

# BLACK AIR

by Agustín Fernández Paz

Translated from Galician by Jonathan Dun-  
ne

First published as *Aire negro* by Edicións Xerais de  
Galicia (Vigo, Spain) in 2000



*Mythology does not have an exterior origin, it is not an empirical fact. If these monsters, these imaginary entities, did not appear in our dreams, since they do not exist in the outside world, we would never discover them.*

CARL JUNG, "From Dream to Myth"

*A shadow insatiable of splendid appearances, of frightful realities; a shadow darker than the shadow of the night... seemed to lead into the heart of an immense darkness.*

JOSEPH CONRAD, *Heart of Darkness*

*You will never let me go,  
shadow hanging over me.*

ROSALÍA DE CASTRO, "Black Shadow"



Perhaps the time has come, though I prefer to ignore this fact, to stop trying to forget the unforgettable and confront reality once and for all, accept the existence of this worm devouring me from the inside, constantly growing as the days go by. If it's true that writing is a liberating therapy, as I've often told my patients, then describing events here, which however hard I try I cannot push to one side, will help me overcome this horror, these obsessions growing in my brain like lianas.

I may perhaps finally obtain the peace I've been searching for in vain over the past three years. Writing these lines will be painful, will somehow mean reliving what happened during those ill-fated months. But I must do so, remember everything, beginning with the happy days when it seemed impossible to end up like this. Who could have guessed Laura's eyes, those eyes at the start of my misfortunes, were the door to an abyss I would sink into until reaching these depths?

I met Laura Novo on 12 September 1999. How to forget the date since that is when I started working at the Beira Verde clinic, a prestigious psychiatric centre on the banks of the Lower Miño, next to the border with Portugal? I had recently turned 32 and had the feeling that with this new job, which exceeded all my professional expectations, I was finally leaving behind the stage of my education and opening a new, exciting chapter in my life.

Ever since I was a teenager and read Sigmund Freud's books in my father's library with a mixture of passion and curiosity, I'd been particularly drawn to psychiatry, which seemed to harmoniously combine the scientific and humanistic aspects of human knowledge. Entering the secrets of the mind, those nooks and crannies in which the great human passions reside – love, hatred, jealousy, obsession, resentment – and doing so with a solid scientific background inspired in me emotions I imagined similar to those experienced on the great scientific expeditions of the nineteenth century by explorers who gladly risked everything in order to reach the farthest flung corners of the earth.

I took my degree in medicine with excellent marks and enjoyed the same success during my long years as a houseman and on subsequent specialist courses at the most renowned European universities. I received numerous offers to continue at university, but rejected them since what I longed for most of all was direct contact with patients. I believed theories only made sense if they contributed to a better understanding of the complexities of the mind. My work experience in various hospitals was highly positive and served to confirm that this is where I wanted to be, even though it bothered me knowing there was always someone

watching over me, controlling my work and making sure I didn't stray from well trodden paths. I realized this was the price I would have to pay if I wanted to experiment and learn things no book could teach me.

With such a background it is hardly surprising how nervous and excited I was that September afternoon. Anyone familiar with the world of psychiatry will know the Beira Verde clinic is considered a special case in the treatment of mental illnesses, an island of liberty where procedures are investigated and carried out leading to success stories where other people fail. Put briefly, it is a top-class clinic with all the latest equipment and a highly enlightened concept of psychiatric work. Not in vain are the directors Hugo Montenegro and Elsa von Frantz, possibly the two most relevant figures in the field of European psychiatry today. That is why, when I found out about the vacancy, I rushed to present myself for selection, blindly confident that this was the place where I would work. The news that the post was mine was one of the happiest moments of my life, marking as it did the fulfilment of my most cherished dreams.

