

# **The Good Doctor: Identity, Performance and the Future in Transitional Times**

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## **Abstract:**

This paper considers Damon Galgut's *The Good Doctor* (2003) in the context of personal performance of identity, as it relates to past, present and future in a transitional context. This novel is set in post-apartheid South Africa, still a society in transition between the apartheid era and the post-apartheid democracy. Focused on a neglected hospital in the impoverished homelands, the narrative of the novel invites an examination of the two primary characters – Frank and Laurence – and their interactions, similarities and differences as they negotiate identity and activity in a post-apartheid landscape. South African history must be considered in relation to personal performances particularly in regard to race, socioeconomic status, language and gender. The apartheid history of the nation affects the individual and group performances of identity in the post-apartheid political context. The narrative trajectory and character of Laurence can be used as a way to understand the likely future in this part of South Africa. Theoretical lenses used include post-colonial theory, Boehmer's theory of terror and the theories of Butler regarding identity performativity.

**Key Word:** South Africa, transitional literature, post-apartheid literature, post-colonial literature, gender performance, racial performativity, identity performance

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## **I. Introduction**

The present work considers Damon Galgut's *The Good Doctor* (2003) as a piece of post-apartheid literature that demonstrates the transitional and violent nature of South Africa during that time period. The novel can be used as a way to examine transition in psychology and in literature, and also to discuss representation and meaning of life and death in literature. The political context of *The Good Doctor* will be discussed, as it relates specifically to identity performance in relation to race and ethnicity. The theoretical framework for this work includes grounding in post-colonial theory in addition to Boehmer's theory of terror and the theories of Butler and others regarding identity performativity as it relates to race, gender, class and other aspects.

*The Good Doctor* is set in a rural hospital in post-apartheid South Africa. The institution was set up in the poor and black deserted region that was known as homelands; since being initiated by the central government, the hospital has been neglected and under-supplied. The lack of facilities to deal with more serious medical cases means that patients must be driven to the central hospital for any major health-care. Consequently, there is a vicious causal cycle of under-utilization of the hospital by local residents, and inability of the hospital to provide helpful care to many of the patients who need it. The beginning of the novel's action sees the arrival of a young, idealistic doctor at the hospital, Dr. Laurence Waters. Due to the setup of the hospital, Laurence is assigned to share a room with Dr. Frank Eloff. Frank's cynicism and Laurence's idealism clash throughout the novel, foreshadowed by Frank's early statement – in the novel's first sentence – that the younger physician “won't last” (Galgut 1). The other staff at the hospital include Dr. Ngema, who is continually waiting on a promotion to a different facility; Frank is next in line for Dr. Ngema's job when she leaves, but this has been a stagnant situation for years by the time the novel's narrative begins. The Santanders are a couple of doctors from Cuba, who have been working in different locations. Tehogo works as a nurse or hospital orderly, although he is not officially qualified as such. It can be seen that Galgut sets up three pairs of characters at the hospital – Frank and Laurence are white; the Santanders are Spanish-speaking and ethnically Cuban; Dr. Ngema and Tehogo are black South Africans. Laurence is sent by Dr. Ngema to share a room with Frank because the two men are both white; there is the promise that either the Santanders' room or Tehogo's will become available for Frank or Laurence, but like Frank's promised promotion when Dr. Ngema vacates her position, this does not come to fruition through the vast majority of the novel's narrative. Frank exists in several ways in a sort of long limbo regarding his professional position, the practice of medicine in a hospital without patients, and his wish to have his own room in the hospital – this is disrupted by Laurence's arrival.

