
Women's Wards and Wardens

The Hospital in Contemporary Russian Women's Fiction

BY HELENA GOSCILO

*Cette vie est un hôpital où chaque malade est
possédé du désir de changer de lit.*

— Charles Baudelaire

Mikhail Bakhtin's concept of the chronotope¹, elaborated in his *Forms of Time and of the Chronotope in the Novel*, has revitalized and extended the study of place in fiction. According to Bakhtin, the chronotope, as the intrinsic connectedness of temporal and spatial relationships artistically expressed in literature, privileges the category of time. Space, nonetheless, becomes charged and responsive to the movement of time, plot and history, while time "thickens, takes on flesh and becomes artistically visible" in its fusion with spatial indicators. The distinctive chronotope of the prison in works by Dostoevsky, Dickens, Stendhal and Hugo finds its modern variant in the camp literature authored by Soviet writers like Aleksandr Solzhenitsyn, Varlam Shalamov, and Georgy Vladimov. In other words, this quintessentially masculine domain of memoirs and fiction about prison camps draws on a stable tradition.

By contrast, the chronotope of the hospital that figures so prominently in recent Russian women's prose lacks comparable antecedents. History and cultural conventions partly account for that absence: whenever they required medical attention, the privileged classes in Russia, who, during the privacy-oriented era of tsardom, dominated literature as both subject and source, summoned doctors to their homes. Patients were treated and women delivered in the familiar, personal comfort of their own beds. Thus hospitalization, as a relatively late cultural phenomenon, occurs infrequently in literature of the nineteenth and early twentieth centuries. Moreover, whether out of squeamishness or ignorance, authors approach it obliquely, reporting it as an event occurring "behind the scenes," instead of launching into descriptive details of hospital routine or patients' sufferings. (Mental asylums, however, proliferate in earlier fiction, probably because

they signal intellectual malaise and invite symbolic interpretation, just as certain physical sicknesses lend themselves to metaphoric usage²). Exceptions may be found in fiction concerned with war, such as Tolstoy's *Sevastopol Sketches* and *War and Peace*, and countless Soviet war novels, where the hospital serves as a mirror image of the battlefield; it tests masculine fortitude in the face of mortal combat with a quieter version of the same dread enemy: death itself. Amidst this plethora of military medical settings, Solzhenitsyn's *Cancer Ward* stands out as a rare exception in male-authored prose.

Yet in Russian women's fiction over the last two decades the chronotope of the civilian hospital has enjoyed extraordinary popularity. Why? Because women comprise approximately 70 percent of all medical personnel in the Soviet Union or because maternity is a cardinal issue in Soviet women's lives — and women's literature, after all, reflects women's concerns? Logical and convincing as such explanations may be, they gloss over the more complex reasons underlying the phenomenon, as an examination of the chronotope of the hospital in tandem with several texts reveals.

In Irina Velembovskaya's story "Through Hard Times," a male patient in a district hospital tellingly confides to the female protagonist who has stayed there overnight: "A hospital is just another prison. At least if you talk with someone it's cheerier." Similarly, the heroine of Inna Varlamova's novel *A Counterfeit Life* calls the women in her cancer ward "branded prisoners, chained to the wheelbarrows of their disease." The prison analogy operates in a number of ways. Hospitalization means confinement (if not enforced incarceration), a spatial restriction that, in narrative terms, places a special burden on time. Given the relative stasis inherent in a hospital or prison setting, which

imposes varying degrees of constraint on customary movement, time necessarily alters its contours and significance. It swells and decelerates, permitting the epistemological and narrative luxury of perceiving things close up and in slow motion. As regimen acquires inordinate ascendancy over the lives of patients and personnel, time undergoes domestication through regular repetition that in the context of near-immobility transforms activities into ritual. On the surface, this imposition of pattern dictated by the clock creates the illusion of meaningful order and control over circumstances that humans fundamentally cannot govern: the creation and cessation of life.