I remember that day Dr Montenegro received me in person, a courtesy I wasn't expecting that served to underline his immense humanity. Having introduced me to some of my future work colleagues, he offered to show me around the different parts of the centre. Anything I say about them here will not be enough, I can hardly imagine anything better. The location itself is exceptional: a wonderful manor house situated a few miles from Goián on top of a hill that slopes down to the Miño river, just opposite the small islands of Boega and Vacariza, with Vila Nova de Cerveira watching us from the Portuguese side. The build-

ing has a long history and is an excellent example of the finest Galician baroque civil architecture. As I later found out, it was erected on top of the scant remains of an old fourteenth-century fortress. The manor house dated to the middle of the eighteenth century and had always belonged to the lords of Goián and Cerveira, a noble family which over the years had ended up squandering its estate and selling off the remaining properties.

The climate and beauty of the surroundings were two of the reasons the doctors had chosen this place to put their theories into practice. They'd completely restored the house and added new facilities. If the outside was a sight to see, with its two lateral towers and impressive staircase, the inside was also exemplary, having been refurbished in order to cater to the building's new purpose. The patients' rooms, which were light and airy, had been designed in a minimalist style and equipped with comfortable, functional furniture. There were then numerous communal areas with pleasant corners conducive to dialogue.

From the surroundings I was particularly impressed by the spacious French-style gardens with their enormous, centenarian palm trees and large woodland occupying the other side of the hill and continuing down to the cultivated fields of the valley. Walking along paths flanked by chestnuts and oaks, I had the feeling, despite the centre's proximity to Vigo, that I'd just entered one of the few isolated forests still to be found in the interior of our country.

Dr Montenegro showed me around with a sense of undisguised pride. I suppose, even subconsciously, he wanted to give me the idea that working there was a privilege, a unique opportunity I would do well not to spurn.



“I’m more than familiar with your record, Dr Moldes, I chaired the selection committee,” he remarked while we were visiting the air-conditioned pool. “I confess the reason I opted for you was not your qualifications, but your desire to learn, that vital impulse that could be glimpsed behind the cold data of your CV.”

“What do you mean exactly?” I asked, feeling both pleased and intrigued.

“The point is there were other, more impressive records than yours. This vacancy was much sought after, highly trained people applied. But how can I put it? Their files were predictable and followed preset lines. You could almost guess what these people were going to do during the rest of their professional lives.”

The doctor may have been expecting me to ask more questions, given the ambiguity of his words. But I remained silent, waiting for him to finish what he wanted to tell me.

“Do not misunderstand me, my dear friend,” he continued after a period of silence. “Your career to date is extremely impressive, could hardly be better. But, as I’m sure you know by now, academic qualifications by themselves are not a guarantee of anything. What I liked about you were other things: your enthusiasm for diverse fields of knowledge, the breadth of your reading, the fact you were so open... Such apparently insignificant details point to a deep-lying passion to learn about all aspects of human life.”

The doctor’s words pleased me. I recognized myself in this hasty portrait he had just sketched and told him so. And yet I couldn’t quite understand why this had conditioned my selection.

“Psychiatric science needs a push in a new direction, something to break with the false notion we know everything there is to know about the human mind and have reached the end of the road begun by the great masters,” remarked Dr Montenegro. “We’ve become too sure of ourselves, as if there were an answer to each and every problem. This is not the case. How could it be when the human mind is as enigmatic and unfathomable as interstellar space? Remember Jung’s suggestive words, ‘The part of the mind which produces symbols of true and unknown complexity is still virtually unexplored.’ We act as if the brain were familiar territory when in fact it’s as impenetrable as the Amazon rainforest was to early explorers. This is why we need people willing and unafraid to break new ground.”

While talking, he had guided me to an outbuilding we had yet to visit. In contrast to the luminosity of the others, this vaguely resembled a wartime bunker with compact walls and tiny windows. When we went inside, the doctor said:

“This is the best example of what I’ve just been saying. This building houses six security cells reserved for those cases science cannot provide an answer for. Here is the proof of our failure, the inadequacy of our knowledge of the human psyche. As you can see, high walls, inaccessible windows, reinforced doors, as if it were a prison. And yet it’s not. I am being unfair to myself since the purpose of these security measures is to safeguard patients’ lives.”

I was dumbfounded, unsure how to react to what my eyes were seeing. This was the other face of reality, the dark side, in sharp contrast to the modern installations we’d just been in.

