**Medicine in the Mirror of Omaima al-Khamis’s *Voyage of the Cranes in the Cities of Agate (Masra al-Gharaniq fi Mudun al-‘Aqiq)* and Han Kang’s *The Vegetarian***

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**Abstract:**

The present study examines the representation of medicine in the mirror of two contemporary novels, *The Voyage of the Cranes in the Cities of Agate (Masra**al-Gharaniq fi Mudun al-‘Aqiq)*, written in Arabic in 2017 by the Saudi author Omaima al-Khamis and awarded the 2018 Naguib Mahfouz Medal for Literature, and *The Vegetarian*—a novel by the Korean novelist Han Kang, first published in Korean in 2007, then translated into English by Deborah Smith in 2015, and awarded the 2017 Man Booker Prize. Al-Khamis’s novel, set in the fifth century of the Hijri Calendar (the eleventh century C.E.), is a travelogue that engages with a highly turbulent era of the history of the Islamic Caliphate, teeming with political intrigue, sectarian strife, and religious and philosophical debate. While tracing the journey of its protagonist Mazeed al-Najdi al-Hanafi from his homeland in the heart of the Arabian Peninsula to the thriving cultural centers in Baghdad, Jerusalem, Cairo, and Andalusia, the novel depicts the multiple metamorphoses of the journey’s original purpose of gaining knowledge at the learning circles held by religious scholars in the major mosques, as Mazeed gets caught in a secret underground network of political and intellectual conspiracy. Medicine plays a paramount role in all the phases of Mazeed’s initiation narrative; it is: an authoritative discourse whose valuable manuscripts deserved their weight in gold and whose translations constituted a bridge between Greek and Islamic civilizations; an indicator of the degree of social, economic, and scientific progress of a country; a tool of political subversion against the mandates of a tyrannical despot; and above all, a highly respected profession influencing the personal and communal lives of people. On the other hand, Kang’s novel is set in present-day South Korea whose societal norms and cultural attitudes, as well as its environmental, political, and socioeconomic facts inform the narrative of the decline of the mental and physical condition of the protagonist Yeong-hye. Comparing the representation of Yeong-hye’s symptoms of Schizophrenia and Anorexia Nervosa, as well as the medical care she receives, with up-to-date medical research on the clinical picture and treatment of similar cases, the study highlights the intertwined medical accuracy and aesthetic literariness of the novel.

**Keywords:** Travelogue, Medicine and Literature, Omaima al-Khamis’s *Voyage of the Cranes in the Cities of Agate (Masra al-Gharaniq fi Mudun al-‘Aqiq)*, Subversion,Post Traumatic Stress Disorder (PTSD), Schizophrenia, Anorexia Nervosa, Han Kang’s *The Vegetarian*, Gwangju Uprising, South Korean Novel.

**الطب في روايتي "مسرى الغرانيق في مدن العقيق" لأميمة الخميس و"النباتية" لهان كانج**

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**ملخص :**

تتناول الدراسة الحالية تمثيل الطب في روايتين من الروايات المعاصرة – الرواية العربية "**مسرى الغرانيق في مدن العقيق**" المنشورة عام 2017 للكاتبة السعودية أميمة الخميس والحاصلة على وسام نجيب محفوظ للأدب لعام 2018، ورواية "**النباتية**" للكاتبة الكورية هان كانج، والتي نُشرت لأول مرة باللغة الكورية عام 2007، وترجمتها إلى الإنجليزية ديبورا سميث عام 2015، وفازت بجائزة مان بوكر عام 2017. وتدور أحداث رواية الخميس في القرن الخامس الهجري (القرن الحادي عشر الميلادي)، وتروى قصة رحلة بطل الرواية **مزيد النجدى الحنفى** من موطنه في قلب الجزيرة العربية إلى مراكز الحضارة الإسلامية الثقافية المزدهرة في بغداد والقدس والقاهرة والأندلس. وتتناول الرواية حقبة مضطربة من تاريخ الخلافة الإسلامية، تعج بالمكائد السياسية والطائفية، فضلا عن الجدل الديني والفلسفي. كما تصور الرواية التحولات المتعددة للغرض الأصلي للرحلة المتمثل في اكتساب المعرفة في حلقات علماء الدين في المساجد الكبرى، حيث يقع مزيد في براثن شبكة سرية من المؤامرات السياسية والفكرية تقوده إلى قلب الصراع السياسي المشتعل آن ذاك. ويلعب موضوع الطب دوراً كبيراً في جميع مراحل رحلة مزيد من البراءة إلى النضج والتجربة: ويتمثل الطب في صورة خطاب علمي موثق ذو قيمة محفوظة في المخطوطات التي تستحق وزنها ذهباً والتي شكلت ترجمتها جسراً بين الحضارتين اليونانية والإسلامية، كما تمثل المؤسسة الطبية بما تتيح من خدمات مجتمعية مؤشراً لدرجة التقدم الاجتماعي والاقتصادي والعلمي للدولة؛ والطب في رواية الخميس هو وسيلة من وسائل المقاومة والثورة على الاستبداد، وقبل كل شيء الطب مهنة تحظى باحترام كبير وتؤثر على الحياة الشخصية والمجتمعية للناس. ومن ناحية أخرى، تدور أحداث رواية هان كانج في كوريا الجنوبية في الوقت الحالي، وتربط السردية بين الأعراف المجتمعية والثقافة والممارسات السياسية والاجتماعية والاقتصادية للمجتمع الكوري من جهة، وتدهور الحالة العقلية والجسدية لبطلة الرواية **يونج هاي** من جهة أخرى، وذلك من خلال وصف تفصيلي لأعراض مرض الفصام ومرض فقدان الشهية العصبي وربط الحالة الصحية للبطلة بعلاقاتها الأسرية المعقدة. وتركز الرواية على الرعاية الطبية التي تتلقاها البطلة مشيرة الى أحدث الأبحاث الطبية السريرية. وتسلط الدراسة الضوء على تشابك دقة التفاصيل الطبية مع الجماليات الأدبية في نسيج الرواية عند هان كانج.

**كلمات مفتاحية:** أدب الرحلات، الطب والأدب، أميمة الخميس، مسرى الغرانيق في مدن العقيق، اضطراب ما بعد الصدمة، الفصام، فقدان الشهية العصبي، هان كانج، النظام الغذائي النباتي، انتفاضة غوانغجو، الرواية الكورية.

**Introduction**

The present study examines the representation of medicine in the mirror of two contemporary novels, *The Voyage of the Cranes in the Cities of Agate (Masra**al-Gharaniq fi Mudun al-‘Aqiq)*, written in Arabic in 2017 by the Saudi author Omaima al-Khamis and awarded the 2018 Naguib Mahfouz Medal for Literature, and *The Vegetarian*—a novel by the Korean novelist Han Kang, first published in 2007, translated into English by Deborah Smith in 2015, and winner of the 2017 Man Booker Prize. Al-Khamis’s novel, set in the fifth century of the Hijri Calendar (the eleventh century C.E.), is a travelogue that engages with a highly turbulent era of the history of the Islamic Caliphate, teeming with political intrigue, sectarian strife, and religious and philosophical debate. While tracing the journey of its protagonist Mazeed al-Hanafi al-Najdi from his homeland in the heart of the Arabian Peninsula to the thriving cultural centers in Baghdad, Jerusalem, Cairo, and Andalusia, the novel depicts the multiple metamorphoses of the journey’s original purpose of gaining knowledge at the learning circles held by religious scholars in the major mosques, as Mazeed gets caught in a secret underground network of political and intellectual conspiracy. Medicine plays a paramount role in all the phases of Mazeed’s initiation narrative: an authoritative discourse whose valuable manuscripts deserve their weight in gold and whose translations constitute a bridge between Greek and Islamic civilizations; an indicator of the degree of social, economic, and scientific progress of a country; a tool of political subversion against the mandates of a tyrannical despot; and above all, a highly respected profession influencing the personal and communal lives of people. On the other hand, Kang’s novel can be read as an extended medical case history of its female protagonist Yeong-hye’s mental disorders. Set in present-day South Korea, the narrative of the decline of the mental and physical condition of Yeong-hye, the detailed representation of the clinical picture and medical management of her disease, as well as the devastating effects exerted by this disorder on her marital, familial, and work relationships, is informed by contemporary South Korean societal norms and cultural attitudes, in addition to its environmental, political, and socioeconomic facts. It is noteworthy that, by comparing the representation of Yeong-hye’s symptoms of Schizophrenia and Anorexia Nervosa, as well as the medical care she receives, with up-to-date medical research on the clinical picture and treatment of similar cases, the study highlights the intertwined medical accuracy and aesthetic literariness of the novel.

***Voyage of the Cranes in the Cities of Agate (Masra al-Gharaniq fi Mudun al-‘Aqiq)***

al-Khamis’s *Voyage of the Cranes in the Cities of Agate*(hereafter referred to as *Voyage*) is set in a period when the Islamic Empire—which at the time covered a vast territory from central and southern Asia to southern Europe passing through the Arabian Peninsula, the Levant, and North Africa—has passed the centuries of its golden zenith when pure religion and civilization have gone together hand in hand, thus reaching a stage of decline that threatens an inevitable and drastic breakdown. At the time of the novel, the Empire is divided into three competing Caliphates, with a Caliph in Baghdad, another in Cairo, and a third in Cordoba. The rivalries and conspiracies among the three threaten to destabilize the whole edifice of the state. Ironically, the rulers represented in the novel may use religious slogans and bear titles with religious connotations, but their focus of interest is definitely mundane. Their contested political power may seem to be secure, or only threatened by other rulers of similar materialistic orientation and vested interests; however, it is the multitudes of oppressed marginalized masses whose subversive power is underlined in the novel. These may act individually or collectively; they may belong to the common people or to the intellectual leadership; they may be men or women; they may come from urban or rural communities; their power may lie dormant for years and may at times seem to be defeated or enclosed within prison cells but their eventual victory is guaranteed according to the narrative logic by a staunch set of spiritual beliefs and a rational philosophical system that addresses the human mind offering it a blueprint for the welfare of all.

The major plot event in *Voyage* is the recruitment of the protagonist narrator, Mazeed al-Hanafi al-Najdi, to become a member of the “Society of the Cranes”, a fictional underground secret society whose immense network includes figures of wealth and authority in the highest echelons of the Caliphate. Mazeed’s position as a poor scholar of religion coming straight from the heart of the Arabian Peninsula, aiming to study at the hands of the illustrious Sheikhs whose famous teaching circles around the pillars of the grand metropolitan mosques act as a magnet attracting young men and women from all over the world, makes him the perfect novice to be indoctrinated in the Cranes’ ideologically and politically subversive project. Specifically, the novel’s representation of the ideological stance of the Cranes is an adoption of the intellectual legacy of the Mu’tazilites—an Islamic school of thought launched as early as the second century of the Hijri Calendar (eighth century of Common Era). The school of thought of these “Knights of Rationalism and Logic”, as the Mu’tazilites have been frequently called, is considered by the consensus of scholars of Islamic philosophy as

a revolution of the Islamic mind with the full force of its faith and integrity against the invasion of a wide spectrum of destructive and anarchic movements of multiple factions of heretics, pagans, and unbelievers who envied the miraculous advent of the new and established religion and attempted to deconstruct it by inserting foreign and malignant concepts to undermine its established dogma [My translation]. (Mahmoud, 250)

In his seminal book *Al-Fikr al-Islami wa Al-Falsafat Al-Mu’areda fi Al-Madi wa Al-Hader* [*Islamic Thought and Oppositional Philosophies in Ancient and Modern Times*], Abdel-Qader Mahmoud argues that, due to the rational orientation of Mu’tazilite theology and philosophy, it would have been much better for the Islamic World if the rationalistic Mu’tazilite methodology had been dominant in dealing with problems that have come to light in modern times. Instead, history records many dark periods of persecution and physical annihilation of Mu’tazilite scholars due to their firm and courageous antiauthoritarian position against the dictatorship of the political authority especially during the rule of the Umayyad Dynasty (reigned from 41 to 127 H./661 to 745 C.E.). Such oppression continues during the consecutive reign of the Abbasids (reigned from 132 to 922 H./750 to 1516 C.E.), with a single exception during the reign of the Caliph al-Ma’mun (reigned from 198 to 218 H./813 to 833 C.E.) who himself espouses the Mu’tazilite philosophy and becomes an earnest advocate of the school.