Hospital personnel, then, construct systematized codes of behaviour which, along with their medical skill, enable them to exercise power over the patient. Upon entering this highly regulated environment, the latter, conversely, abrogates virtually all power — over her own body, her schedule, her social milieu, and ultimately, her fate. Rendered almost helpless by virtue of signing or being signed into a hospital run according to what often seem arbitrary rules, the patient typically learns to subordinate her desires to the group imperative. In her passive role of dependency upon the presumed skill of strangers, she is less active than acted upon. Hence the unlimited potential for the transformation of the patient into a victim.

Since physical incapacity or weakness limits external mobility, the 'action' that transpires in narratives with a hospital setting tends, from the patient's perspective, to become interiorized. Hence the preponderance, in this brand of fiction, of philosophical exchanges and psychological analysis and discovery. Inasmuch as ultimate questions of existence — literally, those of life and death — are decided in a hospital, it affords an ideal venue for psychological revelations, critical turning points, and opportunities for access to self-knowledge.

In addition to closed space and a highly regularized external time that liberates an internal, reflective narrative time, a hospital setting entails division along gender lines. That differentiation accurately reflects real-life conditions in the Soviet Union and elsewhere, for medical decorum prescribes the segregation of men from women. In a broader sense, too,

medicine is a gender-marked field. Nursing and orderly work (the performance of "the dirty and disgusting things that men usually disdain," as I. Grekova puts it in *Ship of Widows*) remain female professions in the Soviet Union. The majority of Russian doctors are also women, even though men disproportionately hold the top positions in the medical field, as in others. Consequently, the hospital ward in most Russian women's fiction appears as an emphatically feminine sphere. Within this context each patient interacts with two overlapping social groups: the chiefly female hospital personnel, stratified roughly according to principles informing any social hierarchy, and the fellow-patients brought to a common human level through the democratizing

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forces of medical need. A third group, normally the only one containing male members, consists of family, friends, or associates from outside the hospital. These visitors either open up the perimeters of the ward onto a wider social environment of which they serve as a reminder, or themselves become assimilated into the narrower self-contained community at least for the duration of their visit. For the most part, they remain alien and "other," "outsiders" figuratively as well as literally, despite their intimacy or blood ties with the patients. Their primary narrative function — as catalysts to emotional crises or occasional passive observers on the sidelines — precludes their substantial input in sustaining the work's temporal-spatial centre. In Varlamova's novel, the protagonist's "home and all her past... had

been left far behind, had receded into the distance."

Hospital conventions force representatives of all walks of life — of various political, intellectual, religious, and moral convictions, of different class, background, race, and age — to live, if only temporarily, side by side. Hence the equation of a woman's hospital ward with a microcosm of the female segment of society. Moreover, a broader social picture characteristically emerges indirectly from patients' conversations, which supply the more comprehensive purview in which to contextualize women's individual and collective fates. Paradoxically, a hospital ward, precisely by virtue of its spatial circumscription, automatically implies the larger context that it ostensibly excludes.

Among the many contemporary Russian women's narratives set completely or partially in a hospital, the most memorable are Velembovskaya's "Through Hard Times" (1965); Liudmila Petrushevskaya's "The Violin" (1973) and "Aunt Pania's Poor Heart" (1988); Varlamova's *A Counterfeit Life* (1978); Viktoria Tokareva's "Nothing Special" (1981); Grekova's *Ship of Widows* (1981) and "The Break/Crisis" (1987); Julia Voznesenskaya's *The Women's Decameron* (1985); Elena Makarova's unpublished "No Cutlets for Those Having an Abortion" (1980s) and Natalia Sukhanova's "Delos" (1988). The commonality, perhaps unduly emphasized by the juxtaposition intrinsic to such a listing, should not blur the appreciable differences between these texts or their authors. Some, such as Voznesenskaya, Makarova, Petrushevskaya, and Varlamova, exploit the potential of the chronotope more fully than others (for instance, Velembovskaya). Furthermore, those works that deal with sickness or injury, on the one hand, need to be distinguished from those focusing on pregnancy, on the other, for by definition the assumptions, expectations, and norms of the two diverge. To the first group belong Velembovskaya's "Through Hard Times," in which a postal worker, Pania, sustains a headwound in protecting a woman being battered by her husband; Varlamova's *A Counterfeit Life*, which traces an educated woman's experiences in a cancer ward, as she undergoes a mastectomy, while simultaneously coming to terms