## II. Transitional Characters and Setting: Place, Identity and Transition

Frank is in a somewhat permanent state of transition or delayed progress; this can be seen as a clear metaphor for South Africa's transitional status in the post-apartheid era, in which there is the promise of a better tomorrow that is organized differently while the present remains stuck in historically-rooted problems and dissatisfactions. Within each racial or ethnic pair of characters, there is significant contrast. Laurence's idealism and energy for creating change and outreach work is contrasted with Frank's time-worn cynicism and jaded outlook on life and working at the hospital. Dr. Ngema is the head surgeon of the hospital, although she barely gets to practice medicine and instead is kept busy by administrative work. By contrast, Tehogo has access to work at the hospital despite a lack of qualification or a desire to show up for work much of the time. However, there is some solidarity between Dr. Ngema and Tehogo in terms of shared racial heritage – Dr. Ngema is forgiving towards Tehogo when Frank and Laurence indirectly accuse Tehogo of stealing and selling metal fixtures from the unused hospital wing. Dr. Ngema and Tehogo are also an oppositional pair in terms of education and skill level, with Dr. Ngema being the administrative head of the hospital and Tehogo the institution's lowest-status employee. However, Tehogo is involved in the new, partly shadowy, economy of post-apartheid South Africa, whereas Dr. Ngema remains stuck in the past. She talks continuously of innovation and change, without being truly willing or able to enact change in her professional domain: "Innovation and change: it was one of her key phrases, a mantra she liked to repeat. But it was empty. Ruth Ngema would go to great lengths to avoid any innovation or change, because who knew what might follow on?" (Galgut 33). The repeated falling-through of Dr. Ngema's expected promotions to a better job in the city is one representation of how she remains stuck in a backwater, and by extension in the past.

Frank's appointment at the hospital was in fact as Dr. Ngema's replacement, but when she didn't leave Frank was stuck at the hospital. This again is a metaphor for South Africa in post-apartheid transition, as a new administrative system was intended to replace the old order; however, truly replacing individuals or institutions that have been accustomed to power is a difficult and long-term process. The homelands were intended to give black South Africans a place to live and form communities; however, these impoverished tracts of land are neglected by the central administration, and intrinsically further marginalize already-marginalized populations.

In this context, Laurence's personality stands out – he is idealistic, tactless and inexperienced. He is surprised at the lack of patients in the hospital, and the looting of furniture and fixtures from the building. The setup – in which a large space is vastly under-utilized and the remaining staff huddle in a small number of rooms that remain furnished and useable – can be seen as a representation of the way facilities and power have been centralized in the post-apartheid South Africa, with the outlying areas such as the homelands neglected and isolated. From his idealistic frustration with the hospital, Laurence forms a plan to do outreach work via village clinics in the surrounding region. The rest of the hospital staff, particularly Frank, is skeptical about Laurence's idea; but the first clinic has positive results and does increase the optimism of the hospital staff about their ability to help patients in the surrounding area. By contrast, Frank describes his own jaded outlook on practicing early in *The Good Doctor*: "They all seemed to matter to him [Laurence]. This bothered me. It bothered me because, really, I didn't care too much. I don't mean that I didn't try. I gave my detached, professional best to each of them, but when nothing more was possible I didn't think about it again. And Laurence's involvement and effort showed up a lack in me" (Galgut 60).

Moreover, the landscape itself is used to represent in some ways an oppressive character in the novel. The wilderness areas surrounding the hospital are largely frightening to Frank and other characters in the novel; they seem to be imbued with almost a sort of malevolence due to the poor and largely barren land in the area. The history of racialized violence that has occurred in these regions also festers as an omnipresent element, and the relations between white and black South Africans are shown, in the novel, to be strained, segregated or somewhat mistrustful on both sides. The state of the hospital itself, following years of neglect, is also portrayed as a symbol of decay and – through Frank's eyes if not through those of Laurence – a sense of hopelessness about improving the current situation in the wake of violent history that is not yet satisfactorily resolved: "And then you arrived and you saw. Maybe the first clue was a disturbing detail; a crack that ran through an otherwise pristine wall, or a set of broken windows in an office you passed. Or the fact that the fountain was dry and full of old sand at the bottom" (Galgut 3). Through Frank's narration and observation, Laurence's experience of arriving at the hospital is outlined: "And you slowed down, looking around you with vague anxiety, and suddenly it all came into clear focus. The weeds in the joints of the pavements and bricks, the grass growing at places in the street, the fused lamps and the empty shops behind their blank glass fronts and the mildew and damp and blistered paint and the marks of rain on every surface and the slow tumbling down of solid structures, sometimes grain by grain, sometimes in pieces. And you were not sure any more of where you were" (Galgut 4).

