

MUSTAPHA MAGYAR AS POSTTRAUMATIC PROSE

DANIEL MIKULACO

Juraj Dobrila University in Pula
Faculty of Philosophy
Ivana Matetića Ronjgova 1, HR – 52000 Pula
daniel.mikulaco@unipu.hr

UDK: 821.163.4(497.6).09
Andrić, I.
DOI: 10.15291/csi.4316
Izvorni znanstveni članak
Primljen: 21. 5. 2023.
Prihvaćen za tisak: 14. 6. 2023.

This paper deals with a somewhat different, and hopefully, more meaningful approach to the analysis of Andrić's famous short story *Mustapha Magyar* from 1923. That story "from the Turkish times" was justifiably declared one of Andrić's most successful short stories, and is often characterized by the attributes of his most enigmatic or mystical, even darkest text. It is often defined by genre as an expressionist character short story with a tragic anti-hero, with which, according to the majority of interpretations and analyses, Andrić questions the existence of evil in the world and the impossibility of achieving good. In this paper, we start from the assumption that Andrić created the character of Mustapha Magyar as a person who suffers from the psychological consequences of war experiences, i.e. mental disorder known today as PTSD, and we will try to prove this by using short story citations.

KEYWORDS:

Ivo Andrić, Mustapha Magyar, short story, trauma, post-traumatic prose, PTSD

1. INTRODUCTORY REMARKS

Most interpretations or analyses of this short story boil down to the story of a tragic epic hero who, on his last expedition, even experiences a kind of “epiphany” realizing (and repeating on several occasions) that “the world is full of scum”. (Andrić 1964: 25) and thus mostly remain within the framework of Andrić’s mythologizing and some completely abstract concept of evil; e.g. Zoran Milutinović. He thus states:

If one had to choose one piece by Andrić that thematises the phenomenon of evil and nothing else, it would have to be the short story ‘Mustapha Magyar’. Mustapha is a figure of radical, not instrumental evil: one day he gets up and starts killing, seemingly for no reason at all. Killing others is not a means to an end for him, it is not even an end in itself, but it looks more like an expression of something that Mustapha carries inside him, or something that he is. He abuses and kills as others breathe. (Milutinović 2012: 18)

In his extensive study *Lord of the Story: Poetics of Ivo Andrić (Gospodar priče: poetika Ive Andrića*, 2016), and previously in the work “Flash of Beauty, Persistence of Evil - About Some Aspects of Ivo Andrić’s Short Stories” (“Bljesak ljepote, postojanost zla – O nekim aspektima novelistike Ive Andrića”, 2012), academician Krešimir Nemeč recognizes such *demonic evil of the tyrant* emphasizing the motifs of *sin, guilt, hatred, fate* on the examples of the characters Čelebi-Hafiz from the short story *Body*, Dželaludin-paša from the story of *The Vizier’s Elephant*, Mula Jusuf from the story *In a Time of Camping*, as well as MUSTAPHA MAGYAR from the story in question.

There are also other, partly ideologically colored, attempts of political, national/nationalist, or religious readings/loadings, starting from those from the 90s of the last century (even earlier, but also later) which presuppose Andrić’s intention to condemn Islam as fundamental evil in contrast to the presumed affirmation of Christianity (and from some other short stories) as absolute good (Muhamed Filipović, Muhsin Rizvić, Rusmir Mahmutćehajić, Nadan Filipović). In that vein, BiH academician Muhamed Filipović claims in his famous essay “The Bosnian Spirit in Literature - What Is It?”¹, as para-

¹ “Bosanski duh u književnosti – šta je to?": “Such literature was created in Bosnia during the last hundred years, and it divided Bosnia more than the many armies that had marched across it and shed blood in it. She also shared her spirit, that basic beginning of a common feeling and life relationship, which Bosnia had painfully created through a thousand years of its difficult history. This literature began in the 1870s, and at the beginning of the 20th century it gained particular momentum in the awakened national movements with their spiritual inspirers, Kočić, Ćorović, etc., and culminated with Andrić, who is its best and greatest representative.” (Filipović 1967: 10)

phrased by Boris Škvorc, that Andrić with his “determination” (...) “caused (...) more damage to the Bosniak people than all the armies that passed through them?” (Škvorc 2011: 209). This illustrates an attempt to read Andrić from the position of ethno-national narratives - as Nebojša Lujanović vividly proves in his study *In the Trenches of Interpretation: The Strategy and Tragedy of Illegitimate Reading (U rovovima interpretacija: strategija i tragedija nelegitimnog čitanja, 2020)*. What is more, the latest readings from the positions of *gender ideology - transgender and queer* literature, e.g. Šejla Šehabović or Jasmina Čaušević - *lgbti.ba* (Tanić 2015), are aimed at dissolving literary canons to the level of trivialization in hypersexual pathology. For instance, referring to Andrić’s short story in question, Jasmina Čaušević says:

I remember the short story *Mustapha Magyar*, where there is a motif when he remembers how he had a relationship with some boys... It was even a short story made into a film; I think in the late eighties. There is also that scene where the main character enters the house and where that boy, shown as an adolescent, is waiting for him... The next scene is – the two of them in bed. (Tanić 2015) ²

In recent years, analyses of literary texts or entire works from the standpoint of post-colonial criticism have become frequent, and Andrić is no exception. Such an approach for explaining the nature and complexity of multicultural and intercultural relations / misunderstandings in BiH is used, for example, by Boris Škvorc in his work “The Influence of Colonial Origins and Postcolonial Frameworks on the Reading (Narration) of the Nation by Andrić, Krleža, and Nazor” (“Utjecaj kolonijalnih ishodišta i postkolonijalnih okvira na čitanje (pričanje) nacije kod Andrića, Krleže i Nazora”, 2011):

And that aspect of reading the nation’s hybridity, which is turned towards the east, is mostly subaltern in terms of class and race to the imposing other who owns the privileged space of the story and its frame. Such an identity complex can be read in Andrić, already in the early short stories (...). (Škvorc 2011: 207)

Considering the overall reception so far of undeniably quantitatively and qualitatively complex Andrić’s literary work and all the questions that still remain open, viewed from the most diverse literary theoretical perspectives, frameworks, and nar-

² We are referring to the film *Gazija* (1981) directed by Nenad Dizdarević, which was based on motifs from Andrić’s short stories *Mustapha Magyar*, *The Journey of Alija Đerzelez* and *Death in Sinan’s Tekke* (screenwriters: Vuk Krnjević and Nenad Dizdarević).

ratives, either from the positions of postcolonial criticism, new historicism, the theory of cultural memory, cultural materialism, imagology or ethnonational narrative, probably the most appropriate conclusion at the moment is that in the summary of the study “Can the Other Read?: Sketch on Theoretical and Literary Historical Issues and Problems of Reception of Ivo Andrić’s Literary Work” (“Može li drugi čitati?: skica o teorijsko-književnohistorijskim pitanjima i problemima recepcije književnog djela Ive Andrića”, 2016) by Sanjin Kordić:

In the Bosnian and especially Bosniak literary-historiographical case regarding Andrić, the most prominent controversy is a question that is well known in a wider context - a question that appears in a simplified perspective as the problem of Andrić’s relationship to Bosnia and Bosniaks. It is, however, a multifaceted problem of the representation of Bosnia, especially Bosnian history, Bosnian Muslims, the ‘Muslim Orient’, and other similar and closely related phenomena in Andrić’s literary work, in relation to which neither Bosnian-Herzegovinian nor Bosnian literary historiography are nor can be homogeneous. That is why it is ultimately impossible to talk about a single, unison Bosniak, and especially not about a uniform Bosnian reception of Andrić’s literary work or some of its aspects in this problematic perspective. (Kordić 2016: 298)

My analysis, as indicated in the title, is based on the assumption of a today recognized disease, a mental disorder - better known as PTSD (*post-traumatic stress disorder*) and the term *post-traumatic prose* that is partially derived from that context. There is no doubt that Andrić’s texts deal with the metaphysics of evil as a complex issue that includes *sin*, *guilt*, *hatred* and *fate* - as Nemeč and others say or as Sibila Petlevski notes in her letter (which I will refer to shortly), and “kismet in the legendary folk heroes that come from oral literature” (Petlevski 2017 : email)³, as well as the context of complex colonial and cultural relations in Bosnia and Herzegovina. However, as far as this Andrić’s short story and its protagonist are concerned, the diagnosis of PTSD as the background and the main cause-and-effect motivator of all the states and actions of Mustapha Magyar seems obvious to me and can be proven by examples. Therefore, it is not some abstract evil or fate, but primarily a disease.