In *Voyage*, the Mu’tazilite philosophical (and, in particular, epistemological) orientation of the Cranes is the main topic—at first implicitly, then, later on as Mazeed rises in the echelons of the Cranes, explicitly—of all the tutorial instruction scenes as well as the many conversations that take place between Mazeed on the one hand and the senior members of the Cranes on the other. Significantly, it is knowledge rather than politics that is represented as the primary target of the Cranes’ subterranean strategies, whose main purpose is the propagation of an enlightenment project across the Empire, by means of the preservation and strategic distribution of seminal books and manuscripts that represent the sum total of human intellectual endeavor in all fields of knowledge across time and space, with the belief that the powers of light at any given moment of history are always bound to extinguish darkness. Mazeed’s first recruiting officer, Sheikh Abu al-Hasan al-Hashemy, a figure of affluence and nobility in Baghdad, initiates Mazeed into the ideology of the Cranes, pointing out the current oppressive regime of the Abbasid Caliph al-Qader (reigned from 381 to 422 H./991 to 1031 C.E.)—whose recently announced Manifesto[[1]](#endnote-1) that has been signed by a multitude of the governing elite (probably under fear of redress from the Caliph) then read in public in the streets and marketplaces of Baghdad—is bound to be a herald of imminent atrocities afflicting all freedom fighters. Fearing a reenactment of the massacres and bloodbaths that have previously targeted major Mu’tazilite intellectuals, given that these “advocates of philosophy, justice, and monotheism” have been unjustly accused of all sorts of blasphemous sacrilege, al-Hashemy tells Mazeed that he (and others of similar persuasion) “have been collecting the epitome of human wisdom represented in books written in priceless words of pure gold that have accumulated across the ages from all corners of the globe and have placed these precious gems in boxes to be distributed all over the world with the help of fearless young recruits/Cranes like Mazeed who will carry them on their powerful wings” [My paraphrase and translation of p. 160]. Influenced by al-Hashemy’s argument, Mazeed comes to two conclusions: first, he nominates all these capital cities as “cities of agate”—a term that refers to the episodes of violence and bloodshed that have occasionally afflicted the population of these cities turning its streets into rivers of blood for reasons that have everything to do with worldly ambition and nothing to do with true religion; second, he becomes a true believer in the altruism of the cause of underground resistance via the peaceful subversive strategy of preserving works of intellectual tradition in the hope that keeping the torch of civilization alight even in the darkest times guarantees an inevitable return to golden ages of stability and enlightenment.

Significantly, Mazeed’s fateful decision to join the ranks of the Cranes is a turning point in his life that engages him in a series of subversive activities aimed at resisting and undermining the official governmental control of the dissemination of discourse. In “The Order of Discourse”, Michel Foucault[[2]](#endnote-2) argues that

in every society the production of discourse is at once controlled, selected, organized, and redistributed by a certain number of procedures whose role is to ward off its powers and dangers, to gain mastery over its chance events, to evade its ponderous, formidable materiality. … The procedures of exclusion are well known, the most obvious and familiar is the prohibition. … In the taboo on the object of speech, and the ritual of the circumstances of speech, and the privileged or exclusive right of the speaking subject, we have the play of three types of prohibition which intersect, reinforce, or compensate for each other, forming a complex grid which changes constantly. (qtd. in Rice and Waugh, 210-211)

In *Voyage*, medicine is represented as one of a number of specialized discourses such as philosophy, music, poetry, religion, physics, and chemistry among others, which together constitute the intellectual legacy of human civilization, and whose dissemination across time and place under dire circumstances of authoritarian rule and censorship is a feat of heroism that—despite its being fraught with the constant danger of incarceration or loss of life—deserves all kinds of sacrifice. Carrying his precious load of valuable books and manuscripts in a wooden-laid box hidden surreptitiously under a carpet placed on the back of his camel, the novel’s protagonist Mazeed al-Hanafi al-Najdi joins one desert caravan after another, moving across the vast landscape of medieval Islamic Caliphate and settling for several months in a number of its major cities, including Baghdad, Jerusalem, Cairo, Almeria, and Cordova.

 The novel’s copious citing of tens of titles of world-renowned textbooks of medicine authored by such great figures from both Ancient Greece and the Medieval Islamic World as Hippocrates, Galinus, al-Razi, and Ibn-Sina, and the multiple references to the great value bestowed on these texts as testified by the immense prices that are readily paid for original texts as well as for authentic translations authorized by Bayt al-Hikma (House of Wisdom) of Baghdad[[3]](#endnote-3) and Dar al-Hikma (also known as Dar al-‘ilm)/House of Wisdom/Knowledge of Cairo[[4]](#endnote-4) testify to the theme of cumulative exchange of scientific discourse in general and medical discourse in particular as integral to the promotion of universal epistemological capital. Titles such as al-Hasan Ibn al-Haytham’s *Ta’theer al-Luhoon al-Musiqeyya fi al-Nufoos al-Hayawaneyya* [*The Effects of Musical Tunes on the Souls of Animals*](49), Aristotle’s *Fan al-She’r* [*Poetics*](120), Euclid’s *al-Osool* [*The Elements*] (177), Ptolemy’s mathematical and astronomical treatise *al*-*Magasty* [Almagest] (177), al-Faraby’s book of philosophy *Araa’ Ahl al-Madinah al-Fadelah* [*The Opinions of the Inhabitants of Utopia*] (521), and the thirty-volume book of medicine written by the renowned Cordovan physician and surgeon al-Zahrawy entitled *al-Tasreef leman ‘agaza ‘an al-Ta’leef* [*Practical Solutions for Those who Lack Creativity*] (554) as well as many others recur time and again throughout the novel, side-by-side with recipes of traditional regional medicine whose legacy has been passed orally from one generation to another, thus underlining the complementary nature of human knowledge. When Mazeed falls sick with a severe attack of recalcitrant fever on his journey across the North African desert from Egypt to Carthage, he is abandoned and taken for dead by the caravan travelers, and it is his mother Shama and her expertise in traditional Bedouin medicine exemplified in this case by the medicinal qualities of natural herbs such as sage, fenugreek, mint, mastic, and basil, combined with her sincere prayers and deep religious faith that bring him back to health.

 The subversive potential of medicine becomes most apparent during Mazeed’s period of residence in Fatimid Cairo under the reign of al-Hakim bi-Amr Allah (r.996–1021). Registered in the annals of history as one of the most eccentric rulers of all time, al-Hakim’s problematic character is still the theme of ongoing historical studies attempting to disentangle the complexities and ambiguities of his erratic (sometimes bordering on insane) behavior. Paul Walker’s monograph *Caliph of Cairo: al-Hakim bi-Amr Allah, 996–1021* is one of the most influential of these studies. According to Walker, al-Hakim’s character presents an ongoing enigma that challenges any attempt at a one-directional explanation. Occupying for a quarter of a century a position of nearly absolute temporal and religious authority (both as Caliph and as Imam of ‘Isma’ili Shi’ite sect), al-Hakim’s behavior, argues Walker, is a mixture of paradoxes; there is documented evidence of his positive as well as his negative traits such as:

proverbial generosity, support of scholars and scholarship, maintenance of Islam and Islamic institutions such as mosques, concern for justice and equity, and fearless accessibility to ordinary folk and the common citizens of his domain. … Yet the overly large numbers of executions and their continued regularity remain a disturbing feature of his rule, as does the ongoing restrictions of women and the protected [Non-Muslim] peoples. (93)

Stressing al-Hakim’s “mixed record” which has led many historians to consider him “certifiably insane” and has caused even “his most ardent supporters” to concede that he is “unique, unpredictable, and his actions simply inexplicable … not even by the Shiite standard of an absolutely infallible imam in its most extreme form” (6), Walker strives to construct a balanced image of the man and the ruler. Thus, the same ruler who decrees the bizarre prohibition orders of a number of food items, including grapes,[[5]](#endnote-5) raisins, some kind of small fish without scales, and a green leafy vegetable known as *mulukhiyya*, personally provides for the foundation and all the requirements of the “true academic establishment” (Walker, 151) of the House of Knowledge, the Dar al-‘Ilm, also known as the House of Wisdom, the Dar al-Hikma, as mentioned above.

Significantly for the purpose of the present study, Mazeed finds himself entangled in what amounts to a major popular movement challenging the authority of al-Hakim himself when he prescribes a concoction of raisins as treatment for the episodes of manic depression for his Cairene landlord, a wealthy man who earns the title of “al-magzoub” or “the possessed” when he feigns madness to escape the dangers of a ministerial job in al-Hakim’s government (given that this government position that has often historically ended with the execution of the appointed minister). Making extended references to Galinus’s explanation of Hippocrates’s medicine, Mazeed explains to al-Magzoub and his family that

There are two major causes of disease: external causes related to the environment, climate, and food intake, and internal causes exemplified by the disturbed ratio or the damage of one of the four elements that constitute the human body. … That is why the effective treatment of disease should be mediated via one of the restorative measures of the balance among bodily elements. It is noteworthy that when these elements coexist qualitatively and quantitatively in optimum proportions one is said to be in good health. Unfortunately, this doesn’t seem to be the case with our patient [al-Magzoub] whose bodily elements have been negatively affected by the autumnal weather which has the same damaging effects on some individuals as it has on green tree leaves. Autumnal climate exacerbates feelings of depression and isolation and hurts hepatic and gall bladder functions. … I recommend that our patient take a warm bath each night, soaking his feet in a solution of basil, then drink a concoction of raisins and sage in order to help his body get rid of any toxic matter. [My Translation and Paraphrase of pages 333 to 335 of the novel]

Having enthusiastically explained to his patient, al-Magzoub, the therapeutic benefits of raisins, Mazeed supports his argument by citing one of the documented speeches or “Hadeeth” of the Prophet of Islam, Mohammad, Peace Be Upon Him, in which he is reported to have listed a number of medicinal beneficial effects related to the consumption of grapes, pointing to their being useful in alleviating the symptoms of various conditions of physical and mental exhaustion (*Voyage* 344). In the following days, Mazeed is shocked to discover that there are thousands upon thousands of handwritten pamphlets quoting the same Hadeeth (most probably written by al-Magzoub and members of his household), disseminated all over the streets and alleys of the Fatimid capital in stark disregard of the devastating consequences that the perpetrators may pay at the hands of the authorities. Mazeed exclaims in disbelief of the recklessness of the rebellious pamphlet writers and distributors: “What is happening here? The Caliph prohibits the consumption of grapes and raisins, and the alleys of his capital abound with these rebellious notes. I wouldn’t be surprised if these notorious scraps of paper find their way to the police headquarters! What exactly is al-Magzoub trying to do?” (*Voyage* 349).

It is noteworthy that the novel, highlighting the subversive potential of medicine, juxtaposes the above episode of the grapes with another highly subversive action documented in most historical sources of the period, namely, the episode of the effigy, described in detail in *Voyage* as follows:

Along the uphill route taken by al-Hakim on his nightly excursions to the Moqattam Plateau east of Cairo, there suddenly appears a huge effigy made up of tattered rags and pieces of paper resembling a scarecrow. The effigy’s hand is holding a sheet of paper, on which is written a vicious litany of myriad curse words insulting the ruler and his whole dynasty with the foulest and filthiest denunciations, as well as bold threats of an imminent mass uprising that will burn out the palace and butcher its inmates. The whole body of the effigy is covered by notes about the people’s grievances, and the hair of the effigy is made up of two long braids of goat’s skin reaching down to the ground, one of the braids has a list of all the churches demolished by the orders of al-Hakim, and the other has a list of all the murdered Copts who have suffered under his rule. [My translation and paraphrase of pages 383-384]

Interestingly, Mazeed establishes his reputation as a skilled physician, sought after by the high and low for the accuracy of his diagnosis and the efficacy of his prescribed modes of therapy, by developing three major sources of knowledge: the Greek books of Galinus and Hippocrates translated and augmented by the work of Muslim physician such as al-Razi; the traditional Bedouin medicine with its lore of natural herbs and spices which Mazeed inherits from his mother, Shama al-Wae’leyya, a charming woman with prestigious ancestral origins going back to the tribe of bani-Wae’l of Arabia; and finally, the practical medical skills of Father Sam’an, the hospitable Christian monk at whose house Mazeed rents a room for several months during his stay in Jerusalem. Applying his medical knowledge pragmatically for the purposes of hiding his Crane Society affiliation, achieving a status of respectability, and earning his livelihood during his long journey across the medieval lands of Islamic Caliphate, Mazeed prescribes medicine for his fellow travelers in the desert caravan, for the minor ailments of his fellow students at the prestigious Cairene Fatimid congregational mosque al-Azhar and ultimately for such renowned personages as the above-mentioned “magzoub” as well as the Head of the Fatimid Police Force in Cairo. Mazeed’s reputation as a physician in Cairo originates from his successful management of the case of al-Magzoub. He writes:

After my episode with al-Magzoub, I begin to receive requests from my colleagues at al-Azhar, asking for medical prescriptions to alleviate some minor gastric ailments, such as colic, flatulence, or diarrhea. I recommend that drinking water be boiled beforehand, with some drops of citron added; I also advise that the water containers be periodically cleansed and perfumed with smoked mastic seeds… When some of my tutor sheikhs ask for some analgesic for their knee joints, I offer a recipe of heated castor oil and crushed Fenugreek seeds as ointment. Most of these prescriptions are a legacy of my mother’s medicinal herb lore. I always make sure to conclude by the recital of some Quranic verses … Of relevance here also is the “law of similarity” devised by Greek physicians, so that the cure of a disease lies in a similarly shaped substance, for example, nuts to treat brain ailments such as headache and loss of memory; and tomatoes and red beetroots as potent tonics for the blood … [My translation]. (375)

Moreover, the novel represents the state of medical care and health services as an accurate indicator of the degree of progress and socioeconomic welfare of a country. Al-Bimarestan al-Adhudi/the “Adhud al-Dawla Hospital” in Baghdad[[6]](#endnote-6)—with its air of general cleanliness, its germ-free spotless wards, its efficient and highly professional medical staff, its well-stocked medical library serving researchers from all over the world, and its avant-garde application of music therapy as supplementary healing procedure in addition to surgical and medical measures—is a case in point. When Sheikh Mohamad al-Tamimi, the religious instructor of Mazeed at one of the congregational mosques of Baghdad, is stabbed by a group of anarchists who have opted for violent measures to settle some ideological differences with the Sheikh, Mazeed accompanies the wounded man to the above-mentioned Hospital, a large compound with separate buildings for male and female patients.