This meditation on the decay of the under-utilized hospital through the newcomer's eyes can be seen as a metaphor for the South African homelands as they were neglected in the post-apartheid era; it can also be taken as a reference to the doctors' respective sense of identity when faced with such a situation in which to work and live. Frank has actually come to choose the isolated, somewhat useless existence of his life in the

hospital, and doesn't take the opportunity to find work elsewhere. Identity also becomes bound up with geographical location, and the relationships between characters and the barren landscape around them. Therefore, when Frank says they become unsure of "where you were" (Galgut 4), this can also be extended to include who they were in this context. The landscape and population of the homelands and the hospital clearly affect each character's sense of self, sense of purpose, and interlinked identity as it is performed in this setting. Frank has almost nothing to do, and this is symbolized in his dismissal of the dartboard salvaged from the recreation room and hung in his room: "there are only so many times that you can throw a dart into a board before the idea of an aim and a target begins to lose its point" (Galgut 11).

### III. Past, Present and Future: Identity and Performance

Laurence's naïve take on recent South African history is underlined when he first arrives at the hospital, in conversation with Frank:

"But people get injured, people get sick. Don't they need help?"

"What do you think this place means to them? It's where the army came from. It's where their puppet dictator lived. They hate this place."

"You mean politics," he said. But that's all past now. It doesn't matter any more." (Galgut 6)

While Laurence thinks that the past is irrelevant, Frank has more experience and understands how the present – and, undoubtedly, the future – are intrinsically connected to the past. This is particularly true in a country such as South Africa, where extreme violence occurred during and after the apartheid era. In a sense, *The Good Doctor* is about the inability to forgive and forget, but instead examines the process for potentially negotiating a new relationships and communities when there is such a history of violence and oppression.

The landscape of the homelands functions almost as a literary character in *The Good Doctor*. Frank describes his changing relationship with the place in which he has lived and worked for years, and his changing perspective on the landscape itself: "When I first got here I loved the landscape, the fertility and fecundity of it, the life it gave off. There were no bare places. Everything was shrouded in shoots and thorns and leaves; there were little paths running everywhere, made by animals or insects. The smells and colours were powerful. I used all my free time, hours and hours of it, to go off walking into the bush. I wanted to move closer to the lush heart of things. But over time what had compelled me most deeply began to show a different, hidden side. The vitality and heat became oppressive and somehow threatening. Nothing could be maintained here, nothing stayed the same. Metal started to corrode and rust, fabrics rotted, bright paint faded away. You could not clear a place in the forest and expect to find it again two weeks later" (Galgut 15).

Frank has an affair with a local woman named Maria – their sex is transactional, as he quickly starts giving her money each time they meet. Laurence eventually performs an abortion for Maria when she is pregnant, presumably potentially with Frank's child. Early in the novel, the emotional and social distance between Frank and Maria is clear; he asks her:

"what's your real name? Your African Name." But something closed over in her face; she dropped her eyes. "Maria," she repeated. "Maria." (Galgut 23)

The source of Frank's guilty conscience is revealed in a flashback to a time during his military service when he was called to attend a black prisoner who was being tortured by the white military commander. Frank advocated for proper care of the patient's asthma:

"Commandant, if you let me give him some proper care, I can get rid of the asthma completely. He should be on cortison". Somebody, one of the onlookers, says, "Proper care," and laughs. "Is he about to die, Lieutenant?" "It depends. If he gets pushed too far..." "So, if we go carefully...?" These questions are insane, they are the measuring-points of an inverted world, doctors are here to heal and repair, not assist in this calculated demolition of nerves and flesh. I open my mouth to speak but I can feel the dead eyes of the commandant staring at me, staring me down... "No," I say. "He won't die yet." ... My agony lasted only a few days. By the next morning I was already learning to bury it (Galgut 66).