³ During August 2017, the author of this paper had a short private correspondence with prof. Ph.D. Sibila Petlevski about Andrić and PTSD and a possible relationship with Viktor Tausk. The quote (and two more that follow) refer to Petlevski’s letter dated August 14, 2017. Since it is a private correspondence, the letter can be viewed only by direct inquiry to the correspondents (S. Petlevski and D. Mikulaco).

2. ABOUT TERMINOLOGY

It should first be noted that the literary theory term *post-traumatic prose*, which comes from American feminist and socially oriented literary criticism in the 60s and 70s of the last century (such as post-traumatic fiction, post-traumatic prose, or post-traumatic narrative), was first used in our country by Dubravka Oraić Tolić in her work “Contemporary Croatian Prose: the Challenge of Reality” (“Suvremena hrvatska proza: Izazov zbilje”, 2001), and then in her exhaustive study *Male Modernism and Female Postmodernism: the Birth of Virtual Culture (Muška moderna i ženska postmoderna: rođenje virtualne kulture*, 2005), in which, among other things, she deals with contemporary Croatian prose at the turn of the 20th and 21st century. However, Oraić Tolić⁴ uses that term in a somewhat broader context, which (also according to Anglo-Saxon feminist sources) refers to a larger scope of the term *trauma*, while I, for the purposes of analysing this short story, limit myself only to the consequences of war traumas.

However, it seems important to add that the term *post-traumatic prose*, i.e., *post-traumatic narrative* in the broadest sense, should be divided into two fundamentally different parts: the first is post-traumatic artistic narrative fiction, i.e., metafiction in the sense of narrating about the other, and the second is a self-referential and/or autobiographical documentary and confessional statement of a PTSD subject, which has a primarily therapeutic function and is often used as a form of therapy today. For us, this first meaning of the term *post-traumatic narrative*, which is limited to artistic narrative fiction, is more important.

Oraić Tolić, referring to Nietzsche, establishes the concept of a “dark superman” (*utopian androgynous*), whom she describes as:

(...) a man over men who set as his goal the domination of ‘man’ by transplanting feminine gender traits to the masculine field of will for power: irrationality, chaos, madness, aesthetics, amorality. (Oraić Tolić 2005: 104)

(...) A dark genius, bearer of the destructive principle, something like Micić’s Balkan ‘barbarogenius’ from the Zagreb magazine ‘Zenit’ in the twenties.” (Oraić Tolić 2005: 106)

⁴ Oraić Tolić, reflecting on the 90s of the last century, singles out the so-called *post-ideological strategies* with which literature grasps/responds to *the challenge of reality*. The assumption is that artists of the postmodernist definition are aware that *reality in art can no longer be expressed in an ideological way* and therefore develop different *post-ideological strategies*, among which the author cites *indifference* and *revolt* - as a response to collective/personal harsh reality in the forms of *the new wave of post-traumatic prose* - from *fierce* and/or *emotional prose*, *escape from reality*, *mystification*, and *simulation* to *raw violence* and *destruction of all meanings and values*. (Oraić Tolić 2001: 39-51)

Although in her studies the author defines the strategies of the post-traumatic narrative as postmodernist (*post-ideological*), Andrić's short stories are modernist; nevertheless, with Andrić's specific "ideological way", the strategies of the post-traumatic narrative can also be read from the modernist code.

The term *trauma* is ambiguous, but here it will be understood in a narrower sense, as theoretician Cathy Caruth in her book *Unclaimed Experience: Trauma, Narrative and History* (1996) and the given context understands it as "a wound inflicted upon the mind" (Caruth 1996: 16). Similarly, trauma is defined in the *Dictionary of the Croatian Language Portal* as: "(...) mental shock, which for a longer or shorter time interferes with the normal development of psychological activities; what heavily weighs on memory and emotions."⁵

Traumas, in the broadest sense, are caused by various *stressors* (life-threatening experiences), such as war (battles, explosions, injuries, deaths of comrades, wartime captivity, torture...), kidnappings, terrorist attacks, domestic violence and/or childhood neglect, sexual violence, natural disasters, criminal violence, psychological and physical violence (various forms of bullying), accidents. Traumas can be individual and collective, temporary (*acute*) or permanent (*chronic*) and depend on the following factors: *personality of the individual, nature, and intensity and duration of traumatization*. PTSD is one of the traumatic mental anxiety⁶ disorders caused by severe stress.

A pioneer of psychoanalysis from the beginning of the 20th century, Sigmund Freud, describes trauma as a split between the external world and the perception of one's own existence: "It also happens that people, due to some traumatic event that shakes the foundations of their previous life, reach a state of numbness, that they lose all interest in the present and the future, and that they remain permanently mentally preoccupied with the past." (Freud 2000: 293)

⁵ *Hrvatski jezični portal*. URL: <https://hjp.znanje.hr/> (March 27, 2020)

⁶ Anxiety: a condition that includes a feeling of anxiety, dread, fear up to the point of panic, along with psychomotor tension and inner restlessness, and the feeling that the person is going to explode. (...) - Medicinski leksikon. Leksikografski zavod Miroslav Krleža. URL: <https://medicinski.lzmk.hr/clanak.aspx?id=734> (March 27, 2020)

3. A BRIEF HISTORY OF PTSD⁷

It should be noted that soldiers have always, in all wars, been exposed to devastating traumas and then to the entire spectrum of traumatic consequences. Therefore, the sets of symptoms known today as PTSD, have been known in similar variants and different names since ancient times through most of the history of wars⁸. Thus, the first mention of some form of war trauma is recorded as far back as Antiquity. Herodotus, writing about the *Battle of Marathon* (490 BC), mentions a certain Athenian soldier *Epizelus* who, allegedly, was not physically injured in the battle, but became blind due to the trauma he experienced. Various names for this type of trauma have been recorded throughout history. Hermann Oppenheim (1858–1919) – a German neurologist in 1888 – established the term *traumatic neurosis* to describe neurological disorders in accidents. For the American Civil War (1861–1865), the first more complete descriptions of this type of trauma caused by the war are recorded using names such as *soldier's heart*, *irritable heart*, *cardiac neurosis*, or *nostalgia syndrome*.

As the First World War (1914–1918) was preceded by a strong breakthrough in psychology (Freud and psychoanalysis), during and after the so-called Great War there were also the first scientific works that problematized the traumatic consequences of the war. Among the first names that devoted themselves to this issue was the name of Viktor Tausk (1879 - 1919)⁹ - lawyer, writer, and doctor (psychiatrist, psychoanalyst, and neurologist) – a student of Sigmund Freud, participant of Croatian Moderna, and a contemporary of Ivo Andrić. Among his other psychoanalytical studies (on schizophrenia, on sexuality, on alcoholic delirium, on deserters...) based on his own war-medical experiences from the Russian front in 1916 (among the first in Europe), he also published the work entitled “Diagnostische Erörterungen auf Grund der Zustandsbilder der Sogen. Kriegspsychosen” (*Diagnostic Consid-*

⁷ For the purposes of this paper, we are only looking at the consequences of post-traumatic stress disorder (PTSD) caused by the war.

⁸ I am certainly not alone in thinking that the general history of human civilization is for the most part a history of war; at least in terms of the predominant historiographical approaches that start from major historical events, which are always wars! In this sense, one could even assert that war, not peace, is the natural state of humanity; how war is a constant and peace is just a short break between wars. Of course, there are other histories; for example: the history of art or the history of everyday life, which form a significantly more humane image of human civilization.