On the West Side of the medieval city of Baghdad, there stand two large red-brick twin buildings: the male and female sections of the world-acclaimed “Adhud al-Dawla Hospital” … The Hospital is financed by an endowment/waqf made by Adhud al-Dawla al-Buwayhi may Allah rest his soul in peace. He willed an immense fortune to cover all the hospital expenses, including salaries of doctors and other staff, treatment of patients, library, kitchens, and other costs of running the hospital. He personally appointed during his lifetime an administrative manager to supervise the project and choose consecutive managers. [My translation] (115)

Mazeed admiringly records the details of his experience at the Hospital in a manner that makes it stand out as the perfect equivalent of a modern-day state-of-the-art medical complex:

This astounding health-care facility is equipped with a meticulous system of registration of patients’ data, outpatient clinics for the reception and diagnosis of daily clients, inpatient wards for admission, and proper medical and/or surgical management of medical cases. Upon his arrival at the hospital, Sheikh Tamimi is taken to the Casualty Room where his wound is cleaned, sterilized, and appropriately dressed. Given that his condition requires admission, he is accompanied by two clean-shaven male nurses clad in spotless white uniforms to one of the private rooms of the surgery ward. When Mazeed and the Sheikh’s sons come to visit him during visiting hours, they find the Sheikh bathed and dressed in a clean white hospital gown, with everything in his room from the white bedclothes to the walls and floor shining bright and clean. The Hospital boasts two additional ultra-modern features that testify to the progressive state of the health-care system in medieval Baghdad: a well-stocked mega-library with a large reading hall accessible to medical researchers and practitioners from all over the world; and an advanced employment of music therapy with waves of soft music gently floating through the corridors during the evenings to accelerate the rate of healing of the sick inmates and facilitate their passage into quiet sleep. [My translation and paraphrase of pages 111 to 113 of *Voyage*]

However, it is noteworthy that the efficient maintenance of such medical institutions as mentioned above, despite the debilitated political state of the Caliphate at the time of Mazeed’s narrative, is a function of the system of waqf or trust funds in Islam rather than any contemporaneous interest.

Another episode that represents the advanced state of the health-care institutions in the medieval Islamic Caliphate is the system of mandatory medical examination (to be followed by quarantine if necessary) for travelers outside the city walls of the metropolitan centers of the Caliphate as a prophylactic measure aimed to prevent the spread of epidemics from one part of the Empire to another. Upon leaving Cairo, Mazeed joins an extended caravan of merchants and returning pilgrims heading westwards across the North African desert. The caravan is,

heavily guarded, being accompanied by ten cavalry officers and twenty infantries to protect it against robbers. … On the way, the caravan will separate into divisions, one goes northward towards the metropolitan city of Qayrawan on the way to the Mediterranean port city of al-Mahdeyya [in modern-day Tunisia] where Mazeed plans to cross the sea toward the Andalusian port of Almeria, while the other division of the caravan heads westwards by land towards Morocco. However, some delay occurs when Mazeed falls sick a short time before the caravan reaches the city walls of Qayrawan; he has symptoms of malaise, fatigue, nausea, and high fever and is unable to go on his way. The decision of the caravan leaders to abandon Mazeed in the desert environs of al-Qayrawan (later sending an attendant to cater to his needs) is motivated by practical necessity rather than callousness. The medical authorities at the city gates examine all caravan travelers for any signs of infectious disease as a prophylactic measure against the spread of plague; the presence of any suspected cases is bound to cause the whole caravan several weeks’ delay as they are placed in special quarantine locations outside the city walls. [My translation and paraphrase of selected sections from pages 425 to 427 of *Voyage*]

Emphasizing the importance of prophylaxis in the prevention of the spread of disease is another episode in the novel concerning the mandatory medical examination for all passengers aboard the ship crossing the Mediterranean from the North African port of al-Mahdeyya carrying Mazeed to Almeria (in present-day Spain):

One day, a sailor climbs the ship mast, and on reaching the top starts yelling “Allahu Akbar. God is Greater. It is Almeria”; all on board start repeating the same shouts of joy, as the port city’s streets and buildings appear reflected in the crystal-clear waters of the sea, [hence its name, Almeria, which stands in Arabic for “The Mirror”]. However, nearly a whole day passes before any of the ship’s crew, passengers, or cargo can leave the ship, because they have to undergo inspection by the port authorities. Thus, soldiers and custom officers search the ship and cargo for contraband goods and taxable merchandise, while a physician takes the body temperature and pulse rate of everyone on board before giving the green light for them to land. [My translation and paraphrase of pages 439 to 441 of *Voyage*]

To sum up, *Voyage of the Cranes in the Cities of Agate* represents medicine as an intellectual discourse that forms part of a shared universal cultural capital transcending racial and ideological differences with the aim of promoting a better quality of life for all. By definition, medicine has a practical as well as theoretical aspect that touches intimately upon people’s everyday lives, a fact that augments its subversive potential when deployed to challenge the political status quo as mentioned above. Finally, in *Voyage*, the degree of efficacy of medical institutions and the integrity of medical practitioners is represented as one of the sensitive markers for the state of a nation.

***The Vegetarian***

Han Kang’s novel *The Vegetarian* can arguably be read as an extended medical case history of Yeong-hye, a young wife in her mid-twenties living with her husband in one of Seoul’s tiny apartments in present-day South Korea. *The Vegetarian*’s narrative focus is the trajectory of Yeong-hye’s mental disorder, starting with the sudden onset of the disease as a psychotic episode, going on to what is initially thought to be a bizarre form of dietary choice, and progressing gradually into the full-blown clinical picture of combined Anorexia Nervosa and Schizophrenia. It is noteworthy that while delineating the details of the symptoms and signs of Yeong-hye’s condition, the diagnostic and management procedures undertaken by physicians and psychiatrists toward Yeong-hye as both an inpatient and outpatient, and the complications and prognosis of her case, the novel adopts the highest degree of accuracy in relation to contemporary medical literature as will be discussed. Above all, the novel’s depiction of the underlying causative factors of Yeong-hye’s case—factors that are a combination of genetics and environment and that are shared with two other novel characters who suffer some form of mental disorder—points an accusing finger at two major traumatic historical events that have recently been the object of scholarly research in the modern history of South Korea—namely, the Vietnam War, and the Gwangju Uprising as will be discussed in the following pages. Thus, the novel highlights the strong connection between the public and private, between historical trauma and the lives of individuals and families—a connection that medical research has provided strong evidence whereof.

The novel’s plot is launched as Yeong-hye experiences what is medically known as “First-Episode Psychosis” (FEP)—a tentative diagnosis given and later corroborated with the benefit of hindsight for the initial manifestation of symptoms in Schizophrenic patients. Yeong-hye’s husband, Mr. Cheong, finds her standing immobile and seemingly unconscious in front of the refrigerator door on a freezing cold night of minus 10 degrees Celsius, bare-footed and dressed in a light cotton nightshirt; her mental and physical condition has been on a downhill course (with short periods of remission) for the three-year duration of the narrative. The sudden onset of the symptoms and the age of the patient point to a diagnosis of Psychosis that may or may not develop into full-blown Schizophrenia—a serious mental disorder that comes under the category of Psychosis.[[7]](#endnote-7) Highly relevant to the purpose of the present study is the fact that the earlier the diagnosis of psychosis, the better the prognosis, a fact that makes the delay in seeking medical help all the more lamentable in the case of Yeong-hye Kim. In an article entitled “Early Detection, Intervention and Prevention of Psychosis Program: Community Outreach and Early Identification at Six U.S. Sites”, Sarah Lynch et al. argue that

Studies of patients hospitalized for first-episode psychosis found that the delay in initiating help was a significant contributor to longer duration of untreated psychosis … Without treatment, individuals with a first psychosis are at high risk of suicide and can experience reduced functioning, worsening symptoms, increased isolation, and diminished response to treatment the longer the episode. (510-11)

Describing this initial episode of psychosis, Yeong-hye’s husband stresses her air of total detachment from reality, as if she were sleepwalking, or as if she were totally submerged in another world, saying: “How long might she have been standing there like that … ramrod straight as if perfectly oblivious to my repeated interrogation? Her face was turned away from me, and she was standing there so unnaturally still … When I put my hand on her shoulder I was surprised by her complete lack of reaction … as though lost in her own world” (7).

When a few hours later the husband wakes up to a bizarre scene enacted in the kitchen, in which an automated and catatonic Yeong-hye is going through the motions of emptying the contents of the refrigerator—frozen packages of meat, fish, chicken, as well as eggs and dairy products—and throwing them on the floor which becomes buried beneath layers of squashy fleshy substance, it becomes clear that something very wrong is going on behind the silent mask-like face of the woman:

She was crouching, still wearing her nightclothes, her dishevelled, tangled hair a shapeless mass around her face. Around her, the kitchen floor was covered with plastic bags and airtight containers, scattered all over so that there was nowhere I could put my feet without treading on them. Beef … belly pork, two sides of black beef shin, some squid in a vacuum-packed bag, some squid … dried croaker … and endless bundles of unidentified stuff dragged from the depths of the fridge … my wife was busy putting the things around her one by one into black rubbish bags … seemingly no more aware of my existence than she had been last night. (9-10)

Later, a still irresponsive Yeong-hye packs all the litter in large black garbage bags and throws them away, repeating two sentences in a monotonous enunciation: “I had a dream”, and “I don’t eat meat”. When her husband returns from his work that night, he discovers that there will be no more meat, eggs, or dairy products in their house because, as his wife composedly says, “I couldn’t let those things stay in the fridge, it wouldn’t be right” (13). Whereas such a declaration in itself would, under different circumstances, may simply indicate vegetarianism,[[8]](#endnote-8) a specific dietary choice made daily by millions of people in our contemporary world and pointed out by the novel’s title, the case history of the novel’s protagonist tells a quite different story. Moreover, even before it becomes clear that Yeong-hye’s condition is much more serious than that of an individual decision to adopt a vegetarian diet, her family’s absolute rejection of what in most cultures would have been accepted as a private matter needs to be read in the context of Korean culture.

The sudden decision of Yeong-hye to stop eating meat and all animal products leads to a drastic chain of events affecting her and all her family members. Such *inexplicable* behavior is interpreted by Yeong-hye’s family as an unacceptable and ill-mannered rebellion against Korean cultural norms, traditional patriarchal authority, and conventional societal attitudes. According to Yeong-hye’s husband, parents, and siblings, there are no exonerating circumstances to justify Yeong-hye’s behavior, because she lacks all the familiar excuses that might have explained her actions. Appalled by her sudden decision not to eat meat, Mr. Cheong ruminates:

I was lost for words, though at the same time I was aware that choosing a vegetarian diet wasn’t quite so rare as it had been in the past. People turn vegetarian for all sorts of reasons: to try and alter their genetic predisposition towards certain allergies, … or else because it is seen as more environmentally friendly not to eat meat. … Buddhist priests who have taken certain vows are morally obliged not to participate in the destruction of life, but surly not even impressionable young girls take it quite that far. As far as I was concerned, the only reasonable grounds for altering one’s eating habits were the desire to lose weight, an attempt to alleviate certain physical ailments, being possessed by an evil spirit, or having your sleep disturbed by indigestion. In any other case, it was nothing but sheer obstinacy for a wife to go against her husband’s wishes as mine has done. (14)

As Yeong-hye’s physical and mental conditions deteriorate—a fact culminating in both her drastic loss of weight so that she weighs around thirty kilograms, as well as her attempted suicide when she uses a sharp knife to cut her wrist in an act of violent resistance against her father’s force-feeding her a piece of meat during a family reunion meal—it becomes clear to all that they are facing an acute case of mental disorder. Yeong-hye’s subsequent period of hospitalization in the general hospital ward is just the beginning of a series of admissions and discharges to psychiatric facilities throughout the novel.

The hostile attitude of Yeong-hye’s family toward her decision “to go vegetarian” is further complicated by the context of Korean meal-sharing culture, thus explaining the flare-up of hostility against Yeong-hye during the two social occasions of her husband’s company dinner and the family dinner. Highly relevant in this context is the sociopsychological research paper entitled “Becoming a Vegetarian in Korea: The Sociocultural Implications of Vegetarian Diets in Korean Society”; examining the meaning of and social pressures against vegetarianism in South Korea’s highly collective cultural context, the study postulates that “potential difficulties in social relationships as the real challenge in becoming a vegetarian in Korea” (Yoo & Yoon, 112). Based on data collected “from participant observations and in-depth interviews conducted with 38 vegetarians in the Seoul metropolitan area in 2010-2011”, the study claims that

Given the social importance placed on ordering and sharing similar meals together in order to foster intimate relationships and emotional bonds in Korea, vegetarianism can be considered deviant social behavior discordant with the non-vegetarian norm. In highly collective Korean society, it is regarded as a bad practice that disturbs harmony within the group, and vegetarians/vegans, especially those who are younger and occupy lower social positions, face enormous social pressures to yield to a conventional omnivorous diet, especially on occasions, such as a family gathering and a company dinner. While some people fail to maintain their vegetarian diet, many vegetarians/vegans try to cope with such social pressures by using various bargaining strategies, such as avoiding meal time, hiding their identity, giving an excuse, and doing routine chores for everyone else at the dinner table. (Yoo & Yoon, 112)

My contention is that Yeong-hye’s case history – as represented by her outward appearance and behavior, by the testimonies of her husband, her brother-in-law, and her elder sister (the three characters/narrators of the novel’s three parts), by the opinion of the medical staff who attend her case, and most significantly by the inner workings of her mind to which the omniscient narrator provides us limited access via the italicized passages of Part One and the brief words exchanged with her sister in Part Three – indicates a diagnosis of two coexisting mental disorders, namely, Schizophrenia and Anorexia Nervosa as will be discussed in the following pages. Ironically, due to the outwardly noticeable nature of the symptoms and signs of Yeong-hye’s Anorexia Nervosa when contrasted with the elusive nature of the psychotic symptoms of Schizophrenia, especially during the initial phases, the first disorder to be diagnosed is Anorexia, although it has been the underlying Schizophrenic pathology that leads to the anorexic clinical picture in the first place.