This incident, which later culminates in Frank confronting the Commandant in a different time and place, can be seen as sowing the seeds for Frank's disconnection and numbness in his interpersonal dealings – and in his practice of medicine. Past trauma has led him to learn to "bury" his feelings, his guilt and his complicity in the South African regime.

Frank and Laurence, as the primary characters in the novel, can be seen as complementary yet contradictory to one another in terms of attitude and experience. Yet there are significant similarities between the two. For example, both are somewhat unrealistic and dysfunctional in their approach to romantic love, tending to base relationships upon fantasy rather than reality. In the professional context, Frank is jaded and pessimistic, resigned to his own inability – or unwillingness – to push for positive change in any way. Laurence is idealistic and highly ambitious regarding the potential to enact positive change through the hospital and his clinic outreach efforts; however, when the situation eventually spirals out of control and leads to Laurence's

death, in a way it can be seen that he has proven Frank correct in his pessimism and apathy. There is an interesting mirroring in the dysfunctional personal relationships entered into by Laurence and Frank during the narrative of the novel. Laurence has an idealized long-distance relationship with a woman named Zanele; their relationship is conducted by letters, and when she comes to visit Laurence at the hospital, it is clear their relationship is not built on solid ground and she ends their involvement, after a dalliance with Frank. Zanele's given name is Linda; she is American-born and uses the name "Zanele" to make herself sound more African in that context. The woman with whom Frank is involved is a local, poor African; she will not ever tell Frank her real African name, and instead insists to him that she is called "Maria". In this aspect of the novel, the fraught nature of negotiating African or "African" identities in the South African context is made clear. Laurence idealistically seeks authenticity and enters a relationship with a mask in terms of identity and naming; Frank is intimate with an African woman who will not share her identity or much of her personality with him. All four characters are performing their identities to some degree, in the context of a nation in which identity and power structures are inextricably linked to one another.

Late in the novel, before Tehogo and Laurence are kidnapped by hostile forces, occurs a central dialogue between Laurence and Frank:

"You're not a bad man. But you say no to everything. It's written on you. I don't know what's happened to you. You just don't believe in anything. I don't think you even believe what you're saying now."

"I do believe it."

"That's why you can't change anything. Because you can't change the way you are."

"Do you think it's so simple? At the middle of your life there's just one word, yes or no, and everything

follows from that?"

"Maybe it is like that."

I looked at him, but I didn't see him. I was seeing something else. A picture had come to me, and it was of Laurence and me as two strands in a rope. We were twined together in a tension that united us; we were different to each other, tough it was in our nature to be joined and woven in this way. As for the points that we were spanned between – a rope doesn't know what its own purpose is. (Galgut 170)

Before Laurence's presumed death – which fulfils Frank's initial prophecy that the doctor "wouldn't last" – the situation has in many ways changed little. However, the experience of knowing Laurence and being involved in his life for a period of time has altered Frank: "I was the heavy one now. The weight had moved from him to me; some subtle exchange had taken place in the night. I was older and bigger and slower than before" (Galgut 170-171). Although life in the hospital seems likely to continue as it did before Laurence's arrival, the positioning and identities of the characters have changed somewhat through their interaction with him and his idealism.