⁹ Viktor Tausk (Žilina, March 12, 1879 - Vienna, July 3, 1919) - lawyer, writer, and doctor (psychiatrist, psychoanalyst, neurologist, and war doctor) - student of Sigmund Freud, participant of Croatian Moderna (short story writer and playwright: short story *Husein Brko*, drama *Sunset/Half-dark*). About this versatile, peculiar, and tragic European intellectual, who spent most of his childhood in Zagreb, adolescence in Sarajevo, and studies and part of his later life in Vienna, Berlin, Belgrade... writes Sibila Petlevski.

erations of the Symptomatology of the So-called War Psychoses)¹⁰, i.e., a study on war-induced psychosis, which is nowadays called PTSD. During the Great War it was also called *shell-shock*, *war neurosis*, *traumatic neurosis*, *trench neurosis*, *gas hysteria*, and the symptoms are mental exhaustion, headache, blindness, confusion, hysteria, etc. During the Second World War, names such as *war neurosis*, *concentration camp syndrome*, *combat exhaust*, or *battle fatigue* were used for this type of trauma. It should also be mentioned that a disorder with a similar set of syndromes was also detected in the war zone of former Yugoslavia and was called *partisan neurosis* or *Kozara psychosis* (Klajn 1955) - since its appearance was noticed after the *Battle of Kozara* (Bosnia, June 1942). Furthermore, for the Korean War, these traumas are called *veteran syndrome*, and for the Vietnam War, *Vietnam syndrome* or *post-Vietnam syndrome*.

It should also be noted that discussions about PTSD in today's Croatia and the ex-Yugoslav environment, as a result of experiences from the Homeland War and other wars from the 90s in the territories of the former state and the very large number of sick soldiers, as well as all other groups of victims, are increasingly proving to be very important. Some of the latest estimates (Herman Vukušić, Krešimir Čosić) speak of more than 30,000 Croatian war veterans suffering from PTSD.

Probably the most famous and shocking media case is the one of the retired general Ivan Korade (1964-2008) – a celebrated participant in the Homeland War, commander of the 7th Guards Brigade - Puma, brave warrior, and praised disabled homeland war veteran (in 1992 he was seriously wounded on the Dubrovnik battlefield and lost a hand) who went on a killing spree and escaped over the hills of Zagorje one March evening in 2008, killing four people, seriously wounding one of the policemen who participated in the search, and finally killing himself. Even before that, General Korade was known for frequent conflicts and violent incidents, and although he most likely suffered from chronic PTSD, he was not officially diagnosed with this disease during his lifetime.

How many times did the police and the judiciary turn a blind eye precisely because of his war merits and general rank, so his sins and misdeeds remained unsanctioned (...) If Korade had already been punished for his first conflicts with the law, as any other Croatian citizen would have been, perhaps the repetition of bloody history in Croatian Zagorje would not have happened. Even if it is an illness, PTSD, no amount of heroism and contribution to the liberation of the

¹⁰ In: *Wiener med. Wochenschrift*, Nr. 37 and 38. 1916

country can be a blank bill for anyone to, with the end of the war and the disappearance of the real enemy, raise a hand or draw a weapon against neighbours, passers-by, road users, children, and old women.

(Mijić 2008: 2)

Prominent psychiatrist of KBC Zagreb, Dr. Herman Vukušić, points out about the case of General Korade: “It seems that this crime was not premeditated, but the perpetrator was in a state of altered mind. He did not plan it, it’s not an organized act that he prepared months or days in advance, but the result of a crazy and dark moment.” (*24 Sata*, March 28, 2008)¹¹

3.1. APPENDIX ON TAUSK

Some details from the life, work, and tragic personality of Viktor Tausk made me wonder if by some chance Ivo Andrić could have known Tausk himself, his literary texts, or his studies on *war psychosis*, and if that might not have helped him in shaping the character of Mustapha Magyar and the story about him. Namely, although Tausk is thirteen years older than Andrić and both had very different life paths, they used to live in the same cities such as Zagreb, Vienna, Berlin, and Belgrade. From their biographies, however, it appears that in 1913 they were staying in Vienna at the same time: Tausk as a graduate student nearing the end of his psychology studies with Freud, and Andrić as a student of history, philosophy, and Slavic studies (until he left for Poland). Did they meet? On this issue, I consulted the writer and scientist Sibila Petlevski¹² - the person who is certainly most competent to speak about Tausk.

Regarding the Tausk-Andrić connection - I have to disappoint you: I am almost certain that Andrić did not read Tausk’s medical and psychoanalytic works (perhaps only some early texts written under the pseudonym Slovačić) and I am almost certain that they were not in the correspondence. (...) I doubt that Viktor was interesting to him, possibly Slovačić in connection with the polemic with Tresić Pavičić. Andrić was born in 1892, and Viktor Tausk in 1879. Tausk was in Vienna while Andrić was in high school. Tausk was perceived as a lawyer in

¹¹ Article: „Suborac generala: Mislim da će se predati policiji“, author: not specified.

¹² Sibila Petlevski (sibilapetlevski.com) wrote about Viktor Tausk a exceptionally interesting and award-winning biographical novel trilogy entitled *Taboo (Time of Lies - Taboo I, 2009; It Was So Nice for Us! - Taboo II, 2011; and Twilight - Taboo III, 2013)*.

Bosnia who participated in Croatian Moderna. So, my position is clear: Andrić was not inspired by the psychoanalytical and medical works of Viktor Tausk in his treatment of the anti-hero Mustapha Magyar, and he was not really preoccupied with Freud either. Or at least I don't remember him referring directly to Freud anywhere. (Petlevski 2017: email)

However, in her letter, Petlevski has no doubts about the merits of Viktor Tausk for today's understanding of *war psychosis* and notes the following:

(...) I am the first to claim that Tausk is the progenitor of the modern approach to *war psychosis*. In Freud's circle, people wrote about *war neurosis* (e.g., Ferenczi writes about it), but Tausk (1916) was the first to use and argue in detail the term *war psychosis*. (...) It is my opinion that Eder (Eder, David Montague, *War-Shock*, 1917)¹³, who is usually considered the Anglo-Saxon basis for the thematisation of PTSD as it is today, drew on some pre-war thoughts of Tausk, who guided him through psychoanalytic process for a short time. Both of them later had the opportunity to see the disorders of the participants in the war, and they themselves were at the front. (Petlevski 2017: email)

She also states the following about the importance of his prominent psychoanalytic study:

(...) Viktor Tausk faced similar physical, mental, and moral questions, as well as temptations, but on the Austro-Hungarian and German side, first in the Polish hospital, and then in the headquarters in Lublin, where he had the opportunity to consider numerous cases of neurological and psychological disorders caused by a close shell explosion, but also cases of psychotic behaviour caused by war trauma. In his presentation at the *Second Conference of Medical Officers*, on January 19, 1916, in Lublin, Tausk dealt in detail with "diagnostic insights regarding the symptomatology of the so-called war psychosis." Psychiatric (in a specific way also psychoanalytical) patient notes contain an interesting combination of medical and social-psychological anamnesis. Description of disease symptoms, as well as circumstances, and therefore also possible causes, is a task that in itself extends medical diagnostics to heu-

¹³ David Montague Eder - British psychoanalyst and doctor, founder and head of the London Psychoanalytic Society, participant of the Viennese psychoanalytic Freud circle; close to Tausk.

ristic assessment models. Tausk's diagnostic insights are "cooled" from the philosophical-literary-psychological interventions that we might expect from an early representative of psychoanalysis, although his text offers a range of examples that illuminate "cases" in such detail that they - depending on the approach to their lives and actions - represent excellent material for psychiatric research of the disorder that today we would call *post-traumatic syndrome* (...) (Petlevski 2015: 95-96)

Therefore, I have not come across any reliable or tangible confirmation of Andrić's acquaintance with Tausk, but the fact remains that they stayed in Vienna at the same time during 1913 and that they could have met. Also, it would not be improbable that Andrić, during his prison internments in Split, Šibenik, Maribor, Ovčarevo, and Zenica (from July 1914 to June 1917) or during his stay in the Hospital of the Sisters of Mercy in Zagreb, where he was treated on several occasions (from the second half of 1917 to October 1919), could have come into contact with Tausk's psychoanalytic studies or perhaps another author who studied *war psychosis*.