Anorexia Nervosa is one of the most common types of eating disorders characterized by low body weight resulting from restricted food intake, disturbed body image, fear of gaining weight, and an overpowering desire to be thin (Attia E.). Patients of Anorexia Nervosa, argue Attia E. et al., have a pathological fear of being overweight, a fear that inhibits their food intake or else causes them to get rid of ingested food through forced vomiting, laxatives, or strenuous exercise, leading to drastic complications and probably a fatal outcome unless there is apt medical intervention. There are three diagnostic criteria for Anorexia Nervosa (all of which need to be met for diagnosis);[[9]](#endnote-9) Yeong-hye’s case definitely meets the three criteria. Moreover, according to the results of a number of medical researches, one major risk factor that increases a person’s vulnerability to developing Anorexia is trauma, especially childhood sexual abuse perpetrated by a caretaker or a loved one.[[10]](#endnote-10) Yeong-hye plausibly qualifies as a childhood trauma victim as will be discussed later.

That Yeong-hye is anorexic (and not simply vegetarian or even vegan) is emphasized in the novel time and again. Her husband expresses his utter surprise regarding her new dietary habits limited to water-boiled rice, lettuce, seaweed-in-water soup, and soybean paste, arguing that “if you had said that my wife had always been faintly nauseated by meat, then I could have understood it, but in reality it was quite the opposite” (14); he goes on to enumerate the traditional Korean recipes in which meat is a main component that used to be prepared by the “competent cook” (14) his wife has been during the previous five years of their marriage, pointing out his failure to understand what is going on.

Yeong-hye’s prolonged self-starvation is bound to have a negative impact on her general condition. Describing the “drastic transformation” (15) undergone by his wife during the months following her initial psychotic episode, Cheong says:

She grew thinner by the day, so much so that her cheekbones had really become indecently prominent. Without make-up, her complexion resembled that of a hospital patient. If it had all been just another instance of a woman giving up meat in order to lose weight then there would have been no need to worry, but I was convinced that there was more going on here than a simple case of vegetarianism. … [Moreover,] she had practically stopped sleeping. (15-16)

As the narrative progresses, and as we read the interspersed passages in italics, we are shockingly plunged into the dark abyss inhabited by that entanglement of distorted and confused thoughts forming Yeong-hye’s mind; it becomes gradually clear that we are facing a case of major mental disorder, of which vegetarianism is just an outer camouflage. Moreover, while Yeong-hye’s extreme decrease in overall food intake, leading to severe weight loss within a period of months, does support a diagnosis of Anorexia Nervosa, the revelation of additional symptoms such as insomnia, decreased libido, lack of energy, poverty of language, blunted affect, and most significantly psychotic symptoms such as hallucinations and delusions indicates the inevitability of treating the case as Schizophrenia[[11]](#endnote-11) coexisting with Anorexia and attests to the accuracy of Han Kang’s text in delineating the clinical picture of this disease. It is noteworthy that Yeong-hye’s self-inflicted violence taking the form of recurrent suicide attempts corroborates such diagnosis. Actually, Yeong-hye’s abstinence from food does not seem to be related in any way to an uncontrollable desire to be slim and elegant in accordance with fashion icons appearance; rather, it seems to be a definite wish to annihilate her body and wipe it out of existence in reaction to her unbearable delusions; in other words, it is another form of suicide analogous to the wrist-cutting incident that caused her first-time admission to hospital.

It is highly relevant that Yeong-hye’s case is almost a textbook illustration of the clinical picture of Schizophrenia. Not only does she suffer from the three different symptom bundles of the disease, but also her case fulfills all the diagnostic criteria required by the latest (fifth) edition of the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-5*) as will be illustrated.[[12]](#endnote-12)

In accordance with the above-mentioned definitive symptoms required for a medical diagnosis of Schizophrenia, Yeong-hye has both delusions and hallucinations; and, similar to most cases of Schizophrenia, the two are inextricably linked. Her major delusion can be categorized as belonging to the “bizarre” and “somatic” types; she has this fixed idea that there is a mass behind her sternum bone (in the center of her rib-cage) and that this mass is made up of the lives of all the animals she has eaten in a lifetime. In addition, she has a related hallucination in which she keeps hearing the cries of pain and agony coming from these butchered animals. The symptoms seem to have been going on for some time in a prodromal phase, given that her choice of not wearing a bra has been remarked on by her husband since before their marriage of five years. The acute phase is ushered by the violent dream, and from that point on, her condition has been deteriorating till it comes to a climax with the wrist-cutting incident in front of her family. Lying in the hospital bed after this first suicide attempt she thinks:

*My wrist is okay. It doesn’t bother me. The thing that hurts is my chest. Something is stuck in my solar plexus. I don’t know what it might be. It’s lodged there permanently these days. Even though I’ve stopped wearing a bra, I can feel this lump all the time. No matter how deeply I inhale, it doesn’t go away.*

*Yells and howls, threaded together layer upon layer are enmeshed to form that lump. Because of meat. I ate too much meat. The lives of the animals I ate have all lodged there. Blood and flesh, all those butchered bodies are scattered in every nook and cranny, and though the physical remnants were excreted, their lives will stick stubbornly to my insides* [italics in the original text]. (49)

Yeong-hye’s motive for suicide, as well as the motive for her initial rejection of eating meat (which later develops into a rejection of all types of food in what amounts to self-starvation), can be explained by her disorganized thought processes that encode a persistent desire to get rid of the suffocating lump inside her body, or in other words, to get rid of the monster living within: “*One time, just one more time, I want to shout. I want to throw myself through the pitch-black window. Maybe that would finally get that lump out of my body. Yes, perhaps that might work. Nobody can help me. Nobody can save me. Nobody can make me breathe*” [italics in the original text], (49).

 Yeong-hye’s insomnia is another symptom that exerts its toll on her physical appearance and stamina, leading to changes that are closely observed and recorded by her husband: “She didn’t come to bed until around five in the morning, and even then I couldn’t say for sure whether she actually spent the next hour asleep or not. Her face haggard and her hair tangled, she would observe me over the breakfast table through red, narrowed eyes. She wouldn’t so much as pick up her spoon, never mind actually eat anything” (16). A few months later, during the family dinner at Yeong-hye’s sister’s (In-hye’s) new apartment, Cheong describes his wife’s appearance as, “her face was blanched, a result of protracted insomnia. A stranger coming across her in the street would have assumed she was a hospital patient” (35).

A major manifestation of Yeong-hye’s disease are the terrifying dreams that exemplify—both in form and content—the accuracy and aptness of the medical details deployed in Han Kang’s novel, and their correspondence to the results of recent medical research on the topic of psychosis in general and Schizophrenia in particular. Yeong-hye’s initial episode of psychosis is preceded by a dream of darkness, violence, fear, blood, loathing, and, above all, an uncanny sense of simultaneous familiarity and unfamiliarity:

*Dark woods. No people. The sharp pointed leaves on the trees, my torn feet. This place, almost remembered, but I’m lost now. Frightened, cold. ... A red barn-like building. I’m inside, it’s inside. A long bamboo stick, strung with great blood-red gashes of meat, blood still dripping down. ... There’s no end to the meat, and no exit. Blood in my mouth, blood-soaked clothes suck onto my skin. ... Suddenly the woods open out ... Springtime’s green light ... Families picnicking, little children running about, and that smell ... Barbecuing meat, the sounds of singing and happy laughter. But the fear. My clothes still wet with blood. Hide, hide behind the trees. Crouch down, don’t let anybody see. My bloody hands. My bloody mouth. In that barn, what had I done? ... Chewing on something that felt so real but couldn’t have been ... My face, the look in my eyes ... My face undoubtedly, but never seen before. Oh no, not mine, but so familiar ...* [italics in the original]. (12)

The dream recurs in slightly different versions during the brief snatches of sleep Yeong-hye gets as her insomnia worsens over a period of several months. Ironically, while Yeong-hye’s insomnia begins as an intentional attempt to escape the clutches of the terrifying dream waiting to engulf her during sleep, she becomes entrapped in a vicious circle, given that sleep deprivation itself is a well-documented cause of “lucid dreams”. Thus, Yeong-hye’s dream experience satisfies the definition of such psychiatric concepts as “lucid dreams”, “insight”, and “dissociation” which are common findings in cases of Schizophrenia.[[13]](#endnote-13)

During the several-month interim between Yeong-hye’s FEP and her first suicide attempt at the family gathering, her mental state is submerged into total chaos as testified by her italicized narrative, while outwardly—according to her husband’s narrative—she still retains a measure of ordinariness despite the lack of food and sleep. She is “*sleeping in five-minute* *snatches*”, and whenever she “*slips out of fuzzy consciousness*” (33), the dream is back. The dreams “*come to me now more times than I can count. Dreams overlaid with dreams, a palimpsest of horror. Violent acts perpetrated by night. A hazy feeling I can’t pin down … Intolerable loathing so long suppressed. Loathing I’ve always tried to mask with affection. But now the mask is coming off*” [italics in the original]. (28) Yeong-hye’s psychotic symptoms of “dissociation” and “depersonalization” reach an epitome in the dream experience when she is no longer certain of the boundaries between self and other, or inner and outer reality: “*Dreams of murder. Murderer or murdered … hazy distinctions, boundaries wearing thin. Familiarity bleeds into strangeness, certainty becomes impossible. Only the violence is vivid enough to stick*” [italics in the original]. (28)

It is noteworthy that the recurrent dream experience involves images of meat, blood, acts of violence, feelings of shame, fear, loathing, and the desire to hide one’s shame and guilt from others, similar to the delusions and hallucinations mentioned above; in other words, the dream world duplicates many of the symptoms of Yeong-hye’s mental disorder. For example, self-isolation—one of the negative symptoms of Schizophrenia—is reflected in the existence of Yeong-hye within the dream world as a solitary figure who either walks alone or watches life from outside, all the time detached from the reality she witnesses. Furthermore, Yeong-hye experiences a feeling of dissociation from her own self, a self that uncannily appears as both familiar and unfamiliar, murderer and murdered simultaneously. “Dissociative symptoms refer to a range of non-ordinary experiences from ‘zoning out’ to out of body experiences to outright distortions in the fundamental sense of self” (McNamara). On a similar note, the correspondence between REM-sleep dreaming and psychosis is highlighted by the evidence-based claim that both phenomena

share several important features such as hallucinogenic imagery, reduced metacognitive thought and disturbed reality discrimination. Moreover, both dreams and psychosis proceed under a lower level of consciousness, characterized by a sense of presence—dreams are immersive, they involve here and now experience—and an absence of future-oriented planning and reflection of past experience. (Hobson and Voss, 2010; Joli, 2011)

Thus, the ambivalence felt by Yeong-hye toward the split of being both active agent and passive onlooker in the dream experience when she sees her face reflected in the pool of blood on the barn floor, appearing to her as simultaneously familiar and strange in an uncanny manner, may be considered as an inherent feature of psychoses as well as lucid dreaming:

Usually, both the dreamer and also the psychotic patient assume a first-person perspective, experiencing themselves as active agents instead of passive by-standers. However, dreams and also psychotic episodes may be accompanied by varying degrees of insight and subjective control. They may also include dissociative phenomena such as depersonalization and derealization or out-of-body experiences. (Voss et al., 2013)

Not only do Yeong-hye’s recurrent dreams parallel her psychotic symptoms, but also they “provide the inlet for full-blown psychosis” as the above-quoted medical source argues, given that Yeong-hye’s first episode comes in the aftermath of a lucid dream that turns out to be the first knot in an entangled network of dreams. Moreover, dreams provide significant clues to the risk factors that increase a subject’s vulnerability to psychotic mental disorders, especially what is medically termed “Adverse Childhood Experiences” or ACE. The “violence perpetrated at night”, the “loathing masked as affection”, and the feelings of shame and guilt are all indicators of childhood abuse suffered by Yeong-hye—a claim strongly supported by her sister’s narrative in Part Three, by her husband’s description of her father’s character, and by the words and actions of the “Patriarch” himself as will be discussed.