“All six cells are equipped as you would expect in such a building,” the doctor explained. “Padded walls, special fur-

niture, constant surveillance by means of closed-circuit television. They're designed to house violent or suicidal patients who must be kept under watch day and night."

"Who's in them?"

"Well, I'm happy to say they're all empty – except for this one." The doctor approached the first of the doors situated on either side of the central corridor and gestured to me to follow him. "We have a patient here who's been with us for some time, a woman who came to the clinic about three months ago. Three months during which, despite our best efforts, we've made no progress worth mentioning. This is our unsolvable case, a constant reminder we're not as well acquainted with the mind as we sometimes claim to be."

Dr Montenegro drew back the bolt on the window in the door and opened the window. He quickly glanced inside and invited me to do the same.

I was familiar with such installations. I'd seen similar ones in the hospitals where I'd worked, though they weren't as big as this. But I remember I hardly paid any attention to the cell's features since my eyes were immediately drawn to the person inside it. She was a young woman, about my age, slim, dressed in a blue T-shirt and baggy, grey trousers. At first glance the most noticeable thing about her was her intensely red hair tied back in a loose ponytail that could hardly suppress her long curls. I was surprised to find her attractive, a reaction I judged inappropriate in the circumstances. She was sitting on a chair, leaning over a table piled high with papers, writing compulsively, with feverish impatience, as if her whole life depended on her writing.

At one particular moment I must have made a noise at the door because the woman turned in my direction and

gave me a look I shall never forget. It was then I was able to see her eyes, eyes that, if I close my own, continue to stare at me from the backdrop of my mind with the same intensity they had that afternoon.

Any other consideration about her body was immediately superseded by those eyes. What drew my attention was not their beauty, though they were extraordinarily attractive, but the unease, the anguish they transmitted. It wasn't fear or sadness, but something much deeper, inexplicable, as if they contained all the horror of which a person can conceive.

She looked up, as I said, and stared in the direction of the window, stared at me, talking to my eyes, as if she wanted to communicate her horror to me through that silent, meaningful gaze. I cannot express what I felt or find the right words to describe my emotions. It was as if an electric current had passed right through me, from top to bottom, an invisible bolt had reached my soul and ripped it to shreds.

I moved away from the door, still disturbed by the intensity of her gaze. I must have seemed disorientated, unable to express myself. But the doctor said nothing, perhaps sensing my confusion, and started walking along the corridor towards the exit.

"Wait, doctor, not so fast..." I blurted out. "That woman... that woman was writing with an unusual passion, as if her life depended on a few words."

"Yes, we too were surprised by the passion of her writing, this drive that makes her spend hours on end, day after day, over a piece of paper," he replied. For a moment I thought I detected a glint in his eye. "It may be something like a screw with a stripped thread – however many times

you turn the screw, it won't tighten. Would you like to see what she's writing?"

"I would, yes, though I hardly think..." The last thing I wanted at that moment was to enter her cell, to interrupt that woman's labour, it would have seemed like a violation of her intimacy. But the doctor guessed my thoughts and quickly interrupted me:

"Don't worry. It wasn't my intention to enter her cell. We have other, more effective means than that. Please follow me."

We made our way towards a room next to the exit. Inside, a man and a woman, both dressed in the clinic's uniform, oversaw a complex control panel. I soon realized this was where they controlled the closed-circuit television. Several illuminated screens showed the cell I'd just seen from different angles. In all of them, like a figure multiplied in various frames and sizes, was the red-haired woman.

Having introduced me to the two employees, Dr Montenegro addressed the man:

"Henrique, would you mind focusing on what the patient is writing? Dr Moldes would like to see what is absorbing her attention."

The employee manoeuvred the controls and an overhead camera zoomed in until the sheet the woman was currently writing on appeared on one of the screens. She had large handwriting, it wasn't difficult to read the words on the piece of paper.

I was astonished, this was the last thing I was expecting. The whole sheet, which the woman was on the verge of completing, was covered in just two words, which continued line after line to the point of exhaustion: "Laura Novo, Laura Novo, Laura Novo, Laura Novo..."

Without allowing me time to recover from my surprise, the doctor opened a drawer stuffed with sheets of paper and produced a handful.