Violence and the history of violence is a part of the narrative of *The Good Doctor*, and of course this is intrinsically linked to South Africa's history in the apartheid and post-apartheid eras. Violence – and the threat of violence – is a constant presence in both the cities and the homelands of the post-apartheid nation. Frank had first-hand experience of the violent means used by the apartheid military against prisoners – Frank feels terribly guilty to have been complicit, as a military doctor, in the torturing to death of a prisoner during the apartheid era. When he sees the Commandant in charge of this incident many years later, it clearly brings up mental trauma and anguish for Frank. When he eventually mentions the incident to the other man, it seems to be unremembered – this implies that the history of that man and that area was so unrelentingly violent that no specific incident stands out. The apartheid regime itself has left a problematic and divisive social structure connected to perceived and practiced "ethnicity", socioeconomic class or poverty, racial identity, gender and other factors. Apartheid was grounded in a binary division along racial lines, and perpetuation of a hierarchical political and social structure based upon such divisions. However, tribal and geographical identities and claims survived the apartheid era, and these could not be contained by simple binary definitions. Davison states: "n post-apartheid South Africa this has changed [classification schemes and racial stereotypes] and cultural diversity has been embraced within the symbolic construct of nation building. In practice, however, accommodating ethnic difference without resorting to essentialist notions of race and culture remains a challenge" (151). South Africa's population is ethnically and racially diverse; under apartheid there was a systemic of classification according to defined "ethnic" categories. This system was not nuanced and did not account for self-determination and performativity in terms of individual and group identity. Ethnic and racial violence as shown in *The Good Doctor* can better be understood perhaps as politicized violence.

#### **IV. Postcolonial Framework: Language, Group Psychology and Performativity**

Elleke Boehmer's theories regarding post-colonial terror are helpful in a reading of *The Good Doctor*. Boehmer states: "Terror according to this logic can be defined in terms taken from Achille Mbembe's exposition of the necropolitical, as a politics exercised through the imposition of death and near-death" (Boehmer 145). Through Boehmer's definition and framework regarding terror, it can be understood that terror is inherently important in the novel, and in Galgut's portrayal of post-apartheid South Africa as a place in which average residents still live in fear of violence and shaped by past trauma. Boehmer states that post colonialism itself "correlates with struggle, subversion, the nation, the region, resistance to the global status quo" (143); this is relevant to the post-colonial or post-apartheid era in South Africa, equally. Terror, according to Boehmer, relates inherently and closely to the forces of post-colonialism. Ashcroft, Griffiths and Tiffin state: "Theories of style and genre, assumptions about the universal features of language, epistemologies and value systems are radically questioned by the practices of post-colonial writing" (11). Therefore, the theoretical framework for analyzing *The Good Doctor* can be based on post-colonial theory in addition to Boehmer's theory of terror.

Further, theories relating to performance and identity are relevant; these include the theories of Butler and others concerning the performativity of race, gender and other elements of identity. Butler's theories of performativity can be used to inform an analysis of the characters and narrative in the novel, as these can be linked to the contextualized creation and maintenance of personal and cultural identities in post-apartheid South Africa. Butler sees gender, for example, as constituting a rehearsed performance rather than being an unchangeable and strict biological factor (1997); likewise, race can also be viewed as flexible, ambiguous, ambivalent and at times a performed identity rather than an intrinsic element of selfhood. Victor Webb states, regarding language and identity as it is performed:

firstly... the indigenous languages of the people of Africa have no role (or almost no role) in the official domains in their countries; secondly, that the official language of public communication in all these [African states] is a language originating from the colonial period (usually English, French, or Portuguese) and thirdly, that generally only about 30% of the citizens of these states "know" the official languages of their countries. (Webb 5-6)

In South Africa, the official and personal use of English, Afrikaans, or an indigenous African language is culturally and politically charged. English speaking as a default or a choice can be a marker of the speaker's prior or current privilege in a hierarchically-structured system (Matlwa). Conversely, users of indigenous African languages have a way to shut white South Africans out of many conversations and situations. Linguistic division can foment and strengthen barriers between groups in a post-apartheid, post-colonial society. In *The Good Doctor*, the Spanish-speaking couple who live next door to Frank have another way to shut others out of their conversations and their experience if so wished.