4. CONTEMPORARY DESCRIPTION OF PTSD

According to the *American Psychiatric Association (APA)*, which standardized the criteria for the diagnosis of *post-traumatic stress disorder (PTSD)* in 1980, and according to the international classification of the *World Health Organization (WHO)*, *post-traumatic stress disorder (PTSD)* is a collective name for a psychiatric disorder that develops as a psychological response to the consequences of exposure to a dangerous or stressful event¹⁴; which initiates a particularly strong psychological trauma accompanied by feelings of fear, helplessness and/or horror, and which affects the transformation of the image of reality by changing, through various cognitive and affective disturbances, the material (physical), spiritual (psychic) and symbolic (social) reality frameworks of the traumatized person.

It is according to the criteria of these two organizations (APA and WHO) that PTSD is diagnosed today. According to WHO *IKB-10 (International Classification of Diseases, 10th revision)*, PTSD is classified according to the following

¹⁴ DSM-III - *Diagnostic and Statistical Manual of Mental Disorders, Third Edition* (Washington DC, 1980) and *IKB-10 – 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10)* (Zagreb, 1999)

subordinate categories: *Mental and behavioral disorders (F00-F99)*, *Neurotic and somatoform disorders and stress-induced disorders (F40-F48)*, then *Reaction to severe stress and adjustment disorders (F43)*, and finally as *Post-traumatic stress disorder* under code F43.1 together with *Acute stress reaction (F43.0)* and *Adjustment disorder (F43.2)*.

4.1. THE DIAGNOSTIC CRITERIA FOR PTSD (F43.1) ACCORDING TO ICD-10

A: Traumatic event

Exposure to an extreme mental or physical stressor, of short or prolonged duration

B: Reliving the event

Persistent experiencing of the stressor must be present in at least one of the following:

1. *recurring intrusive memories,*
2. *re-experiencing events /flashbacks/,*
3. *re-experiencing events in dreams; feelings of intense psychological distress in situations of exposure to circumstances that remind or are related to a traumatic event.*

C: Avoidance

Actual or desired avoidance of circumstances reminiscent of or related to the traumatic event that were not present prior to exposure to the stressor.

D: Persistent symptoms of increased arousal

One of the following must be present:

1. *inability to recall, either partially or completely, some significant aspects of the event or period of exposure to the stressor,*
2. *persistent symptoms of increased psychological sensitivity and excessive anxiety present in at least two of the following symptoms that were not present before exposure to the stressor:*
 - a. *difficulty falling asleep and maintaining sleep,*
 - b. *irritability or fits of anger,*
 - c. *concentration difficulties,*
 - d. *hypervigilance (increased level of vigilance, attention and awareness),*
 - e. *exaggerated reaction of fright.*

E: Duration

- *Criteria B, C, and D must be met within a period of up to 6 months after exposure to a traumatic event.*
- *The onset of the disorder follows trauma with a latency period of several weeks to several months (but rarely exceeding a period of 6 months). It is extremely*

rare that a diagnosis of PTSD can be made even 6 months after the event, if a typical clinical picture is present.

(acc. Kozarić-Kovačić et al. 2007: 104)¹⁵

According to the APA *DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, fifth edition)*, PTSD is placed in the group of anxiety disorders with diagnostic code 309.81. The DSM-5 classification distinguishes three forms of PTSD: acute (symptoms lasting less than three months), chronic (symptoms lasting more than three months), and delayed (symptoms appearing at least six months after exposure to the stressor).

4.2. THE DIAGNOSTIC CRITERIA FOR PTSD (309.81) ACCORDING TO DSM-5

A: The person was exposed to a traumatic event with the following characteristics (both criteria present):

- 1. the person experienced or witnessed an event where there was a threat of death or serious injury, i.e. there was a threat to personal and/or other people's physical integrity,*
- 2. the person experienced intense fear, helplessness and horror.*

B: The traumatic experience is relived (one or more symptoms present):

- 1. recurrent intrusive memories of the event, which include images, thoughts or perceptions,*
- 2. repetition of disturbing dreams about the event,*
- 3. the feeling that the traumatic event is repeated, including illusions, hallucinations or 'flashback' episodes in the waking state or in the state of intoxication,*

¹⁵ The fifth edition of IKB-10 from 2016 brings the following refinements and changes:

“Post-traumatic stress disorder (F43.1) arises as a delayed or protracted response to a stressful event or situation (of either brief or long duration) of an exceptionally threatening or catastrophic nature, which is likely to cause pervasive distress in almost anyone. Predisposing factors, such as personality traits (e.g. compulsive, asthenic) or previous history of neurotic illness, may lower the threshold for the development of the syndrome or aggravate its course, but they are neither necessary nor sufficient to explain its occurrence. Typical features include episodes of repeated reliving of the trauma in intrusive memories ('flashbacks'), dreams or nightmares, occurring against the persisting background of a sense of 'numbness' and emotional blunting, detachment from other people, unresponsiveness to surroundings, anhedonia, and avoidance of activities and situations reminiscent of the trauma. There is usually a state of autonomic hyperarousal with hypervigilance, an enhanced startle reaction, and insomnia. Anxiety and depression are commonly associated with the above symptoms and signs, and suicidal ideation is not infrequent. The onset follows the trauma with a latency period that may range from a few weeks to months. The course is fluctuating but recovery can be expected in the majority of cases. In a small proportion of cases, the condition may follow a chronic course over many years, with eventual transition to an enduring personality change (F62.0).” (WHO 2016: 309)

4. *intense psychological distress when exposed to an external or internal stimulus that symbolizes or reminds of some aspect of the traumatic event,*
5. *psychological response to exposure to an internal or external stimulus that symbolizes some aspect of the traumatic event.*

C: Constant avoidance of stimuli (stimuli) associated with the traumatic event and inability to express feelings (one or both symptoms present):

1. *an effort to avoid disturbing memories, thoughts or feelings associated with the traumatic event,*
2. *an effort to avoid actions, places, persons, activities and situations that may remind of the trauma,*

D: Negative changes in cognition and mood related to the traumatic event(s), which begin or worsen after the traumatic event(s) have occurred (two or more symptoms present):

1. *inability to remember some important parts of the trauma,*
2. *constant and exaggerated negative beliefs or expectations about oneself, others or the world (e.g. "I'm bad", "No one can be trusted", "The world is completely dangerous", "My entire nervous system is permanently destroyed"),*
3. *distorted knowledge about the cause or consequences of the traumatic event/s that lead the individual to blame himself or others,*
4. *permanent negative emotional state (e.g. fear, horror, anger, guilt or shame),*
5. *significant loss of interest in participating in various activities,*
6. *feeling of separation or alienation from other people and hopelessness,*
7. *permanent inability to experience positive emotions (e.g. inability to experience happiness, satisfaction or feelings of love).*

E: Changes in arousal and reactivity related to the traumatic event(s), beginning or worsening after the traumatic event (two or more symptoms present):

1. *Irritable behavior and outbursts of anger (with little or no provocation) which are usually expressed as verbal or physical aggression towards people or objects (irritability or feeling of unreasonable anger),*
2. *reckless or self-destructive behavior,*
3. *hypervigilance (increased level of alertness, attention and awareness),*
4. *excessive startle reaction,*
5. *problems with concentration,*
6. *sleep disorder (e.g. difficulty falling asleep, staying asleep or restless dreams).*

F: Duration of symptoms under B, C, D and E longer than one month.

G: Significant impairment in social, work, or other functioning.

(APA 2013: 270-271)

The fundamental difference between these two classifications (*DSM-5* and *ICD-10*) for the diagnosis of PTSD, although they largely overlap, is in the time taken for the disorder to develop. According to the *ICD-10*, PTSD must develop within six months of the traumatic event, so it is difficult to recognize its chronic form, and the delayed form of PTSD is not recognized by this classification at all.