As Yeong-hye’s condition deteriorates, there is no longer a line of demarcation between her dreams and her waking hours; the bloody violence of the dreams leaks into her everyday life causing her unspeakable terror as she finds herself fighting desperately to overcome the murderous impulses of that other Yeong-hye threatening to come out in the open. In the dream world, Yeong-hye sees a version of herself throttling someone and gouging out their eyes: “Dreams *of my hands around someone’s throat, throttling them, grabbing the swinging ends of their long hair and hacking it off, sticking my finger into their slippery eyeball*” (32). Terrifyingly, in her waking hours, the threat of violence recurs,

*Those drawn-out waking hours, a pigeon dull colours in the street and my resolve [of not eating meat] falters, my fingers flexing to kill. Next door’s cat, its bright tormenting eyes, my fingers that could squeeze that brightness out. My trembling legs, the cold sweat on my brow. I become a different person, a different person rises up inside me, devours me … Saliva pooling in my mouth. The butcher’s shop, and I have to clamp my hand over my mouth. Along the length of my tongue to my lips, slick with saliva. Leaking out between my lips, trickling down.* [italics in the original]. *(32-33)*

Yeong-hye suffers from hallucinogenic symptoms related to a distorted experience of one’s body in correspondence to her fixed delusion of the stranger within. She perceives different parts of her body becoming sharper as if turning into killing machines ready to pounce at any moment, a perception intensified by the fact of her rapid loss of weight:

*Shuddering awake, my hands, need to see my hands. Breathe. My fingernails still soft, my teeth still gentle. Can only trust my breasts now. I like my breasts, nothing can be killed by them. Hand, foot, tongue, gaze, all weapons from which nothing is safe. But not my breasts. With my round breasts, I’m okay. Still okay. So why do they keep on shrinking? Not even round anymore. Why? Why am I changing like this? Why are my edges all sharpening—what am I going to gouge?* [italics in the original]. *(33)*

The struggle over control taking place between the warring selves of Yeong-hye is poignantly depicted by her thoughts: “*If you knew how hard I’ve always worked to keep my nerves in check. Other people just get a bit flustered, but for me everything gets confused, speeds up. Quick, quicker*” (19). Ultimately, the final scene of Part One portrays the climax of the acute phase of Yeong-hye’s Schizophrenia and necessitates her admission to the psychiatric ward for the first time. Having been in hospital for emergency care after her wrist-cutting event, in the early morning, she is found sitting bare-breasted in a dry water fountain in the hospital park, tightly holding a small bird in her hand. The bird has been killed savagely by the monster within:

My wife was sitting on a bench by the fountain. She had removed her hospital gown and placed it on her knees, leaving her gaunt collarbones, emaciated breasts and brown nipples completely exposed. The bandage had been unwound from her left wrist, and the blood that was leaking out seemed to be slowly licking at the sutured area. Sunbeams bathed her face and naked body. … I looked at my wife’s exhausted face, her lips stained with blood like clumsily applied lipstick. Her eyes, which had been staring fixedly at the gathered audience, met mine. They glittered as though filled with water. … I prised open her clenched right hand. A bird, which had been crushed in her grip, tumbled to the bench. It was a small white-eye bird, with feathers missing here and there. Below tooth-marks which looked to have been caused by a predator’s bite, vivid red bloodstains were spreading. (51-2)

It is noteworthy that while such pathological symptoms and signs as delusions, hallucinations, insomnia, emaciation, and drastic loss of weight understandably occupy center-stage in Yeong-hye’s case history, the novel does not neglect other, somewhat less dramatic, aspects of the disease. For instance, Yeong-hye has a multiplicity of “negative symptoms” such as poverty of language, decreased libido, lack of energy, blunted affect, and social isolation. In the early phase of her illness, Mr. Cheong says, “she now seemed to be actively avoiding sex” (16), and when he confronts her about it, he is astonished by her reply: “Your body smells of meat”, to which he responds, “Didn’t you see me just take a shower? So where’s this smell coming from, huh?” And here comes the hallucinogenic reply, “From the same place your sweat comes from” (17). Yeong-hye has always been a person of few words as testified by all who know her, but her silence and taciturnity become more noticeable as her condition worsens. Describing his wife’s attitude during the prodromal stage before the onset of acute symptoms, Mr. Cheong says,

It was rare of her to demand anything of me, and however late I was in getting home, she never took it upon herself to kick up a fuss. Even when our days off happened to coincide, it wouldn’t occur to her to suggest we go out somewhere together. While I idled the afternoon away, remote in hand, she would shut herself up in her room. More than likely she would spend the time reading, which was her only hobby. … Only at mealtimes would she open the door and silently emerge to prepare the food. To be sure, that kind of wife, and that kind of lifestyle, did mean that I was unlikely to find my days particularly stimulating. (4-5)

Similar charges of lacking any social or communication skills and spending her time in monotonous activities are directed at Yeong-hye by her unnamed brother-in-law who is the narrator of Part Two of the novel and whose behavior is the precipitating factor of Yeong-hye’s relapse and second/final admission to a psychiatric hospital. Yeong-hye is discharged from the first psychiatric hospital after spending several months there, on the condition that she continues treatment as an outpatient. Having been divorced by her husband on grounds of mental disorder, Yeong-hye stays at her sister’s place for one month before moving to a rented studio procured by her sister. Describing the monotony of her lifestyle during that month, the brother-in-law writes: “she’d never been much of a talker, and had spent the majority of her time out on their veranda, sunning herself in the late autumn sunshine. She would occupy herself in picking up the dried leaves that had fallen from the flowerpots and crumbling them into a fine powder, or in stretching out the palm of her hand to cast shadows on the floor” (69).

Likewise, the novel further satisfies another diagnostic criterion required by DSM-5 for clinching the clinical diagnosis of Schizophrenia, namely, the adverse impact of the symptoms on the person’s work, education, and family life. Used to working at various part-time jobs in order to contribute to her family’s income since her early teens, Yeong-hye has two jobs at the time of her marriage. She is an assistant instructor at a computer graphics institute, and she is also subcontracted to a manhwa (Korean comics) publisher, writing the characters’ dialogue in the speech balloons—a job she can do in the evening from home. However, after the onset of her symptoms, she loses both jobs. Later, during her period of remission in between the two hospital admissions, her psychiatrist advises her not to work at any job where she is left alone with her thoughts and recommends some kind of work such as a department store assistant, a recommendation that she never has the chance to test, given that she succumbs to the second relapse that leads to her second and final hospitalization.

As for Yeong-hye’s social relationships—which have been very limited to start with, being mainly restricted to her family members—these suffer to a great extent under the burden of her disease. Her marriage comes to an end as her husband insists on divorce refusing all requests from her sister In-hye to give his wife a second chance. He does not want to live with this “strange, frightening woman” (44), and he challenges his brother-in-law, saying, “would you be able to put up with a wife who was always like that, zoned out on psychiatric medication every day, completely dependent on you for her livelihood?” (75). Her husband’s attitude, as well as the attitude of her parents and her brother, who all opt for severance of any ties linking them to their sick daughter, thus leaving the elder sister In-hye as the sole legal caretaker and financial provider of the heavy medical and general living expenses of Yeong-hye, needs to be considered in the context of negative societal attitudes toward mental illness. It is noteworthy that the cruel act of Yeong-hye’s brother-in-law and his taking advantage of her unstable mental condition to make her pose naked (having covered her body with paintings of exotic colored flowers) and share with him a so-called “artistic performance” of sexual intercourse recorded on a videotape may be read as one further instance of negative societal attitudes toward the mentally handicapped. Ironically, this brother-in-law is himself another case of mental disorder—in this instance, the diagnosis is Posttraumatic Stress Disorder (PTSD), the same disease from which Yeong-hye’s father suffers as will be discussed—having participated in his early youth in the Gwangju Uprising,[[14]](#endnote-14) also known as the May Massacre, one of the most violently suppressed revolutions in modern Korea, and has witnessed the brutal massacres committed by the military against his colleagues, a trauma that turns him into a dependent irresolute personality who deceives himself for a while that he is a politically committed artist, but later succumbs to the belated onset of such symptoms as apathy, sociopathy, depression, and self-pity, culminating in his assault on Yeong-hye.

Similar to the accuracy of Han Kang’s novel in the depiction of the clinical picture of Yeong-hye’s disease is the novel’s accuracy as regards the depiction of the probable causes of the condition. Until now, according to medical research, no single direct cause has been discovered to account for the occurrence of Schizophrenia; psychiatric research has emphasized a number of genetic and environmental risk factors whose interaction precipitates the disease (Owen et al., Mullin et al., and Davis et al.).[[15]](#endnote-15) Moreover, Yeong-hye’s miserable childhood (shared for the most part by her elder sister In-hye) unfortunately involves a number of adverse experiences that culminate in recurrent episodes of sexual abuse by her father and that increase her vulnerability to mental disorders in adulthood as proven by evidence from up-to-date medical research which argues that “Adverse Childhood Experiences (ACE)” are a major risk factor in cases of Schizophrenia.[[16]](#endnote-16)

In the case of Yeong-hye, both environmental and genetic factors play an important role in increasing her vulnerability to the disease. Brought up in the countryside where the father’s absolute patriarchal authority over his family is unquestioned, things are further complicated for Yeong-hye by the attributes of the father’s character, the gender and age hierarchical order of Yeong-hye in relation to her siblings, the individual features of Yeong-hye’s character, and above all, by the “Adverse Childhood Experiences” (ACE) mentioned above and experienced by Yeong-hye. Throughout the novel, the Father—arguably the primary agent of abuse and aggression that will have such a negative impact on his daughters’ adult lives—is referred to as “the Patriarch”, “the Big Man”, and “the Vietnam War Hero”.[[17]](#endnote-17) The first time he appears on the scene is in the form of an angry loud voice shouting obscenities and admonitions at his younger married daughter Yeong-hye during a telephone call, with that same daughter ignoring her father’s angry words, leaving the receiver on the table and going to do some job in the kitchen. When the husband, who has overheard the tirade, takes the phone and greets the Patriarch, the latter offers his apologies, and it is unclear whether he refers to the language he has been using talking to his daughter or to the fact of her turning vegetarian against the wish of her husband. Commenting on the unexpected apology, the husband, Mr. Cheong, thinks,

It shocked me to hear this patriarchal man apologize—in the five years I had known him, I’d never once heard such words pass his lips. Shame and empathy just didn’t suit him. He never tired of boasting about having received the Order of Military Merit for serving in Vietnam, and not only was his voice extremely loud, it was the voice of a man with strongly fixed ideas. I myself, in Vietnam … seven Vietcong… as his son-in-law, I was only too familiar with the beginning of his monologue. According to my wife, he had whipped her over the calves until she was eighteen years old. (29)

 The second appearance of “the Patriarch” is a scene of extreme and totally unjustified violence in which the authoritative father, astounded at what he sees as Yeong-hye’s arrogance and obstinacy when she refuses to eat meat during the family dinner at her sister’s place, orders Yeong-hye’s husband and her brother to hold his daughter down while he force-feeds her pieces of beef and pork. This scene, which has left a strong impression on all witnesses (except the indifferent brother), precipitates Yeong-hye’s first suicide attempt and her first admission to a psychiatric hospital as a certified patient with a mental disorder.

My father-in-law took up a pair of chopsticks … pick[ed] up a piece of sweet and sour pork, and stood tall in front of my wife who turned away. [He] stooped slightly as he thrust the pork at my wife’s face, a lifetime’s rigid discipline unable to disguise his advanced age. ‘Eat it! Listen to what your father is telling you … Everything I say is for your own good … With one hand my wife pushed away his chopsticks … ‘Father, I don’t eat meat.’ In an instant, his flat palm cleaved the empty space. My wife cupped her cheek in her hand … I’d known of his incredibly violent temperament for some time, but it was the first time I’d directly witnessed him striking someone. (38-9)

Again, Yeong-hye’s husband and her brother are ordered to come and hold her arms down, pinning her to the chair; the father then throws away the chopsticks and holds a piece of meat in his fingers, rubbing it against Yeong-hye’s lips; however, as he cannot get the meat past her clenched teeth, he slaps her face hard for the second time, her teeth-hold loosens up, and he forces the meat deep into her mouth. As soon as the grip of her brother on her unfolds, Yeong-hye shakes herself free,

my wife growled and spat out the meat. An animal cry of distress burst from her lips … At first, she drew up her shoulders and seemed about to flee in the direction of the front door, but then she turned back and picked up the fruit knife … Jaw clenched, her intent stare facing each one of us down in turn, my wife brandished the knife … Blood ribboned out of her wrist. The shock of red splashed over white china … her knees buckled and she crumpled to the floor. (39–41)

The two above-mentioned appearances of the father are the only ones that happen in the “present time of narration”, given that the father is never seen again by either of his daughters after the admission of one to the psychiatry ward and the insistence of the other to stand in support of her sister. The only thing we are told about the two parents after the attempted suicide scene quoted above is that they have cut their relations with both daughters and that “the whole sorry saga seems to have greatly aged [them]” (138). However, the violent temper of the father overwhelms the persistently painful memories of his two daughters recurrently. One major traumatic event recurring in Yeong-hye’s dreams and her waking memories is the dog-meat-eating[[18]](#endnote-18) incident when, as a nine-year-old child, Whitey, the family dog, bites her calf and has to be punished for his crime. In accordance with traditional Korean culture, the dog’s action has a number of consequences: first, in order for the bite wound to heal, it needs to be wrapped by a part of the dog’s body. In this case, Yeong-hye’s leg is bandaged by the singed tail of the dog—“*a traditional remedy Mother insisted on*” (41); secondly, the victim of the dog’s bite must eat a meal made up of the same dog’s meat, a meal that is preferably shared by one’s family and friends as an occasion for celebration:

*That evening there was a feast at our house. All the middle-aged men from the market alley-ways came, everyone my father considered worth knowing. The saying goes that for a wound caused by a dog-bite to heal you have to eat that same dog, and I did scoop up a mouthful for myself. No, in fact I ate an entire bowlful with rice. ... I remember the two eyes that had watched me, while the dog was made to run on, while he vomited blood mixed with froth, and how later they had seemed to appear, flickering, on the surface of the soup* [italics in the original text]. (42)

 The traditions quoted above signify that the dog must be killed, which takes us to the most horrible part of the tale, a traumatic memory that emphasizes the father’s cruelty and haunts Yeong-hye forever afterward, imprinting on her mind a persistent image of herself as a child of nine, turning her back on her so-called home, looking at the surrounding forest, and contemplating escape from such sordid existence. This additional trauma is related to the sadistic method of killing chosen by Yeong-hye’s father and witnessed by the shocked girl herself, in which her father ties the dog to his motorcycle, starts the engine, and drives in circles, forcing the dog to run along behind till it becomes utterly exhausted and dies:

*I go out and stand at the main gate. I am nine years old, and the summer heat is stifling. The sun has gone down ... Once [the dog] has gone five laps, [it] is frothing at the mouth. Blood drips from its throat, which is being choked with the rope. Constantly groaning through its damaged throat, the dog is dragged along the ground. At six laps, the dog vomits blackish-red blood, trickling from its mouth and open throat. As blood and froth mix together, I stand stiffly upright and stare at those two glittering eyes ... Seven laps ... The dog ... is ... dangling limply from the motorcycle. I look at the dog’s four juddering legs, its raised eyelids, the blood and water in its dead eyes* [italics in the original text]. (41-2)

Interestingly, the elder sister In-hye remembers the same scene of her nine-year-old sister standing in the evening light with her back to the family house looking at the flaming poplars, but for In-hye the scene occurs, not in the context of the dog-killing episode, but in the context of a different memory. Nine-year-old Yeong-hye is playing with her thirteen-year-old sister in the neighboring mountain forest when suddenly the younger child suggests to her sister that they escape from home immediately and go anywhere else. In-hye seems to agree to this plan, and the two children continue with their play longer than their usual time; but when it gets late, In-hye takes matters into her hands and gets onto a mechanical tractor whose driver takes them home. When they reach home, In-hye enters inside, while Yeong-hye loiters outdoors turning her back to the house and facing the surrounding landscape. In-hye, “saw her sister again, as a child, her back and shoulders and the back of her head as she stood alone in front of the main gate at sunset. … Yeong-hye had said nothing, only stood and watched the flaming poplars kindled by the evening light” (158). It is significant that such minor discrepancies between the memories of two persons recalling the same event are a quite common phenomenon that does not in any way jeopardize the authenticity of the memory’s core significance, which in the current case refers to Yeong-hye’s desire to escape from an oppressive and threatening milieu, believing that, regardless of whatever dangers lurk in the unknown world, this world represents a considerable chance for a better life.