Use of language is part, also, of a performed identity as outlined by Butler's theories. This leads to a situation in which tribalism in terms of identity becomes an inherent part of a society and culture – the white doctors in the hospital are equally prone to tribalism, even when working in a racially-mixed scenario. Tribalism is closely linked to linguistic, ethnic and racial identity and the ways in which such identity is performed in various contexts. In South Africa, group mentality and psychology were crucial elements of the structuring and perpetuation of apartheid system; South Africans were physically and economically segregated under apartheid, and likewise in the post-apartheid era to some degree. South Africa was undoubtedly a starkly divided country during the apartheid era and the transitional period of new democracy. At the same time, the new society that is being formed at the time of the novel's action is inevitably affected by – and informed by – the nation's repressed and violent past. Group psychology and mass expression is a key device in the work's presentation of a transitional period between an oppressive past and a new social and political structure in the post-apartheid era. South Africa's transition from apartheid to democracy was not quick or straightforward. Politicized violence was common throughout the transitional era, as stated by TheBouckaert:

the process of negotiations soon came to take second stage to the rising tide of violence, as the rivalry between the ANC and the Inkatha Freedom Party (IFP) erupted into an all-out war in Kwazulu Natal and the townships surrounding Johannesburg. The ANC accused the apartheid government of complicity in fomenting the violence from the very beginning, and history would later show that elements within the apartheid government had indeed played a central role in the spiral of violence by training Inkatha "hit-squads" and engaging in a dirty tricks campaign aimed at destabilizing and discrediting the ANC. (246)

Freud (1985) talks of a group psychology in which the group develops a "sense of omnipotence" (Freud 104) which leads to a sense of hope for the future as 'the notion of impossibility disappears for the individual in a group' (Freud 104). Samin states: "the ambivalence which the reversal of focus between the political and the ordinary and the contradictions the main characters generate is reinforced by the theme of death" (193). In the context of *The Good Doctor*, death and danger are ever-present; working in the hospital Frank and Laurence occasionally see patients who are in danger of dying, and must be transported to the city

hospital where there is more complete medical care and facilities available. The binary opposites of death and life are portrayed as interconnected and, in some ways, necessary components for change and transition – for rebirth – to occur. The largely-empty landscape surrounding the neglected hospital is threatening in its scope and climate; it also has the potential to hide violent rebel forces such as those presumed responsible for the deaths of Laurence and Tehogo.

## V. Discussion and Conclusion

*The Good Doctor* is contextualized amongst historical and current-time violence and death; the experiences of characters in the past relating to trauma inform their witnessed attitudes and perspectives in the narrative of the novel. This relates to South Africa's context and status as a post-colonial and post-apartheid society that had a violent transitional period toward the future after the end of the apartheid era. Working in a neglected hospital, Frank and other characters are aware of the inevitability and omnipresence of death and violence; Laurence's death, along with that of Tehogo, underscores the precariousness of the characters' existence in the context of the homelands and also in the context of South Africa more generally. The violent and traumatic history and presence of this context underscores the theories of Boehmer regarding post-colonial terror. Further, it can be seen that – following Butler – performativity is a crucial to various forms of identity formation in *The Good Doctor*. Tribalism is present in the homeland context, as these neglected and poor tracts of land were “offered” to black South Africans by the city politicians in the post-apartheid era. Resentment at their treatment in the post-apartheid era, as well as in the era of apartheid which was riven with violence, death and trauma, is clearly simmering in the homelands in the context of *The Good Doctor*.

The novel is a piece of post-apartheid literature and additionally post-colonial in its context and framing. Transition is a key element of the novel's structure and placement in the canon; paradoxically, the novel's action can be seen as a dramatic arc in which the situation on the ground does not truly change much – if at all. However, the attitudes and experiences of the key characters do change, and the interrogations and negotiations relating to identity and performance in a transitional era are interesting and valid. The use of contrast between Frank's and Laurence's characters in the same context is used to balance idealism and cynicism, experience and youth, trauma and naiveté, and to understand issues of performativity and tension relating to race, gender, class and other aspects of individual and group identity.