5. ANALYSIS OF THE CASE OF MUSTAPHA MAGYAR

It is commonplace in the description of Andrić that he shaped his prose based on three traditions: modernist, epic (myths, legends, traditions...), and that of Franciscan chroniclers. This is how Andrić shaped his early short stories, those from the so-called *The Graz Opus* or *Short Stories from Turkish Times*¹⁶, to which Mustapha Magyar also belongs, and predominantly thematise the past of Bosnia - drawing and questioning the fates of individuals through authenticated background historical events. For example, one of the excellent connoisseurs of Andrić's life and works, Ivan Lovrenović, recently cited an interesting Franciscan chronicle about *Mustafa Magyar*:

In another chronicler, Mija Batinić, we find information that the main ring-leaders were Madžar-Alija from Dobož and Komšaga Sarajli. While the friars were supporting the door of the monastery from the inside so that the bandits wouldn't break it open, one of them fired a holster through a crack in the door and wounded Lastrić in the "upper right thigh", and sent two bullets through the sleeve of the habit to the guard, Friar Nikola Glavočević. The following night somewhere in the inn, Madžar-Alija drunkenly killed Komšaga, and the bey Bjelopoljac took the corpse to Sutjeska, so that "blood money" could be done and the friars "on God's justice lost 500 groschi". The chronicler adds: "But the murderer didn't even bother, because after bragging in Sarajevo that he had executed a Turk, the guys jumped up and drowned him on the spot." (It is not difficult here to recognize the name and the motive behind the famous short story of the great writer about Mustapha Magyar and the world that is "full of scum - both baptized and unbaptised"). (Lovrenović 2013)

¹⁶ *The Graz Opus* consists of nine short stories (*Mustapha Magyar*, *The Rzav Hills*, *Love in the Small Town*, *In the Guest-House*, *In the Dungeon*, *The Temptation in Cell No. 38*, *On the Second Day of Christmas*, *First Day in the Split Dungeon*, and *Night in the Alhambra*, and three essays that Andrić wrote and published during his stay in Graz in 1923-1924. (See: Tošović 2010)

Considering the initial thesis through which the short story is questioned, i.e. its protagonist Mustapha Magyar, the emphasis is on the attempt to diagnose PTSD caused by *war trauma*.

5.1. THE CHARACTER OF MUSTAPHA MAGYAR

Warrior, hero, brawler (archetype of the epic warrior), amoral, callous, asocial (loner), psychotic, but also a man of books and music (intellectual and aesthete). At the very beginning of the short story, Andrić describes Mustapha's appearance after having returned from the *Battle of Banja Luka*:

He was slumped in the saddle and looked unexpectedly small (for in their tales and anticipation he had grown to giant size); morose, shrunken, and wrapped in his cloak, he seemed more like a fasting pilgrim than Mustapha Magyar, the hero of so many stories and songs. (...) with a beard, pale and skinny. (Andrić 1968: 81-82)

- Family: Mustapha's father – “wasteful and drunkard” (Andrić 1964: 21), died; grandfather Avdaga Madžar – “a famous Turkish man from an old and respectable Hungarian family, who acquired and left a large fortune” (Andrić 1964: 21); after his father's death, he divided the remaining property with his older brother, so he owns a “crouched cottage over the water” (Andrić 1964: 21) and “some skinny serfs” (Andrić 1964: 21) in his native Doboj.

- Education:

At the age of fifteen, when his father had died and his brother married, Mustapha had been packed off to the Muslim high school at Sarajevo. There he spent four hard and frugal years. On reaching twenty, he had returned to Doboj with a trunkful of books and well-worn student clothes, as well as a big ebony flute with air holes of inlaid silver; but instead of moving in with his brother, he put up at his homestead. (Andrić 1968: 82)

- Social life (twenty-year-old after returning to Doboj from education in Sarajevo):

He had changed completely. With a new mustache above his pursed lips, stoop-shouldered, moody and unsmiling, he spoke to no one and made no friends. During the day he would read the Scriptures with the town imam, Ismet Agha, and nights he would play the flute hour after hour, filling the long marshy

meadow below the house with his music. And when the army began to recruit men, he had had himself fitted out, then padlocked the house and marched off to Russia under General Delalić. (Andrić 1968: 82)

- Battles: it follows from the short story that Mustapha Magyar participated in the *Russian-Turkish War* (1735 – 1739): in the Caucasus, Ukraine, Crimea, and Azov; in the *Austro-Turkish War*, that is, the *Habsburg-Ottoman War* (1737-1739) in the territories of Hungary, Slavonia (near Orłjava), and Bosnia, and he particularly distinguished himself in the battle against the Austrians in the *Battle of Banja Luka*¹⁷ on August 4, 1737. Therefore, Mustapha Magyar is a celebrated warrior and hero who (so begins the short story) triumphantly returns to his native Dobož:

It was the fourth day of celebration and feasting in the town of Dobož, marking the victory over the Austrians at Banjaluka. Rejoicing was general throughout Bosnia, but especially in Dobož, since one of its men, Mustapha Magyar, had won fame as the greatest fighter in that battle. There was talk of fantastic Austrian losses, of the slaughter of Christian peasants and the spectacular bravery of Mustapha Magyar. (Andrić 1968: 81)

5.2. DIAGNOSIS

As previously highlighted the conformity (mostly the sameness) of the criteria of the diagnostic models *ICD-10* and *DSM-5*, for the purposes of this work, i.e., a kind of literary-medical diagnosis of the character, a combination of both models and quotes from the short story that confirm certain symptoms will be used.

- *A: Traumatic event - exposure to an extreme mental or physical stressor, of short or prolonged duration.*

When it comes to trauma, as the basis for any questioning of the existence of PTSD, Mustapha Magyar is undoubtedly a warrior with the experience of at least two multi-year wars and many fights and battles. Although it is likely to be assumed that

¹⁷ *Battle of Banja Luka* (the main battle on August 4, 1937): One of the most significant battles in the history of Bosniaks; the Austrians were led by Field Marshal von Sachsen-Hildburghausen, and the Bosniaks were led by Mehmed-beg Ćatić, Mehmed-beg Fidahić, Hećimoglu Ali-paša ... That day 10,000 Bosniaks defeated 14,000 Austrians (killed 1,300) and forced them to flee across the river Vrbas. The battle along the banks of the Vrbas and the crossing of the Bosniak army with rafts across the river (according to: Pelidija 2003: 319-330), as described in Andrić's story, are authentic historical data.

Mustapha is dealing with multiple traumas, the short story highlights one significant traumatic event, and it is about the memory of the boys from Crimea, an event that, either in the form of memories or dreams, is repeatedly mentioned in the short story:

He managed to doze off at first, but then suddenly he began to dream about some children from Crimea. The event had taken place so many years ago that he had completely forgotten about it. He had been advancing with a detachment of cavalry somewhere in Crimea. Pursuing the enemy, they decided to spend the night in an abandoned summer house. As they were about to bed down for the night, they discovered, crouching behind some wardrobes, four children. They were small boys, with closely trimmed blond hair, fair-skinned and well dressed. The detachment numbered fifteen men, most of them Anatolians. They divided up the children between them. In this way, half dead from terror and pain, the boys were passed from hand to hand. By morning, they were bruised and swollen and not one of them could stand on his feet. Then a strong column of Russians approached and Mustapha and his men bolted way in such haste that they had no time to slaughter the children. And now he saw them again, all four of them. He heard the Russians cantering nearer. He wanted to mount his horse, but the reins kept snarling and slipping through his fingers and the horse kept backing away. (Andrić 1968: 84-85)

Along with the *Battle of Banja Luka*, where he stood out against the enemy with an unexpected strategy and ruthlessness, another traumatic event is mentioned in the form of a double dream (a dream within a dream):

He was in a skirmish on the river Orjava. He had wedged himself between two dark-colored boulders over which water trickled and lichen grew, and had braced his shoulders against the rock while the brothers Latković, two giant and fierce brigands, lunged at him. He defended himself well, but his eyes kept sliding past their heads toward the far horizon where the sandy plain joined the sky, where now a woman dressed in black appeared, with a contorted face, her hands on her chest. He knew her, and knew also why she clutched and pressed her breasts and why her face was twisted with pain. Yet even as he thought this and watched her and remembered how at Erzerum¹⁸ he had surprised her all

¹⁸ *Erzerum* (Turkish: *Erzurum*): the capital of the Turkish province of the same name in the north-eastern region of Anatolia.

alone in the money changer's house, and how desperately she had resisted him, he still kept his wits about him and fought back the pair of brigands. Pushing the woman and the memories from his mind, he concentrated hard on keeping the two hostile sabers at bay, but fury got the better of him. (Andrić 1968: 92)

- *B: Reliving the event*

Persistent experiencing of the stressor must be present in at least one of the following:

- *B1. Recurrent intrusive memories and/or dreams of events, involving images, thoughts or perceptions:*