“Here is a selection of her literary output during the time she’s been with us. You may examine them if you like.”

I took the sheets. They were all covered in the same nervous handwriting, handwriting so precise you could follow it on the other side of the paper with your fingertips. And they all contained the same name, “Laura Novo,” written hundreds of times on that sheaf of papers.

“She’s been like this for weeks. All we do is supply her with the paper and pencils she needs. And at the end of the day we collect her day’s output. So far, these are the only results.”

It struck me as a pathetic sight, suffused with violence and bitterness. I was before a private tragedy, forced to act the role of unwilling spectator. It reminded me of the image of a castaway at sea, holding onto a plank of wood, at the mercy of the waves, increasingly anxious, enduring the passage of time with only the wood for company. This is how that woman must have felt, clinging desperately to her name, possibly the only thing left to her after some unknown shipwreck.

“Laura Novo. That’s her name, right?” The answer was obvious, but I needed to say something to hide my confusion. “I’d like to learn more about her case.”

Had I remained silent, had I concealed my interest at that point, I might now be in a completely different situation, far away from the horror that has been ceaselessly gnawing away at me for the past three years. And yet my words simply paved the way for what Dr Montenegro had to say:

“You will learn more about Laura Novo, Dr Moldes, she’s going to be your first patient. Under my supervision, of course. You’ve new ideas, you may be the only person capable of shedding light on a case that has kept the rest of us in the dark. I know it’s not an easy challenge, but perhaps you’re the only one, with your passion for knowledge, who can find a solution that goes beyond the boundaries of accepted practice. I’ll have her case history sent to you at once. Good luck, Víctor, my friend, and welcome to Beira Verde Clinic.”

With that, he shook my hand and accompanied me to the exit. I headed for the main building, where the manager was waiting to show me to my rooms. Though everything seemed to be progressing rapidly, I was pleased by the turn of events and felt that feverish impatience that is the precursor to periods of great activity. How little did I realize then that the first rays of tragedy were slowly piercing the ground beneath my feet!





The apartment I would live in over the following months was situated in the tower on the left of the main building. There was a small bedroom with adjacent bathroom and a light, spacious living room which could double up as a workplace on those days I didn't feel like going down to my office on the ground floor. Through the large window I could see the vineyards that covered the lands around the manor house, as well as some small fields and a few patches of forest. If I looked south, past the gardens, what I saw was the river Miño and, on the other side, the green line that indicated the start of Portuguese territory. The location was perfect and it was easy to imagine my experience there would be memorable.

I was just arranging my things when I received the visit of a nurse who handed me a blue folder. "The director asked me to give you this. It's Laura Novo's case history," she said before leaving. Surprised by such punctuality, I decided to postpone my unpacking and set about examining those

papers. I sat down in a chair, taking everything out of the folder and spreading it across the table.

There was a long report with the patient's biography and several additional documents. Then, in a separate folder, were the data on the progress she'd made since being admitted to the clinic. I was surprised to find a copy of a book written by this woman who'd so impressed me a couple of hours previously since the doctor had said nothing to me about her literary pursuits.

Determined to give everything its due attention, I first took the biographical report. Though the people in documentation had done their best, the information contained in the report was incomplete. It was as if, among all the details, a few key elements were missing to fully explain the state Laura Novo was in. A state, I was only too aware, the seed of which is almost always to be found in a careful survey of the patient's biography.

Laura Novo had been born in Pontedeume in 1968. This meant she was 31, only a year younger than me. Her family – parents and one brother who was two years older – had moved to Coruña when she was still a child, which is where she'd grown up. The family had then transferred to Madrid, where Laura had lived until a year earlier. She studied there at university, graduating in journalism and social sciences with excellent marks, as copies of her academic record showed. Later she'd had various jobs, not all of them in the field of her studies, but mostly related to journalism, a profession in which, despite her youth, she'd managed to occupy posts of certain importance. There were also references to her work as a writer, an aspect of her life I'd been surprised to discover. She'd published several short stories in

magazines and collective anthologies and, in 1995, the volume I held in my hands, *Like Floating Clouds*, a collection of stories that had enjoyed some good reviews (the newspaper cuttings were included), but little commercial success.