It is noteworthy that the elder sister In-hye, a fellow sufferer of the same environmental and genetic risk factors as Yeong-hye, has a life trajectory that may seem at first impression to be diametrically opposed to that of her younger (and mentally disordered) sister, but that turns out on close inspection to be eerily similar to the extent that one can read the final scene of the novel where the ambulance is driving both sisters to the emergency room as a premonition of the way things may or may not develop as regards In-hye’s mental condition. Again, in accordance with up-to-date medical research, Han Kang’s novel’s depiction of the psychotic episodes suffered by the seemingly healthy elder sister in the final part of the novel is in accordance with the claim that siblings of diagnosed cases of Schizophrenia are at greater risk than the general population to experience psychotic episodes (Sadock and Sadock).

In addition to the physical abuse recorded above, at the center of Yeong-hye’s (and In-hye’s) childhood trauma, there is a narrative of sexual abuse by the Father, a narrative whose subtext underlies the symptoms of mental disorder suffered in different ways and to different extents by the two sisters. In Part Three of the novel, In-hye, in the context of describing her own recent experience with psychotic symptoms—an experience most probably precipitated by the stress of the past three years of her sister’s illness and by the break-up of her own marriage—delineates the similarities and differences in character between her sister and herself, thus explaining why, despite sharing environmental and genetic risk factors, the outcome of their lives is apparently different.

Brought up together in the same family home under the authority of the same parents and brother, the two sisters as small children have had “their young cheeks frequently left burning by their heavy-handed father” (129). However, while In-hye has always been strong, hard-working, compassionate, and enduring, carrying a feeling of maternal affection for her younger sister, Yeong-hye has always been the timid one, bearing the main brunt of their father’s violence:

Yeong-hye had been the only victim of their father’s beatings. Such violence wouldn’t have bothered their brother Yeong-ho so much, a boy who went around doling out his own rough justice to the village children. As the eldest daughter, In-hye had been the one who took over from their exhausted mother and made a broth for her father to *wash the liquor down*, and so he had always taken a certain care in his dealings with her. Only Yeong-hye, docile and naïve, had been unable to deflect their father’s temper or put up any form of resistance. Instead, she had merely absorbed all her suffering inside her, deep into the marrow of her bones. [My emphasis] (157)

In-hye’s self-analysis inevitably involves moments of feeling guilty when she feels she could have prevented certain catastrophic events from happening. In-hye passes through these moments, believing that she could have prevented the childhood trauma of her sister:

In-hye could see that the role she had adopted back then [as she and her sister were growing up] of the hard-working, self-sacrificing eldest daughter had been a sign not of maturity but of cowardice. It had been a survival tactic.

Could I have prevented it? Could I have prevented those *unimaginable things* from sinking so deep inside of Yeong-hye and holding her in their grip? [My emphasis] (157-8)

Arguably, “those unimaginable things” (158) in the quotation above have the same reference as Yeong-hye’s previously mentioned dream of “*violent acts perpetrated at night*” (28), namely, the abuse of the younger daughter by her father. The fact that the father—who is always represented in the novel as a loud-mouthed violent man, a child-beater, an animal tormentor, a heavy drunkard, and a sexual abuser of his own daughter—is a Vietnam War veteran goes a long way to explain his behavior. Several general medicine, psychiatric, and multidisciplinary studies provide evidence-based proof of the link between the short- and long-term negative impact of war on veterans on the one hand and the advent of domestic violence within the veterans’ families on the other. According to the “National Vietnam Veterans Readjustment Study” (Kulka et al.)—a massive medical research project involving more than four thousand Vietnam War veterans and funded by the US National Institute of Justice and Department of Justice during the mid- to the late-eighties, there is a proven link between exposure to war zone stressors in Vietnam (combat and perceived threat) and the mental status of the veterans. Exposure to war trauma leads to the suffering of a sizeable percentage of veterans from the condition known as PTSD (Posttraumatic Stress Disorder), defined as “an anxiety disorder observed in persons who have been exposed to an extreme stressor that evokes feelings of intense fear, helplessness, or horror” (American Psychiatric Association, 1994) as cited by the *DSM.* For PTSD cases, the condition usually coexists with substance- (usually alcohol) abuse. A more recent multidisciplinary study (King & King) entitled “Male-Perpetrated Domestic Violence: Testing a Series of Multifactorial Family Models” supports the previous study’s findings, concluding that “The study demonstrates the connection between two important health problems: domestic violence and trauma-related psychological disturbance … That trauma and its consequences (Posttraumatic Stress Disorder and alcohol abuse) serve partially to explain aggressive behaviour in families” (King & King, 3). Thus, the text of Han Kang’s novel provides a further example of accuracy and authenticity in the representation of the mental status of the characters, depicting Yeong-hye’s father as an aggressive alcoholic who has intrusive memories concerning his wartime participation, memories that he repeats constantly for the benefit of all who come in contact with him—a state of affairs that diagnose his case as a textbook case of PTSD comorbid with alcohol abuse. The actions of this man within his family circle, particularly concerning his younger daughter, can easily be described as “male-perpetrated domestic violence” using the same words of the title of the medical research above; tragically, this violence triggers the chain of events that constitute the plot of *The Vegetarian.*

Having discussed in the previous sections the representation of the clinical picture as well as the etiology and precipitating factors of Yeong-hye’s disease, it is noteworthy that the novel’s representation of the case management by the medical staff is depicted with an equal degree of accuracy when compared to current medical literature. Significantly, whereas the novel’s final scene portrays a speeding ambulance transporting Yeong-hye from the psychiatric hospital where she has been receiving treatment for several months to the emergency ward of the general hospital in Seoul in a desperate attempt to save her life, it is arguable that the prognosis of Yeong-hye’s case could have been much better under different circumstances. For instance, if her family have come forward and cooperated with the attending medical staff, offering them essential insight on the possible environmental and genetic risk factors that play a part in her condition—instead of cutting her off as a source of shame—the doctors would have been more successful at dealing with the motives underlying her persistent self-starvation. However, as the matter stands in the final part of the novel, Yeong-hye’s attending psychiatrists and physicians are doing their best to preserve her life but remain unable, in the absence of detailed family history, to discover the motives behind her rejection of food in general and of meat in particular. Patiently explaining the situation to the elder sister In-hye, one of Yeong-hye’s attending doctors tells her that the problem with her sister’s case is that the motives driving her self-starvation and her delusions remain unclear. Whereas the diagnosis of Schizophrenia and Anorexia Nervosa is fully supported by the clinical picture of the case, the psychiatrists are still in the dark about the nature of the delusions that make her reject food: “In cases where the subject is paranoid about being poisoned, they can usually be reasoned with. Or else the doctor can eat the food in front of them, let them see that it’s fine. But we’re still not sure why exactly it is that Kim Yeong-hye is refusing to eat, and none of the medicines we’ve given her seem to have had any effect” (141).

 However, under the circumstances, when Yeong-hye finally stops talking, moving, and eating altogether, the doctors have no recourse but to follow the correct medical and surgical procedure in order to preserve her life: intravenous solutions are administered in order to introduce essential nutrients to her body; as usual in such cases, this procedure works on a temporary basis, because all the veins in her body gradually become inflamed and obstructed with blood clots. The only remaining medical procedure is nasogastric feeding, a painful and invasive process accurately and poignantly described in graphic details in the novel. Forcibly carried and bound arms and legs to bed by three or four male nurse-aides, amidst wild thrashing, yelling, and body-twisting that make it difficult for her sister In-hye to believe that this is “the same woman as the one who was lying completely immobile only a short while ago,” Yeong-hye suddenly sees In-hye, and her yelling intensifies as she fixes her with her eyes, “she’s trying to throw herself at In-hye … [her] skinny arms flail about, wasted away to nothing but bone” (174). The painful scene goes on as

Yeong-hye’s doctor pulls on a pair of surgical gloves and spreads an even layer of jelly over the long, slender tube which the head nurse hands to him. In the meantime, one of the carers is having to use all his strength to try and hold Yeong-hye’s head still. As soon as they approach her with the tube Yeong-hye’s face flushes crimson and she manages to shake herself free of the carer’s grip … It’s just impossible to know where that strength is coming from … Eventually, the carer wrestles Yeong-hye’s sunken cheeks back into his strong grasp, and the doctor inserts the tube into her nose. (174)

Due to Yeong-hye’s almost preternatural resistance, the insertion of the tube succeeds after three attempts, only to be complicated by sudden acute gastric bleeding, one of the most serious complications that may occur with nasogastric feeding. Utter pandemonium strikes: “The nurse’s aide, who had been holding the tube, had blood spatters on her face. The blood is gushing out of the tube, out of Yeong-hye’s mouth … the doctor is finding it difficult to extract the long tube as his patient throws her head about. ‘Calm down, calm down! Calm!’ the doctor yells at Yeong-hye. ‘Tranquilizer!’ The head nurse tries to hand him the syringe” (175-6). Here, In-hye interrupts the scene, yelling at the medical staff and asking them to stop the procedure, and then, she “takes Yeong-hye in her arms, soaking her blouse with the blood her sister has vomited up … [and] Yeong-hye quietly convulses against her chest. Yeong-hye’s blood is splashed all over the doctor’s white gown … In-hye stares blankly at the splatter pattern. A whirling galaxy of bloody stars” (176). Efficiently and professionally, within a few minutes of the above-mentioned episode, an ambulance is taking In-hye and her sister immediately to the main hospital in Seoul, where, the doctor explains, “they’ll have to give her a protein injection into one of her carotid arteries to stop the gastric bleeding. The effect won’t last long, but it’s the only way if you want to keep her alive” (176). Thus, the accuracy of medical and surgical details is maintained throughout the text of *The Vegetarian* in an outstanding combination with the novel’s literary attributes.

**Conclusion**

The present paper has attempted a comprehensive analysis of the representation of medicine in the texts of two contemporary award-winning novels written by two lady authors coming from different parts of the world: Han Kang’s *The Vegetarian* and Omaima al-Khamis’s *Voyage of the Cranes in the Cities of Agate.* The two novels—which were originally written in Korean and Arabic languages, respectively, and translated into English by Deborah Smith in the case of *The Vegetarian* and by the author of the present paper in the case of *Voyage of the Cranes*—are informed by the different cultural backgrounds of their two authors: Korean cultural background and Arab Islamic background, respectively. In addition, the two novels have diametrically different narrative forms: *The Vegetarian*’s tripartite structure narrated consecutively by three different characters, with highly significant italicized paragraphs in which an omniscient narrator provides us with a blood-curling and mind-boggling plunge into the dark abyss of the protagonist’s distorted mind versus the meticulous diary/travelogue form (in which the dates of each entry are given in both Hijri and C.E. calendars) chosen by the first-person narrator/protagonist of *Voyage of the Cranes* to record the events of his quest from innocence to experience and maturity.

Having highlighted the formal differences between the two texts, it is highly relevant that medicine is a major thematic focus in both and is inextricably intertwined with the public and private worlds of both texts. In *Voyage of the Cranes*, medicine is a fundamental part of the epistemological legacy of all humanity, a cumulative discourse to which Western and Eastern civilizations have contributed, and which must be upheld and advanced by all for the benefit of all. The dissemination of textbooks of medicine (as well as of all other branches of knowledge) across diverse cultural, religious, and linguistic boundaries is the chosen means of the fictional secret Society of the Cranes to which the protagonist/narrator is recruited, in order to subvert authoritarian regimes, guarantee universal welfare, and keep the torch of enlightenment aflame. Health care inside the walls of Middle-Eastern Bimarestans, quarantines at the seaports and outside city walls, herbal Bedouin medicine, and Hippocratic/Galian prescriptions coexist in the everyday lives of the people. Throughout *Voyage of the Cranes,* historical events, medical anecdotes, and dangerous life-threatening adventure episodes are intertwined to represent the bildungsroman narrative of the protagonist amidst the tempestuous medieval times of a decaying Caliphate in Islamic countries, with medicine in its multifarious Greek, Persian, and Arab sources occupying center-stage. On the other hand, the text of *The Vegetarian* can be seen as belonging to narrative medicine, with its tripartite structure tracing the decline of its protagonist’s mental and physical state, the risk factors and causative agents that lead to the full-blown image of the disease, the reaction of the patient’s family members, and, above all, the historical context whose major traumas such as the Vietnam War and the Gwangju Uprising play such an important role in the individual lives of characters in general and in the medical thematic preoccupation of the novel in particular. Significantly, *The Vegetarian* combines the attributes of literariness and scientific medical accuracy supremely. To conclude, the two novels under discussion exemplify the interdisciplinary nature of narrative discourse.

