjectivity along new, less self-serving, lines. A death where he sacrifices himself for another would give significance to his life (202).

Frank's first friendship in seven years paves the way for insight into himself and greater social awareness. At first, Frank makes no attempt to connect on a personal level with his black mistress: she is just an object to gratify his sexual needs and the silence between them suits him. The sex is mostly "quick and urgent" (25): a "primal intimate act" that does not draw him out of his isolation, but keeps a "huge distance open between [them]" (26). This "obviously exploitative relationship between former coloniser [Frank] and colonised [Maria]" (Titlestad 121) demonstrates the asymmetry of power between white men and black women, self and other. Whereas the white man initially looks upon his relationship with the black woman as a "weird romance that belong[s] to night and silence," from his altered perspective it becomes an "ordinary daytime affair, as real as [his] life" (29). In his mind, his involvement with Maria has changed from a clandestine affair into a real relationship. His sense of

obligation and responsibility towards her increases to “an obscure weight of guilt” (160), which testifies to his self-confrontation and personal growth. Frank begins to look at Maria through different lenses. She is no longer an abstract problem or an other “on the side somewhere”; Maria is “solid and warm and real, a human body” (171) he has slept with. She has become more than an object to satisfy his physical needs, and his desire has given way to some sort of emotional connection. And one night in the shack, Frank does experience a sense of liberation, and imagines that he can cast off his old identity and put on a new one – as one would an article of clothing. He subsequently has a dream in which he asks Maria, now wearing a shiny yellow dress instead of her usual rags, to accompany him to the city and marry him. Albeit in the abstract space of the dream world, Frank is able to evolve beyond “the resigned fatalism that has crippled him until now” (Titlestad 112), navigate the division between self and other and assume a more inclusive identity. When Maria and the shack vanish, the doctor suddenly registers the other absences of attachment in his life (Jacobs 95). This produces an extreme anguish in him – an anguish that is “like the first feeling ever to touch him: its rawness, its power, [is] almost like love” (173). Frank accepts answerability for his actions and others when he reveals that he is the cause of Maria’s disappearance: “I am the reason for this. I know that” (189).

The protagonist again seeks to surmount the separation between self and other when he proposes to initiate cross-cultural communication with the hospital orderly, Tehogo. Frank, who once failed in his duty towards a captured Swapo soldier, now takes care of Tehogo after he is shot in the most physically intimate manner. After all, “that [is] what people [do]: they help each other” (201). Carol Clarkson (11) avers that the doctor’s caregiving is the ultimate image of reconciliation between a black and a white man – with the white man making amends for the past and the part he plays in constructing the present. Tehogo is no longer treated as an other but an equal. And when the orderly

regains consciousness, the white man notices his own image reflected in the gaze of the black man (195), and remarks: “the dark stranger in my head, who was so easy to blame for everything, seemed less separate from me than before” (175). Discerning himself through Tehogo’s eyes, Frank fathoms that his and the black man’s existences are inextricably linked.

It follows that Frank’s interaction with Laurence, Tehogo and Maria permits him to open himself up to change as well as the prospect of the unknown and the unforeseen: “I know I won’t be stuck here for ever; other places, other people will follow on” (215). Since both Maria and Tehogo are black, one may suppose that Frank adapts to South Africa’s changed political situation. He also acquires self-awareness, and develops as a person when he understands how “narrow and constricted” (91) his life has been up to now, and that he has chosen to think the worst in order to shield himself against life’s contingencies (102). The protagonist’s unfolding identity allows him to reappraise discourses of self and other and he succeeds in deconstructing the inflated perception of self derived from binary classifications. He transitively navigates boundaries – “geographical, symbolic, chronological, historical, psychological, intra- and interpersonal” (Jacobs 100) – assesses and articulates his being along new lines and gains a new, enlarged sense of identity based on the acceptance of responsibility for the sins of the past and towards others. This awareness of accountability leads to a re-evaluation of his place and purpose in the world, and presages the character’s future transition to a coherent and connected consciousness that incorporates political awareness and social responsibility. Hence, Frank’s identity is not static but dynamic; it “is” not, but it “becomes” when it rises above its limitations. This fluid identity will direct his choices and provide bearings for his future.

## Conclusion

The analysis of the protagonist's self-examining stance has shown that the consequences of colonisation and apartheid still have a bearing on the white man's perception of himself and his position on the continent. Galgut portrays present-day South Africa as being in a downward spiral. Political and social chasms loom large and moral challenges afflict the nation. As South Africa discards its European identity to assume an African one, earlier certainties are replaced by ambivalence and apprehension. In a society they do not regard as theirs any longer, the former settlers cannot negotiate a place that supplies them with the security of a stable and shielded sense of self. Marginalised and ostracised, they suffer from a schism of subjectivity. Implicit references to Conrad's presentation of the clash between two continents and cultures anticipate the ultimate annihilation of Western civilisation in Africa as well as the European settler's destiny in a country and on a continent that have become seemingly unfamiliar, even alien territory.

Through the two doctors who have widely divergent views about their duty towards the country and its people, and about the impact of the past on the present and the future, Galgut represents the mind-set of the former colonisers and suggests that they may respond in one of two ways to the new democracy. The optimists presume that change is for the better, and that gestures of goodwill and undertakings of improved conditions on the part of the new leaders herald a brighter future. The sceptics (a group with whom the novelist and narrator appear to identify themselves) will only believe once they see: slogans of goodwill and unity and "grand symbolic gestures for an audience" (159) are of no avail if not accompanied by action. While the optimists reorient themselves in the space of the new South Africa, the cynics experience isolation and ambivalence pertaining to their identity and place in an African country among non-Western others.

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