Laura had been living alone for some years. Her brother, who worked as an engineer in Valencia, had married an Italian architect and distanced himself from the family. Her parents had separated at the end of the eighties; a few months later her father had married a much younger woman and settled in Barcelona. Laura had continued living in the family home with her mother, who'd died in 1996. In 1998, for no discernible reason, she'd left her job and returned to Galicia, staying in a house in a village located in Lugo's Terra Chá. Among the documents I found a leaflet which explained about the possibilities of rural tourism, with a photo of the house where my patient had stayed marked with a felt tip pen.

Data for the preceding twelve months were much harder to come by. She'd remained in the house from September 1998 to May 1999, but there was nothing to indicate what she'd done during all this time. It was in the month of May when she suffered the accident which, according to the documents, had provoked her current state.

The previous spring, during a walk in the countryside, Laura had been struck by a bolt of lightning or, to be more precise, a bolt had fallen very near her as she was out walking in the open, giving her a tremendous shock. She'd been admitted to Santiago General Hospital for almost six weeks, where she'd been cured of her physical ailments. It was during this period of recovery that the mental anomalies she displayed had first been diagnosed. At the end of June

she'd been transferred to our psychiatric clinic, where she'd remained ever since. And here the report ended, which I found to be full of gaps and overly schematic.

I then took her case history from the clinic, which contained all the information Dr Montenegro had promised me. There was a detailed description of her behaviour, which included depressive and psychotic features together with others associated with autism, followed by a conclusive diagnosis: the patient was suffering from anxiety disorder caused by the lightning bolt that had landed beside her five months previously.

The reading of this diagnosis made me laugh, as if a part of the Beira Verde clinic's prestige had been eroded away before my eyes. How could a bolt be the cause of Laura's current state? A bolt, like any other unforeseen accident, can provoke an emotional shock, there are numerous case histories to prove it. But in all such cases the shock disappears after a few days and, with it, the accompanying symptoms. How could this event explain the autistic features and inner disquiet evidenced by Laura's behaviour? Where were the bodily dysfunctions normally associated with such neuroses? In her case the report showed none apart from broken sleep patterns. And what relation could such a disorder have with the patient's obsessive writing? I had immediately interpreted this activity as a desperate attempt to cling to the vital thread that sustains us as people, symbolized by the fact of our name. Besides, I'd seen her eyes, I'd witnessed the terror inside them, and the memory of her gaze discredited all the literature contained in this folder. No, her state was not the result of shock caused by a lightning bolt. We were clearly before a neurosis that went much deeper, with

obsessive, phobic features, though the symptoms I'd seen reflected nothing I was familiar with.

Over dinner, which was shared by the whole medical team, I listened to my new colleagues' conversation and replied as best as I could to the personal questions they asked me. As soon as we'd finished, I sought out Dr Montenegro and presented my doubts to him with sufficient tact not to hurt his feelings. He listened with considerable interest and then, as we walked around the gardens, remarked he hadn't been convinced by the diagnosis either, perhaps it was just a way of concealing beneath words the confusion the medical team, he included, felt over the case.

"You must consider it provisional in the absence of something better," he concluded. "The truth is none of the case histories we possess show similar behaviour. We know next to nothing about what's going on inside Laura Novo's mind, there are lots of gaps which need filling in before we can go any further."

"What gaps do you mean, doctor?" I asked.

"The absence of any significant detail about what happened to Laura after her return to Galicia, for example," he answered. "We had difficulty finding out that information, though everything indicates she led a normal life with nothing out of the ordinary."

I carried on walking in silence, not knowing what to say. When we reached the front door, it was the doctor who spoke again:

"It would be wonderful if she could explain this herself, but she's obviously in no condition to tell us anything. Don't pay me much attention, Víctor, my friend, this is only a personal opinion based on a lack of understanding. It may

be much simpler than that and all Laura's problems derive from her inner self, that fortress autistic people construct to protect themselves and survive in a world they perceive as hostile. It's up to you to investigate!"