The landscape and context of the homelands surrounding the isolated – to some degree useless – hospital contextualizes and informs the narrative of the novel. Isolated in a barren landscape and cut off from amenities and much of a social life, characters perform their identities in a historical context of significant ethnically-based oppression and violence. The hospital and its staff can be seen as symbols of mistrust between the people who live in the homelands and the medical staff who have come out from the city to work at the hospital – whether through choice, as in Laurence's case, or through circumstance. The hospital stands as an emblem and a kind of question about the process and possibilities of major change within a country, a group of people, and individual characters. The lack of trust in the situation is mirrored in the gutting of the hospital's valuable fixtures to be sold as scrap; Laurence hopes to revitalize and energize the hospital staff and surroundings through outreach work and free clinics, however, this may contribute to his ultimate death. Laurence's naiveté contrasts with Frank's cynicism about the possibility of enacting positive change; Frank is essentially biding his time and existing in a sort of suspended animation during his time at the hospital. He is meant to have progressed to the head administrative role on many occasions, but this has never worked out until the very end of the novel. Frank is fatalistic in accepting all the delays in his promotion, and also the ways in which friends and lovers trickle into and out of his life with a kind of inevitability. Frank is isolated by geography, by personality, by circumstance, and by his performed identity as it is interpreted in the tribal context of post-apartheid South Africa.

The past and the future are crucial to understanding this novel as a snapshot of South Africa in transition. Laurence is naïve and believes the past is not relevant to the present and the future; this has ramifications for his interpersonal relationships and ultimately his personal safety. Frank, and the narrative of *The Good Doctor* as a whole, demonstrates the ways in which the recent and distant past have the power to shape and affect the present and the future. Frank and Laurence, although members of the same racial group, represent in some ways each other's binary opposites. Yet they are somehow dependent upon one another, and complementary characters. While initially annoyed by Laurence's arrival and the necessity of sharing a room for the first time in a long while, Frank comes to appreciate Laurence's presence and social warmth. Both characters have dysfunctional interpersonal relationships that are based somewhat on magical thinking and fantasy as it relates to the other person's identity and lived experience. Laurence is idealistic while Frank's past experiences have left him unable to believe in a similar form of idealism as it relates to positive change and a brighter future. Frank has become unambitious in his own professional career and his personal life; Laurence is unrealistic in his personal life but energetic and ambitious professionally.

Frank has experienced trauma and violence in the apartheid era; violence and the threat of future violence inherently shapes the narrative of *The Good Doctor* in parallel with South Africa's history in the apartheid and post-apartheid eras. Frank's guilt regarding his inaction to save a specific prisoner when he was a military doctor keeps resurfacing through the narrative of *The Good Doctor*; he feels guilty for not having been able to protect or help that man. Politicized and tribal violence alike have left scars on the people and their psyches; mistrust and fear are natural results of the apartheid era and its violence. Group psychology theories underline how people assert tribal identities following hierarchically-structured political periods based on delineated ethnic categorizations that do not necessarily reflect lived or self-identified experience. Tribalism is closely linked to linguistic, ethnic and racial identity and the ways in which such identity is performed in various contexts. In South Africa, group mentality and psychology were crucial elements of the structuring and perpetuation of apartheid system; South Africans were physically and economically segregated under apartheid, and likewise in the post-apartheid era to some degree. South Africa was undoubtedly a starkly divided country during the apartheid era and the transitional period of new democracy. At the same time, the new society that is being formed at the time of the novel's action is inevitably affected by – and informed by – the nation's repressed and violent past.

Group psychology and mass expression is a key device in the work's presentation of a transitional period between an oppressive past and a new social and political structure in the post-apartheid era. The transitional era was marked by long-standing violence, as stated by Bouckaert. Group identity and its performance is connected to linguistic, geographical, socioeconomic, cultural, racial, ethnic, gendered and other elements; in *The Good Doctor* it can be seen that language is culturally and politically charged among the characters. Heritage and experience likewise isolate individuals and groups in mistrust and fear of future violence. Laurence is an emblem, in some ways, of not adhering to fearful tribalism in the isolated context of the neglected hospital. However, the price for his naiveté and his idealism is ultimately high. Laurence is a sacrificial character who enacts change primarily in Frank's character, personality and outlook in the wake of Laurence's presumed death. In this aspect, Laurence can be seen, himself, as the "good doctor" of the title – although sacrificial, he is ultimately a force for good, and for positive change, in the novel and its extrapolated future aftermath.

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