After that night his insomnia became all but absolute. Even those few and pitifully late hours of respite before dawn were now increasingly often destroyed by nightmares. Night after night, without warning, there rose up in his dreams hopelessly tangled fragments of his past life which he had utterly forgotten. The worst thing about them was the dreadful clarity and poignancy of every form and movement, as if each image lived for itself alone and had a special significance. He began to shudder at the very thought of the night. He would not admit this fear even to himself, yet it loomed ever bigger, gnawed at him during the day, quashed every thought of sleep, festered inside him, and, cutting into his living flesh more silently and imperceptibly than a silken thread, sank in deeper every day. (Andrić 1968: 87)

- *B2. By re-experiencing events /flashbacks/*

- *B3. Re-experiencing events in dreams; feelings of intense psychological distress in situations of exposure to circumstances that remind or are related to a traumatic event:*

He dozed off quickly enough, but then all of a sudden, as always when he least expected it, those children in Crimea rose up before him, blond and short-haired and at the same time hard and smooth and resilient, and slippery like fish. There was no glaze of shock on their eyes nor were their pupils narrowed by fear; they were steady and still. The effort of trying to grab them made him lose his breath, yet his mind registered every change in their movement, even the tiniest. And as he fumbled like this, furious at being unable to catch hold of them, he heard someone mutter behind his back:

“- You should have roasted them . . . caught them and put them on the spit . . .

but now it's too late!"

He was in a rage of anguish. That's what we should've done: roasted them! And he made another attempt to catch them, but all he succeeded in doing was to stab the air with his arms, feebly and ridiculously, while the boys kept slipping away and, abruptly, began to soar like clouds. He came to, soaked in sweat and anxiety, panting heavily and tearing the straw mat under him. The day was over; it was getting dark. He was filled with a sense of dread; the sweat on his skin turned cold and clammy. (Andrić 1968: 94)

- B4. *Intense psychological distress when exposed to an external or internal stimulus that symbolizes or reminds of some aspect of the traumatic event:*

All of a sudden it seemed to Mustapha as if each shape was accompanied by a particular voice, a whisper, a shout, or singing-low, barely audible voices that overlapped and commingled with the shapes. Presently they were obliterated by the sharp crackle of the whip as he lashed out at his horse. But as soon as he stopped whipping, the voices began to drone again and assail him. (...) He strained and yelled with all his might, although his throat hurt and his breath gave out, but was outshouted by an irrepressible pandemonium of sounds and menaced by every tree and brush. He broke into a headlong gallop, insensible to the horse under him, quaking in every part of his body. He was beginning to gag, yet kept shouting without letup, until he reached an open glade where the voices dwindled and faded away. (Andrić 1968: 97)

- B5. *Psychological response to exposure to an internal or external stimulus that symbolizes some aspect of the traumatic event:*

One of the men at the table said ruefully:

"The Christians will swamp us, by Allah! Our own kind is dying and the baptized scum are breeding like rabbits; there's no end to them!"

As the words reached Mustapha, they seemed in an addled way to be connected with his own thoughts. He made a great effort to concentrate.

"Baptized and circumcised, both," he said. "The world is full of scum." (Andrić 1968: 99)

- C: *Avoidance*

Actual or desired avoidance of circumstances reminiscent of or related to the traumatic event:

matic event and inability to express feelings, which was not present before exposure to the stressor (one or both symptoms present):

- C1. An effort to avoid disturbing memories, thoughts or feelings associated with the traumatic event:

He leaned on the windowsill. The fever of sleeplessness and of the long march, and the steady hammering of his heart, clamored for a respite. But now dreams overtook him even before he fell asleep. Had he actually shut his eyes? There now appeared before him the nethermost room of the house, full of cobwebs and some mysterious rubble, and on a chest in a corner sat his grandfather, Avdaga Magyar. His cheeks were ruddy, his beard trim, his mustache bristling. He sat there perfectly still and mute, but his very presence had an extraordinary significance and seemed to portend some unbearable grief and dismay, which tightened Mustapha's throat. He jerked himself awake. He almost died of fear in the pitch-dark room, but made no light and resumed his pacing although gooseflesh covered him all over like an armored sheath and he could not feel his legs under him.

He dared not stand still even for a moment, but was obliged to keep moving, for his dread of insomnia was hardly less intense than his horror of dreaming. (Andrić 1968: 88)

- C2. An effort to avoid actions, places, persons, activities and situations that may remind of the trauma:

Although Mustafa is plagued by unwanted dreams and insomnia and memories, he is still primarily a warrior and in this sense his actions are determined by the warrior's instinct and almost automated. Therefore, it is not noticed that he would consciously try to avoid something because it can remind him of the traumas he has experienced. Consciously he avoids nothing and no one, but unconsciously or better subconsciously, he is a man who, tormented by hardships but not by remorse, shut himself up and completely alienated himself.

“And if anyone asks what you're doing, tell him Mustapha Magyar gave you the order, the one that crashes like a rock down the mountainside, so that he needs no sleep or bread and doesn't recognize the law.” (Andrić 1968: 90)

- D: Negative changes in cognition and mood related to the traumatic event(s),

which begin or worsen after the traumatic event(s) have occurred (two or more symptoms present):

- D1. *Inability to recall some important parts of the trauma.*

In the short story, only the most basic information is learned about Mustapha's traumas. Through dreams, memories or apparitions, only hints, glimpses of events, not the complete picture, can be seen, and it can only be assumed that the content of the traumatic events is not fully remembered, that they are blocked.

- D2. *Constant and exaggerated negative beliefs or expectations about oneself, others or the world:*

"The world is full of scum!"

He'd had the same thought that morning at dawn on the bank of the river as he stood between the two armies (one about to run, the other hesitant and fearful on the rafts), and even now something like a bitter taste remained in his mouth and he wanted to rid himself of it by repeating the words out loud:

"The world is full of scum!"

His blood kept rising, he felt gorged with it. All veins pounded away. Sleep would not come. (Andrić 1968: 86-87)

"And now once more, as if the sound touched off numberless memories of the past, he thought with inexpressible hatred: How much scum there is in the world!" (Andrić 1968: 96)

- D3. *Distorted knowledge about the cause or consequences of the traumatic event/s that lead the individual to blame himself or others:*

Mustapha does not think about causes or consequences, Andrić describes him at the moment of Mustapha's already darkened mind, overcome by suffering and anger.

- D4. *Persistent negative emotional state (e.g. fear, horror, anger, guilt or shame):*

He came to, soaked in sweat and anxiety, panting heavily and tearing the straw mat under him. The day was over; it was getting dark. He was filled with a sense of dread; the sweat on his skin turned cold and clammy. (Andrić 1968: 94)

He travelled in turn by short cuts and through the middle of villages, beating and chasing Christians with such fury that his own Muslims preferred to avoid him. (Andrić 1968: 88)

He woke up icy and in a cramp, with a curse on his cloyed lips, feeling utterly numb. The sun had just come up and its light fluttered on his lids. Seeing that once again he had not slept more than a few short minutes, that there was to be no more peace and rest even in the small hours, he cried out in a helpless rage, then pitched over and started to batter his head on the ground. (Andrić 1968: 92)

- D5. *Significant loss of interest in participating in various activities:*

He saw that his breath was not steady enough, his fingers not as supple as they used to be, nor could he remember the old melodies. He replaced the flute in its wrapping and then submitted to the agony of sleeplessness that' had been plaguing him ever since the fighting had ceased. (Andrić 1968: 83)

He glanced at the bundle of the silk shawl that contained his old flute and at the green trunk of books, but couldn't bring himself to touch them. (Andrić 1968:87)

- D6. *Feeling of separation or alienation from other people and hopelessness:*

After that first night, when he went down to the coffeehouse in the bazaar, the men respectfully made way for him, but he neither deigned to smile nor was capable of telling them about Istanbul and the battles to appease their curiosity. Soon they began to deprecate him and dismiss him from their minds. Then new fighting broke out in Slavonia and, leading the first column, he departed once more at the crack of dawn, as quietly as he had come. (Andrić 1968: 84)

- D7. *Permanent inability to experience positive emotions (e.g. inability to experience happiness, satisfaction or feelings of love):*

(...) but he continued to pace to and fro and dared not sit down. He glanced at the bundle of the silk shawl that contained his old flute and at the green trunk of books, but couldn't bring himself to touch them. (Andrić 1968: 87)