**Notes**

All the quotations extracted from *Voyage of the Cranes* and other works written in Arabic and quoted in the research above have been translated from Arabic to English by the author of the present paper.

1. This Manifesto of 1011 C.E. is taken historically to be a sign of the instability threatening the Abbasid Caliphate at the time, both from proximal factors within Baghdad and its environs (from the political opposition represented by such schools of thought as the Mu’tazilites) and distal factors most prominently represented by the rising power of the Fatimid Caliphate in Cairo. Denouncing and cursing the so-called “factions of sedition and atheism” that populate the city of Baghdad (*Voyage* 149) and threatening their extermination, the Manifesto also vehemently attacks the Fatimid Caliph in Cairo, al-Hakim bi-Amr Allah, questioning his authority by “declar[ing] false the validity of the Fatimid claim of descent from ‘Ali b. Abi-Talib [the cousin of Prophet Mohamad (Peace Be Upon Him)]” (Walker 224). [↑](#endnote-ref-1)
2. Foucault, Michel. “The Order of Discourse”, Robert Young, ed. *Untying the Text* (1971), pp. 52–64. Rice, Philip, and Patricia Waugh.*Modern Literary Theory.* Arnold, 2001. [↑](#endnote-ref-2)
3. Bayt al-Hikma (the House of Wisdom), also known as the Grand Library of Baghdad, refers to a major Abbasid public academy and intellectual center in Baghdad housing a large public library belonging to the Abbasid caliphs during the Islamic Golden Age (al-Khalili 53). In 750 C.E., the Abbasid dynasty replaced the Umayyad as the ruling dynasty of the Islamic Empire, and, in 762, the Caliph al-Mansur (r. 754–775) built Baghdad as the capital of the Caliphate; then, he founded a palace library modeled after the Sassanian Imperial Library and provided economic and political support to the intellectuals working there (Mohadi). He also invited delegations of scholars from India and other places to share their knowledge of mathematics and astronomy with the new Abbasid court (Lyons 55–77). In the Abbasid Empire, many foreign works were translated into Arabic from Greek, Chinese, Sanskrit, Persian, and Syriac. The Translation Movement gained great momentum during the reign of Caliph Harun al-Rashid (r.786–813) who, like his predecessor, was personally interested in scholarship and poetry. Originally, the translated texts concerned mainly medicine, mathematics, and astronomy; but other disciplines, especially philosophy, soon followed. Original contributions by Muslim scholars also thrived together with translations, and astronomical observatories were built in this research center. Al-Rashid's library, the direct predecessor to the House of Wisdom, was also known as Bayt al-Hikma or, Khizanat Kutub al-Hikma (Arabic for “Storehouse of the Books of Wisdom”) (al-Khalili 67–78). Under the sponsorship of Caliph al-Ma'mun (r. 813–833) and his successors al-Mu'tasim (r. 833–842) and al-Wathiq (r. 842–847), who all followed the Mu’tazilite school of thought, economic support of the House of Wisdom and scholarship in general was greatly increased but considerably declined under the reign of al-Mutawakkil (r. 847–861) who was not interested in science and moved away from rationalism, seeing the spread of Greek philosophy as anti-Islamic (al-Khalili 135). The House of Wisdom and its contents were destroyed in the Siege of Baghdad in 1258, leaving relatively limited archaeological evidence (al-Khalili 233). [↑](#endnote-ref-3)
4. In *Caliph of Cairo*, Walker describes Dar al-‘Ilm (the House of Knowledge), also known interchangeably as Dar al-Hikma (the House of Wisdom), founded in Cairo in 1005 C.E. as “obviously a favourite project of al-Hakim … [It] was an institute for the advancement and propagation of knowledge and for no other purpose … It did not have a direct relationship with the Ismai’li da’wa or with propaganda and conversion. In many respects it was unprecedented, although the Bayt al-Hikma, frequently cited as a foundation of the Abbasids some two centuries earlier in Baghdad, was a possible model or at least an idea to imitate. Al-Hakim seemed to want an open and genuinely public academy, one available to scholars and commoners of all intellectual persuasions. … He supplied it with books from his own palace treasury on a wide variety of subjects, … paid stipends to a number of scholars who were to teach there, … [and] provided support staff and furnishings. Whoever wanted to could go there and read the books in its new library, could also copy them using the ink, paper and pens that were provided, or they could study with the masters who taught the various disciplines in its curriculum.” (151-2) [↑](#endnote-ref-4)
5. Paul Walker explains that the prohibition of grapes is one of the measures taken by al-Hakim against alcoholic beverages: “The selling of grapes was declared illegal except for small quantities not to exceed four pounds. None were to be crushed for juice. Many were thrown out on the roads with an order to trample them and then it was forbidden to sell them at all. Those that had been brought were thrown into the Nile. Official witnesses from the government were dispatched to Giza to seize all the grapes that were still on the vines. They were to be scattered under the hoofs of cattle to crush them and thus prevent their use. A similar order was sent at the same time to several other regions” (198). [↑](#endnote-ref-5)
6. In his book *History of Hospitals in Islam/Tareekh al-Bimarestanat fi al-Islam*, Ahmad Eissa offers a very similar description of the Adhud al-Dawla Hospital to the one given in the novel, adding that it was inaugurated by the state minister Adhud al-Dawla b. Buwayh in the Islamic-calendar month of Safar in the year 372 H. as a philanthropic endowment/*waqf*, and that it boasted a Medical School for the teaching and training of medical students. Eissa points out that the concept of a specialized place for the in-residence management and care-taking of the sick and wounded in Islam goes back to Prophet Mohammad (PBUH) when in the fifth year of Hijra during Ghazwat al-Khandaq/the Battle of the Trench he sends one of the wounded Companions (Sa’d b. Mu’az) to receive medical care at the tent of Rufaydah—a Muslim woman who offered nursing care to the wounded—thus establishing the first field hospital (9). Eissa’s monograph documents a multitude of medical service establishments that spread all over the Medieval Islamic Empire, quoting the argument of the illustrious historian Taqiy-al-din al-Maqrizi that the first Caliph to order the establishment of bimarestans was the Umayyad Caliph al-Waleed b. abdel-Malek in Damascus in the year 88 H./706 C.E., and that health care services during the golden age of Islamic Empire were so advanced to the extent that patients with infectious diseases such as leprosy were isolated in special asylum and offered monthly stipends as social security services; moreover, special guides were assigned to serve the blind, and wheelchairs were freely offered to the paralytic. Eissa adds that while all medieval Islamic metropoles had a proliferation of bimarestans, there was another type of medical facility that may be called mobile bimarestans that could be moved from one place to another to offer medical services in emergency situations such as epidemics, war, and remote places far away from metropolitan establishments [My translation and paraphrase of Eissa, pages 10-11]. [↑](#endnote-ref-6)
7. Psychosis is “a disruption to the way our brains process the world around us, and a distortion of the narrative inside our own heads about what we’re experiencing when we’re alone or with others, a dislocation of the stories that we constantly tell ourselves in order to navigate the world” (<https://healthblog.uofmhealth.org/brain-health/distorted-reality-what-to-do-about-early-signs-of-psychosis> accessed on June 12th, 2022). [↑](#endnote-ref-7)
8. Strictly speaking, according to the current classification of the American Dietetic Association (ADA), Yeong-hye’s dietary choice (at least during the initial phase of her disease before she succumbs to what amounts to self-starvation) would categorize her as vegan rather than vegetarian. According to ADA, a vegetarian diet is defined as one that does not include meat (including fowl) or seafood or products containing those foods. The eating patterns of vegetarians may vary considerably. The lacto-ovo vegetarian eating pattern is based on grains, vegetables, fruits, legumes, seeds, nuts, dairy products, and eggs. The lacto-vegetarian excludes eggs as well as meat, fish, and fowl. The vegan, or total vegetarian, eating pattern excludes eggs, dairy, and other animal products. Even within these patterns, considerable variation may exist in the extent to which animal products are excluded (1266).

Interestingly, the current position of ADA, based on documented research, is that vegetarianism per se does not preclude leading a healthy life without suffering from any degree of malnutrition, provided that one maintains a balanced diet that satisfies the nutritional requirements of the body from various essential dietary elements, namely, proteins, fats, carbohydrates, vitamins, and minerals:

It is the position of the American Dietetic Association that appropriately planned vegetarian diets, including total vegetarian or vegan diets, are healthful, nutritionally adequate, and may provide health benefits in the prevention and treatment of certain diseases. Well-planned vegetarian diets are appropriate for individuals during all stages of the lifecycle, including pregnancy, lactation, infancy, childhood, and adolescence, and for athletes (1266). [↑](#endnote-ref-8)
9. “Restriction of energy intake relative to requirements leading to a low body weight, (Criterion A); Intense fear of gaining weight or persistent behaviors that interfere with gaining weight, (Criterion B); and Disturbance in the way a person’s weight or body shape is experienced, or a lack of recognition about the risks of the low body weight, (Criterion C)” (Mitchell and Peterson; & *DSM-5* pp. 338–345). [↑](#endnote-ref-9)
10. Although the prevalence rates vary greatly, there appears to be a link between traumatic events and eating disorder diagnosis (Reyes-Rodríguez ML et al.). The first identified traumatic event predicting Anorexia is childhood sexual abuse; physical and emotional trauma are also established risk factors in Anorexia cases (Malecki J et al.). Individuals who experience repeated trauma, especially those who experience trauma perpetrated by a caregiver or loved one, have increased symptom severity of anorexia and a greater prevalence of comorbid psychiatric diagnoses (Brand-Gothelf et al.). [↑](#endnote-ref-10)
11. Schizophrenia is defined as “a mental disorder characterized by significant alterations in perception, thoughts, mood, and behavior” (Kuiper et al. pp. 4–34). The symptoms of Schizophrenia are described, according to the National Institute of Mental Health, US, in terms of positive, negative, and cognitive symptoms. Positive symptoms (also known as psychotic symptoms because they occur in other types of psychosis and are related to an altered experience of reality) include hallucinations, delusions, disorganized thoughts, and disorganized speech. Hallucinations (perceiving non-existent sensations) are very common in Schizophrenic patients—affecting 80 to 90 percent of cases—and are divided into auditory (hearing voices or sounds), visual, tactile, olfactory, or gustatory. Hallucinations may sometimes involve more than one sense. Delusions, on the other hand, have several types depending on the delusional theme: delusions of persecution as mentioned above, delusions of grandeur (sometimes known as megalomania), erotomania (delusions that another person, usually a prominent figure, is in love with the patient), somatic delusions (fixed thoughts about a nonexistent physical condition), and mixed or unspecified delusions. Another classification divides delusions into bizarre and nonbizarre, the latter involves situations which could occur in real life, such as being harmed or poisoned, whereas the former involves situations that do not occur in real life. The second group of symptoms, negative symptoms, include loss of motivation; anhedonia or loss of the ability to anticipate or feel pleasure in everyday life; withdrawal from social life either by avoiding social interaction or interacting in socially awkward ways; difficulty showing emotions, and difficulty functioning normally, talking in a dull voice and showing limited facial expression; and finally, having very low energy and spending a lot of time in passive activities. In extreme cases, a person might stop moving or talking for a while, which is a rare condition called catatonia. The third group of symptoms is called cognitive symptoms; these refer to problems in attention, concentration, and memory. [↑](#endnote-ref-11)
12. *DSM-5* Diagnostic Criteria of Psychosis: The first criterion is related to the presence of two or more (out of a list of five) symptoms for a significant portion of time during a one-month period (or less than a month if successfully treated). The list includes delusions, hallucinations, disorganized speech, grossly-disorganized or catatonic behavior, and the negative symptoms of reduced ability of language and emotional expression. There is an important stipulation related to the first criterion, namely, that at least one of the symptoms present must be either hallucinations or delusions or both. The second criterion is related to the continuity of the signs of disturbance for a period of six months at least, including the above-mentioned one-month period of the acute phase, in addition to the prodromal/initial phase and the residual phase where symptoms may be present in an attenuated form. The third criterion is related to the patient’s level of functioning in one or more major areas, such as work, interpersonal relations, or self-care; this must be markedly below the level achieved prior to the onset of the disturbance. Finally, psychiatric assessment of the case has to investigate the coexistence of other mental and physical disorders. [↑](#endnote-ref-12)
13. The argument of a 2018 medical research paper entitled “Insight and Dissociation in Lucid Dreaming and Psychoses” is highly relevant for the purpose of the present study and deserves to be quoted at length:

Lucidity in dreams refers to a peculiar mental state in which the dreamer is aware of the fact that he is dreaming while the dream continues… This conscious awareness [is known] as “insight” (Voss et al., 2013). To be able to reflect on the state of arousal, namely, to know that one is asleep and dreaming, requires that one can take on a third person perspective, i.e., to look at oneself as if through the eyes of an outsider… This kind of thinking [is labelled] “dissociative.” Dissociative thought is heightened in lucid dreaming as compared to normal [Rapid-Eye-Movement] (REM) sleep dreaming. In lucid dreams, taking on a third person perspective often entails not only the dreamer as a person but the dream experience itself. Dreamers then report to have seen the dream sequence from the outside, almost as if the dream were an ongoing theatrical production or motion picture (Noreika et al., 2010; Voss et al., 2012, 2014) … This reflect[s] an even higher level of dissociative thought. In other words, lucid dreams can be considered dissociated states of consciousness in which the dream-self separates from the ongoing flow of mental imagery. Thus, … lucid dreams represent a condition of the brain/mind akin to dissociative mental states in waking, such as derealization and depersonalization. These terms are used to define subjective experiences of detachment from the environment or from one’s experience of oneself or body, respectively (American Psychiatric Association [APA], 2000; Simeon and Abugel, 2006) … In healthy adults, dissociative thought is present, for example, in daydreaming. It has been linked to fantasy proneness and vivid experiences during the day (Watson, 2001; Giesbrecht et al., 2007). In psychotic awake patients, dissociative thought is a common symptom strongly associated with anxiety (Allen et al., 1996), loosening the moorings in inner and outer reality, thus hampering orientation in the here-and-now. Dissociative states have often been discussed in the context of positive symptoms in psychotic illness, which mark these states as undesirable. However, recent studies suggest that dissociative thought is perhaps better understood as transient in the early disease stages which later may—or may not—lead to a loss of sense of self and depersonalization (Dalle Luche, 2002). In this sense, the dissociative phenomena observed in lucid dreaming mirror those in the early disease stages of psychosis. … Dissociative thought in patients at risk may provide the inlet for full-blown psychosis. In both states, lucid dreaming and psychosis, dissociative thought appears to be an interim phenomenon which we refer to as hybrid (Voss et al., 2018, p. 3). [↑](#endnote-ref-13)
14. Gwangju Uprising was a popular uprising in the City of Gwangju, South Korea, from May 18th to May 27th, 1980. According to Shin Bok-jin’s *May, The Triumph of Democracy*, the Uprising pitted armed citizens against the army and police force of South Korean government. It was mainly caused by authoritarianism in South Korea and social and political discontent in the Jeolla region. It aimed at democratization and the ending of South Korean dictatorship. It took the form of protests, demonstrations, civil disobedience, riots, and armed uprising. Prodemocracy protests escalate into an armed uprising after the South Korean government deploys the army to violently end demonstrations. Although the uprising was suppressed, the long-term effects were positive, as it led to the increased support for the Minjung Movement and the eventual end of South Korean dictatorship in 1987. The uprising began after local Chonnam University students who were demonstrating against the martial law government were fired upon, killed, raped, and beaten by government troops. Denial and discrediting, or support, has long been taken as a litmus test in modern South Korean politics between far-right conservative groups who claim it was a communist-instigated riot rather than a simple student protest, and liberal democratic group who consider it a rightful reaction against long-term authoritarian rule of Park Chung Hee which ended abruptly in Dec. 1979 by a coup d’état bringing another dictator Chun Doo Hwan to power. In 1997, a national cemetery and day of commemoration (May 18), along with acts to “compensate, and restore honor” to victims, were established. Later investigations would confirm various atrocities which had been committed by the army. In 2011, 1980 Archives for the May 18th Democratic Uprising against Military Regime located in Gwangju’s city hall were inscribed on the UNESCO “Memory of the World Register”. The South Jeolla or Honam region is the granary of Korea. However, due to its abundant natural resources, the Jeolla area has historically been the target for exploitation by both domestic and foreign powers. Historically, it was a hotbead of resistance and political dissent.

The Gwangju Uprising had a profound impact on South Korean politics and history. Chun Doo-hwan already had popularity problems due to his taking power through a military coup, but authorizing the dispatch of Special Forces paratroopers against citizens damaged his legitimacy even further. The movement preceded other democratic movements in the 1980s that pressured the regime into democratic reforms, paving the way for the election of oppositional candidate Kim Dae-jung in 1997. The Gwangju Uprising has become a symbol of South Koreans’ struggle against authoritarian regimes and for democracy.

Beginning in 2000, the May 18 Memorial Foundation has offered an annual Gwangju Prize for Human Rights to a notable human rights defender in memory of the uprising ([“Gwangju Prize for Human Rights”](https://web.archive.org/web/20110603040007/http%3A/www.518.org/eng/html/main.html?TM18MF=03020000))*. May 18 Memorial Foundation.* On May 25, 2011, the documents of Gwangju Uprising were listed as a ‘UNESCO Memory of the World.’ The official registration name of these documents is “Human Rights Documentary Heritage 1980 Archives for the May 18th Democratic Uprising against Military Regime, in Gwangju, Republic of Korea.” It then became clear that there was an urgent need to systematically collect and preserve these documents. Gwangju Metropolitan City government then decided to establish May18 Archives ([“The May 18 Democratic Archive”](http://www.518archives.go.kr/eng/)) by legislating an ordinance known as the ‘Management Act on the Archives of May18 Gwangju Democratization Movement’. Since then, the Gwangju Metropolitan City government decided to remodel the former Gwangju Catholic center building for record conservation. The construction of this facility started in 2014 and was completed in 2015. Significantly, The Gwangju Uprising triggered the onset of anti-Americanism, considering that, rather than supporting pro-democratic movements and demands in South Korea, US government provided active support to the military dictatorial coup d’état of Dec 12th 1979, Chun Doo-hwan. Such a sentiment was a marked threat to the foundational pillars of construction of the political entity of South Korea (Lewis, Linda S).

**N.B.** Han Kang’s novel ***Human Acts*** first written as serials from Nov 2013 to Jan. 2014, later published as novel and then translated by Deborah Smith in 2016, is about Gwangju Uprising. According to Kang, this is her “most cherished work” and, according to critics, her “most representative work”. [↑](#endnote-ref-14)
15. The interactions of these risk factors are complex, “as numerous and diverse insults from conception to adulthood can be involved” (Davis et al.). In other words, “a genetic predisposition on its own, without interacting environmental factors, will not give rise to the development of the disease” (Davis et al. & Perkovic). Moreover, “genetically susceptible children are more likely to be vulnerable to the effects of environmental risk factors” (Suvisaari), which explains the higher incidence of the disease among first-degree relatives of Schizophrenic patients, due to shared socio-economic environmental circumstances. Topmost among these environmental risk factors of Schizophrenia are “adverse childhood experiences (ACEs)”—severe forms of which are classified as childhood trauma—which range from being bullied or abused, to the death of a parent, as well as physical and sexual abuse (Pearce et al.). Adverse childhood experiences can cause toxic stress thus increasing the risk of psychosis (Pearce et al., Dvir et al., and Misiak et al.). [↑](#endnote-ref-15)
16. An extensive, evidence-based 2003 research by Springer et al. entitled “The Long-term Health Outcomes of Childhood Abuse” argues that “the association between childhood abuse and adverse adult health outcomes is well established” (Springer et al. 864). The research cites a multiplicity of relevant research results; for instance, Cahill et al. define child abuse as “nonaccidental serious physical injury, sexual exploitation or misuse, neglect or serious mental injury of a child . . . as a result of acts of commission or omission by a parent, guardian, or caretaker.” (qtd. in Springer et al. 865). Moreover, while the specific behaviors categorized as ‘abuse’ often exist in the context of the more global concept of an ‘abusive family environment,’ (Anda et al., Felitti et al., Kessler & Magee), specific aggressive behaviors directed at a child are generally what is measured in research on childhood abuse. Use of physical force, coercion, repeated abuse, multiple types of abuse, and abuse by a close family member are associated with worse health outcomes across studies (Kendler et al., Leserman et al., Boisset-Pioro et al., Goldberg, Liem et al., Hall et al.). A variety of somatic symptoms are consistently found to be higher in adults with a history of physical or sexual abuse compared with those without an abuse history. … [Highly relevant for the purpose of the present study is the fact that ‘nightmares’, ‘problems sleeping’ and ‘choking sensation’ are among the symptoms cited by McCauley et al. These symptoms [as well as other complaints are sometimes referred to as] ‘medically unexplained somatic symptoms’, [and such a diagnosis] is always associated with psychiatric comorbidities’ (Springs & Friedrich) (qtd. in Springer et al., 865-6).

The mechanism of “how specific types of abuse, alone or in conjunction with other variables, may lead to any of these [mental and physical] conditions is [still] unknown, although measurable abnormalities in major physiological regulatory systems (hypothalamic - pituitary - adrenocortical axis and autonomic nervous system) have been found in some adults with a history of abuse” (Heim et al. 1998, Heim et al. 2000, qtd. in Springer et al. 866). To sum up, Springer et al.’s research argues that, “the association between childhood abuse and adverse psychological, behavioural, and health outcomes is well documented” (866). [↑](#endnote-ref-16)
17. In Charles K. Armstrong’s “America’s Korea, Korea’s America”, we read that the Republic of Korea (ROK) dispatched more than 300,000 combat troops to Vietnam between 1965 and 1973, but after decades of enforced silence by successive authoritarian governments, Koreans have only recently begun to grapple with the ambiguous legacy of the Vietnam War for South Korea. In the spring and summer of 2000, testimonies in the South Korean media by Korean veterans of the Vietnam War revealed for the first time detailed, extensive accounts of Korean atrocities against Vietnamese civilians. These revelations, and the controversy they triggered within South Korea, bring into bold relief the role of Koreans in America’s Vietnam War and the role of the Vietnam War in the political and economic development of South Korea. The legacy of the Vietnam War for South Koreans includes posttraumatic stress disorder, thousands of half-Vietnamese children fathered and abandoned by Korean soldiers and civilians, and the horrific effects of Agent Orange; Strict media censorship in the ROK until the late 1980s ensured the official narrative of positive representation of South Korea’s Vietnam venture. Only in the 1990s did public discussion about the ambiguous legacy of Korea’s Vietnam emerge in South Korea. The growing popular consciousness of the war is evident in the form of novels, films, and a slow trickle of information from the mass media and a reluctant Ministry of National Defense. Amid this wave of information and debate about Korea’s Vietnam, the complexity and significance of the Vietnam War for the Republic of Korea has come to light. Perhaps most importantly for South Korea, the Vietnam War is responsible, in no small measure, for the Korean economic “miracle” of the 1960s to the 1990s. The Vietnam War spurred the South Korean economy and helped sustain the Park dictatorship. South Korea’s economic takeoff in the mid-1960s would not have been possible without the profits gained by fighting for the United States in Vietnam.

War-related income in the form of direct aid, military assistance, procurements, and soldiers’ salaries boosted South Korea’s emergent heavy-industry sector, such as steel, transportation equipment, and chemical exports. Major South Korean companies that took off during the war are now household names, including Hyundai, Daewoo, and Hanjin, the parent company of Korean Airlines. Park’s first five-year plan for Korean economic development was mapped out with Vietnam in mind; the war, for example, largely paid for the construction of South Korea’s first expressway, the Seoul-Pusan highway, built between 1968 and 1970.

As is well known by observers of and participants in the Vietnam War, ROK soldiers in Vietnam gained a reputation for harsh, ferocious, even brutal behaviour. The training of ROK frontline soldiers, partly because of the South Korean military’s roots in the Japanese military, was—and to some extent remains—particularly harsh. Until recently all able-bodied South Korean men, with very few exceptions, were required to serve in the military for nearly three years, and basic training was a fearsome ordeal that could sometimes be fatal. It is not difficult to imagine these young soldiers, in the confusing conditions of war far from their homeland, losing their sense of discrimination and control in combat. [↑](#endnote-ref-17)
18. Investigating the practice of dog meat consumption in South Korea, one is liable to come up with a number of conflicting arguments. There is a consensus that this eating practice has been recorded in Korean history since antiquity, contemporary official sources foreground statistics denoting a sharp decline in the number of major dog markets, slaughterhouses, and restaurants due to dwindling demand starting from the final decades of the twentieth century. A minority of people around 3.9% of the population based on a 2018 survey consume dog meat predominantly as “Bosintag” (or “Boshintag”)—which literally means body-protecting soup—and is thought to have invigorating medicinal purposes especially when eaten during the hottest days of summer season known as “Sambok”. Most of this dog meat consuming minority are among the elderly, rural, and poor population. On the other hand, for the past few decades, consuming dog meat has been controversial, especially within South Korea, with animal rights’ societies such as Humane Society International strongly condemning the practice, pointing out that “dogs are intensively farmed for human consumption. They are given little food, usually no water, and live outdoors in small cages with no protection from the hot summers or brutally cold winters. Many suffer from disease and malnutrition and all are subjected to daily, extreme neglect. The methods used to kill the dogs are very cruel—electrocution is most common.” Notably, there are conflicts between Korean animal rights activists calling for a ban of dog meat versus those who view the attacks as hypocritical for attacking only one type of meat consumption, rather than all meat consumption, and those who oppose attacking a minority practice that is already declining. Consumption of dog meat has experienced a precipitous decline over the past three decades in South Korea, mainly due to the demographic decline of the minority that consumes dog meat. To sum up, dog meat is less popular today in South Korea than in the past, being viewed largely as a kind of health tonic rather than as a diet staple, especially among the younger generations who view dogs as pets and service animals; yet, even as a dwindling practice, the cruelty needs to be recognized (Sources: Kim, Soon-Hee et al.; Humane Society International <https://www.hsi.org/issues/dog-meat-trade>).

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