- E: *Changes in arousal and reactivity related to the traumatic event(s), beginning or worsening after the traumatic event (two or more symptoms present):*

- E1. *Irritable behaviour and outbursts of anger (with little or no provocation) usually expressed as verbal or physical aggression towards people or objects (irritability or feeling unreasonably angry):*

Mustapha bent down and felt the rope with his fingers, and when he realized that the knot was loose, he swung out with his hatchet. The friar ducked in time, but the blade caught the side of his shoulder with such force that he fell to the ground without a sound. The Turk started to whip him with the free end of the rope and kept at it until the young man got to his feet and began walking in front of him, together with his bound companion. Blood oozed down his side and left a trail on the road. (Andrić 1968: 90)

- *E2. Reckless or self-destructive behaviour:*

They all turned in the direction of the voice, which was uncommonly hoarse and raspy, like a magnified whisper. Looking him over, they noticed his dishevelled appearance and the streaks of dried mud and greenish-yellow stains of wet grass on his clothes. His face was puffed up and dark. They observed, too, that his eyes were completely bloodshot and his pupils mere pinpricks in the centre, that he clenched and unclenched his hands constantly, that his neck, uncollared and bare, was swollen, and his left mustache gnawed off and noticeably shorter. They glanced at one another and then back at him. Behind his curtain of blood, Mustapha was dimly aware of the faces craning in his direction and he got the idea that they were getting ready to attack him. He reached for his saber. (Andrić 1968: 99-100)

- *E3. Hypervigilance (increased level of alertness, attention and awareness):*

His drunkenness notwithstanding, Mustapha backed to the wall and, with the natural instinct of a fighter, groped for his cloak and pulled the pistol from his bandolier. (...) He raised his gun, aimed at the centre of the window and waited. And sure enough, a second later there appeared on the window first the silhouette of the bey's hand, and then the quadrant of light was blotted out by his body. Mustapha fired. In the explosion that followed, he did not even hear the bey falling. (Andrić 1968: 96-97)

- *E4. Exaggerated startle reaction:*

For Mustapha reality was by no means "excessively startled"; only dreams could startle him.

- *E5. Problems with concentration:*

In vain he swatted at a pair of dark orbs through which the radiance of the day and the town beneath it appeared to him dimly. He rubbed his temples, and turned left and right, but the orbs shifted together with his moving glance and, through those orbs, everything before him appeared misty, shivering, and dusky. The silence was deep, and in it he could hear his blood rearing and breaking and crashing with a dull roar against the nape of his neck. He could not remember where he was, or what day it was. He thought the town below might be Sarajevo, but his mind swirled and confused it with certain towns in the Caucasus that had minarets just like these. At times his sight gave out completely. (Andrić 1968: 98)

- E6. *Sleep disorder (e.g. difficulty falling asleep, staying asleep or restless dreams):*

It was a torment he went through every night. (...) and as soon as the first' light slumber drowned out all memories and thoughts of the next day and there remained only the cramped body under the soundless millstone of darkness, he would feel an antlike tingle crawling up his legs, the soft part under his heart would begin to quake and terror would start coursing all through him like some chilly stream. (...) This went on day after day, and it would never have occurred to him to mention it to anyone. For Muslim divines he had nothing but contempt, and in doctors he did not believe. (Andrić 1968: 83-84)

- F: *Duration of symptoms under B, C, D and E longer than one month*

According to historical sources, the *Battle of Banja Luka* between Austrians and Bosniaks lasted from July 10 to August 13, 1737. Since most of the symptoms that Mustafa Magyar suffers from are noted already during that time and continue and worsen through his violent and murderous campaign until Mustafa's paradoxical - unheroic, unfortunate and accidental death, it can be reliably determined that the duration of the symptoms is longer than one month.

- G: *Significant disturbance in social, work or other functioning.*

Mustapha Magyar is depicted in the short story as a person who, from the beginning - since returning from school in Sarajevo, shows signs of introversion (preoccupation with reading and playing music), and later, after having returned from the wars, is increasingly anxious and antisocial. As the traumatization (mental disorder) progresses - multiplying and intensifying cognitive and affective disturbances, Mustapha's perceptive, sensory and psychological functionalities are reduced, moving the boundaries of his reality towards irrationality and psychoticism.

5.3. RESULTS OF THE DIAGNOSIS

Tabular presentation of the results of testing (determining) symptoms of *post-traumatic stress disorder* (PTSD) in the subject Mustapha Magyar - the literary anti-hero of Ivo Andrić's short story in question according to the criteria of the ICD-10 and DSM-5 diagnostic models:

Cluster	Symptoms	+/-
A: A traumatic event (necessary)		+
B: Reliving the event (at least 1 symptom)	B1 B2 B3 B4 B5	+ + + + +
C: Avoidance (one or both symptoms present)	C1 C2	+ -
D: Persistent symptoms of heightened arousal: Negative changes in cognition and mood associated with the traumatic event (two or more symptoms present)	D1 D2 D3 D4 D5 D6 D7	+/- + - + + + +
E: Changes in arousal and reactivity related to the traumatic event), which begin or worsen after the traumatic event (two or more symptoms present)	E1 E2 E3 E4 E5 E6	+ + + - + +
F: Duration of symptoms under B, C, D and E longer than one month		+
G: Significant impairment in social, work, or other functioning		+

Mustapha Magyar was found to have several traumatic events (stressors) caused by the war: boys from Crimea, woman from Erzerum, numerous battles and struggles, victories, defeats and sufferings. Of the twenty-one possible symptoms (group B, C, D, E, G), Mustapha Magyar has sixteen of them (16/21); and the time criterion (E) is also met.

The most prominent symptoms are: recurring disturbing memories, dreams and hallucinations, insomnia, mental agitation and distraction (psychoticism), irritability, anxiety, aggressiveness, social isolation and alienation, permanent negative emotional state and

inability to experience positive emotions, self-destructiveness and distortion of reality.

With the analysis performed according to the currently valid models for diagnosing PTSD (*ICD-10* and *DSM-5*), it can be irrefutably stated that Mustapha Magyar suffered from PTSD.

6. CONCLUSION

Ivo Andrić wrote his expressionistically stylized and highly psychologized short story about the anti-hero Mustapha Magyar shortly after the end of the Great War. Although we were unable to confirm that Andrić was familiar with the psychoanalytic works of Viktor Tausk, considering the analysis carried out, the possibility remains open that he might have been familiar with some works on the topic of *war psychoses*. It is obvious that this topic seemed worthy of attention and relevant to Andrić in that post-war period, so the short story can be justifiably characterized as a *post-traumatic artistic narrative fiction* in which the author not only problematizes Bosniaks, Bosnia, and the related mentalities, but also the legendary Bosniak warrior of the 18th century that transforms into a kind of warrior archetype and condemnation of all war and violence.

Through a multiple internal focalization strategy - speaking through the positions of the subject of PTSD, his victims and an impartial narrator, Andrić expertly interweaves the symptoms of *war psychosis* into the character of Mustapha Magyar, finally turning him into a mindless slayer. Over time, the above symptoms lead to the complete disintegration of the personality. A person who was previously capable of appreciating the value of books and music and enjoying their beauty, under the influence of an advanced disease turns into a distracted, insensitive, amoral, and violent figure who loses all connection with the present reality. Mustapha Magyar's actions are no longer a conscious reflection of his will, but only a reflex of psychological, physical, and social fragments that were once a person. However, in spite of everything, from the flashes of Mustapha's consciousness, as an indication of some kind of, at least subconscious, moral questioning, the statement: "The world is full of scum!" is persistently breaking through. No matter how absurd it sounds, Andrić's anti-hero, that "bearer of the destructive principle" and "barbarogenius" and at the very end, "in extinguished consciousness" (Andrić, 1968: 101), in an attempt to justify the unforgivable, shows the last signs of humanity.

Therefore, it can be justifiably concluded that Mustapha Magyar was not driven by some innate or abstract evil of the world in his insane journey, but - as a result of multiple war traumas - primarily by the disease known to us today as PTSD.

LITERATURE

- “MKB-10 klasifikacija mentalnih poremećaja i poremećaja ponašanja”. *Klinički opisi i dijagnostičke smjernice*. 1999. Ed. Vera Folnegović-Šmalc. Zagreb. Medicinska naklada. (= 10th revision)
- American Psychiatric Association (APA). 1980. *Diagnostic Statistical Manual of Mental Disorders*. Washington DC: American Psychiatric Association Press: 236-238. (= 3rd ed.)
- American Psychiatric Association (APA). 2013. *Diagnostic Statistical Manual of Mental Disorders*. Arlington VA: American Psychiatric Association: 271-280. (= 5th ed.)
- ANDRIĆ, Ivo. 1964. “Mustafa Madžar”. *Nemirna godina (pripovetke)*. Ed. Petar Džadžić, Muharem Pervić. Zagreb. Mladost: 21-36.
- ANDRIĆ, Ivo. (1968). “Mustapha Magyar”. *The Pasha's Concubine and Other Tales*. transl. Joseph Hitrec. New York. Alfred A. Knopf: 81-101
- CARUTH, Cathy. 1996. *Unclaimed experience: Trauma, Narrative, and History*. London: The Johns Hopkins University Press.
- Das Grazer Opus von Ivo Andrić = The Graz Opus by Ivo Andrić : (1923-1924)*. 2010. Ed. Branko Tošović. Graz : Institut für Slawistik der Karl-Franzens-Universität ; Beograd : Beogradska knjiga
- FILIPOVIĆ, Muhamed. 1967. “Bosanski duh u književnosti – šta je to? (Pokušaj istraživanja povodom zbirke poezije M. Dizdara ‘Kameni spavač’).” *Život* XV, 3: 3-18
- FOLNEGOVIĆ-ŠMALC, Vera. 2010. “Posttraumatski stresni poremećaj”. *Medix* 89-90: 134-137
- FREUD, Sigmund. 2000. *Predavanja za uvod u psihoanalizu*. Zagreb: Stari grad.
- KLAJN, Hugo. 1955. *Ratna neuroza Jugoslavena*. Beograd: Sanitetska uprava JNA.
- KORDIĆ, Sanjin. 2016. “Može li drugi čitati?: skica o teorijsko-književnohistorijskim pitanjima i problemima recepcije književnog djela Ive Andrića”. *Forum Bosnae: kultura-znanost-društvo-politika* 74-75: 298-312
- KOZARIĆ-KOVAČIĆ, Dragica, Zrinka KOVAČIĆ i Lea RUKAVINA. 2007. “Posttraumatski stresni poremećaj”. *Medix* 71: 102-106.
- LUJANOVIĆ, Nebojša. 2020. *U rovovima interpretacija : strategija i tragedija nelegitimnog čitanja*. Zagreb: Naklada Ljevak.
- MILIĆ, Branko. 2008. “Prsten oko generala”. *Novi list*. March 28. 2008. Rijeka. Year 62. N° 19.576: 2.
- MILUTINOVIĆ, Zoran. 2012. “‘Niti mogu da rastumačim, niti da zaboravim’: Andrić,

- zlo i moralistička kritika”. *Ivo Andrić – 50 godina kasnije*. Ed. Zdenko Lešić and Ferida Duraković. Sarajevo. Akademija nauka i umjetnosti Bosne i Hercegovine: 16-27.
- NEMEC, Krešimir. 2012. “Bljesak ljepote, postojanost zla – O nekim aspektima novelistike Ive Andrića”. *Hum* 8: 9-23.
- NEMEC, Krešimir. 2016. *Gospodar priče: poetika Ive Andrića*. Zagreb. Školska knjiga.
- ORAIĆ TOLIĆ, Dubravka. 2001. “Suvremena hrvatska proza: Izazov zbilje”. *Republika : mjesečnik za književnost, umjetnost i javni život*. God. 57. 5-6: 39-51.
- ORAIĆ TOLIĆ, Dubravka. 2005. *Muška moderna i ženska postmoderna: rođenje virtualne kulture*. Zagreb: Naklada Ljevak.
- PELIDIJA, Enes. 2003. *Banjalučki boj iz 1737; uzroci i posljedice*. Sarajevo: El-Kalem
- PETLEVSKI, Sibila. 2015. “Fikcionalizacija povijesti i beletrizacija ‘Velikog rata’”. *Dani Hvarškoga kazališta: Građa i rasprave o hrvatskoj književnosti i kazalištu* 41: 74-104.
- PETLEVSKI, Sibila. 2011. “Zaboravljeno lice moderne: Viktor Tausk”. *Naši i strani povjesničari hrvatske drame i kazališta, teatrolozi i kritičari: prvi dio: u spomen Nikoli Batušiću / Krležini dani u Osijeku 2010*. Ed. Branko Hećimović. Zagreb : Osijek. HAZU – Hrvatsko narodno kazalište u Osijeku – Filozofski fakultet Sveučilišta Josipa Jurja Strossmayera u Osijeku: 67-78.
- PETLEVSKI, Sibila. 2017. “Email“. private correspondence Petlevski - Mikulaco. (August 14, 2017)
- PROSPEROV NOVAK, Slobodan. 2004. *Povijest hrvatske književnosti*. Split. Marjan tisak d.o.o. (= *Vol. II.*)
- ŠKVORC, Boris. 2011. “Utjecaj kolonijalnih ishodišta i postkolonijalnih okvira na čitanje (pričanje) nacije kod Andrića, Krleže i Nazora”. *Croatian Studies Review* 7: 169-227.
- TAUSK, Viktor. 1969. “Diagnostic Considerations Concerning the Symptomatology of the So-Called War Psychoses”. *The Psychoanalytic Quarterly*. 38, 3: 382-405.
- WORLD HEALTH ORGANISATION. 2016. *ICD-10 International statistical classification of diseases and related health problems. - 10th revision. Fifth edition*. Geneva. WHO Press: 309.

INTERNET SOURCES

Hrvatski jezični portal. URL: <https://hjp.znanje.hr/> (March 27, 2020).

LOVRENOVIĆ, Ivan. 2013. "Zagledani u vlastitu povijest: O polihistorizmu bosanskih franjevacā (primjer fra Jeronima Vladića)". *Ivan Lovrenović*. URL: <https://ivanlovrenovic.com/clanci/bosna-argentina/ivan-lovrenovic-zagledani-u-vlastitu-povijest> (April 23, 2017).

Medicinski leksikon. Leksikografski zavod Miroslav Krleža. URL: <https://medicinski.lzmk.hr/clanak.aspx?id=734> (March 27, 2020).

TANIĆ, Dalibor. 2015 "Queer književnost između klasika i savremenih autora". *Igbita*. URL: <http://igbita.ba/queer-knjizevnost-izmedu-klasika-i-savremenih-autora/> (April 22, 2017).

„Suborac generala: Mislim da će se predati policiji“ *24 sata*. 28.3.2008. URL: <https://www.24sata.hr/news/suborac-general-a-mislim-da-ce-se-predati-policiji-55952> (April 22, 2017).

MUSTAFA MADŽAR KAO POSTTRAUMATSKA PROZA

DANIEL MIKULACO

SAŽETAK

U ovom radu riječ je o ponešto drugačijem, a nadam se, i smislenijem pristupu analizi znamenite Andrićeve novele *Mustafa Madžar* iz 1923. godine. Ta novela „iz turskih vremena”, opravdano je proglašavana jednim od Andrićevih najuspjelijih novelističkih tekstova, često je karakterizirana i atributima najzagonetnijeg ili najmističnijeg pa i najmračnijeg njegova teksta. Ponajčešće je žanrovski određivana kao ekspresionistička novela lika, odnosno tragičkog antijunaka, kojom, kako tvrdi pretežiti dio dosadašnjih interpretacija i analiza, Andrić propituje pitanje postojanja zla u svijetu i nemogućnosti ostvarenja dobra. U ovom se pak radu polazi od pretpostavke da je Andrić oblikovao lik Mustafe Madara kao osobu koja boluje od psihičkih posljedica ratnih iskustava, odnosno psihičkoga poremećaja danas poznatog pod nazivom PTSP te će se to pokušati i dokazati na primjerima iz novele.

KLJUČNE RIJEČI:

Ivo Andrić, Mustafa Madžar, novela, trauma, posttraumatska proza, PTSP