with the disintegration of both her marriage and her former political convictions and ideals; Tokareva's "Nothing Special," whose heroine, a single mother with a couple of unfulfilling affairs behind her, falls in love with the surgeon who removes her ruptured spleen, declares his love, and finally returns to his wife and daughter; and Grekova's "Break," which documents an out-of-town middle-aged physician's extended stay in a Moscow hospital on account of a broken leg that leaves her permanently crippled. Voznesenskaya's *Women's Decameron* (which Fay Weldon praised for its "sheer delight and wonder of just being alive, and female, and fighting back, albeit in a bullying, bewildering world") falls between the two categories, for the Boccaccio-indebted anecdotes about love, sex, and men, are recounted by a wardful of mothers quarantined in a Leningrad maternity hospital on account of a contagious skin rash. Authentic maternity ward literature includes Petrushevskaya's "The Violin," with its ironic portrayal of a mendacious single expectant mother, who simulates a faint to escape the hardships of everyday life by resting for a while in a maternity ward; Makarova's "No Cutlets for Those Having an Abortion," which casts an unrosy light on the conflicts and camaraderie among a motley assortment of women deciding whether to give birth or terminate their pregnancy; and two strongly pro-natalist, first-person narratives featuring, atypically, male obstetricians: Petrushevskaya's "Aunt Pania's Poor Heart," in which the female narrator becomes convinced that her compassionate doctor preferred to deliver a 47-year-old woman's fourth, unwanted baby, keeping it in the ward instead of complying with her request for an abortion during her sixth month; and Sukhanova's "Delos," which, as the title promises, mythologizes pregnancy through the male protagonist's recollections of his critical choices and actions in the maternity hospital he headed for years.

Distinct though each of these works undoubtedly is, the common elements that emerge through the chronotope of the hospital nonetheless unite them. In varying degrees they all offer a critique of the appalling conditions prevailing in Soviet hospitals: outmoded equipment, ramshackle maintenance of buildings, understaffing, lack of essential medicines, in-

sufficiently trained or outright incompetent personnel, widespread practice of bribery, and indigestible food. In "The Break," the immobilized doctor, like the other patients, has to bribe the nurses for practically every service they perform; a husband in *A Counterfeit Life* quite openly pays a nurse to take care of his wife, and her response of "That's too much money" confirms that receipt of funds for fulfilling standard nursely duties is accepted procedure; in *Ship of Widows* the victim of a stroke is tended not by the staff, but by her son, who assumes temporary residence in the hospital to provide her with the attention normally identified with a nurse's or orderly's responsibilities; in "Nothing Special," "The Violin," *A Counterfeit Life*, and "Through Hard

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Times" patients rely on the food brought by friends and family to supplement the meager or inappropriate diet provided by the hospital facilities.

In "Nothing Special," Tokareva notes, "the nurse went off in a huff because she'd been humiliated in front of a patient. And patients ranked lower in the hospital than did nurses and even orderlies. ...The hospital observed its own procedures, according to which what was needed could never be found, and what wasn't, could." Of one surgeon, Tokareva says, "Her patients survived purely by chance, not owing to, but in spite of, Raisa's intervention. It was said that Raisa had got her job through some high connection, and to remove her was impossible." In "Aunt Pania's Poor Heart" doctors misdiagnose pregnancy as a tumour, and the mistake goes undetected for months. Varlamova

observes in *A Counterfeit Life*, where liver cancer causes the death of a patient treated for stomach cancer, that "on Saturdays and Sundays you couldn't possibly find any doctors — it was more like a hostel than a hospital." Sukhanova's story, in which an assistant's dilatoriness during an operation costs a newborn baby's life, exposes universal administrative indifference to problems of the most basic sort: "Every day something stopped working: water pipes, plumbing, electrical wiring. I'd go to the public health department, the executive council, the local Party branch — no one would listen." These flaws in the microcosm of the hospital may be generalized into the pervasive deficiencies, the perennial shortages, and the staggering inefficiency that blight Soviet society at large, and particularly its service sector.

Owing, no doubt, to the deplorable standards of hygiene maintained in public facilities, as well as to prudishness and a misplaced sense of aesthetics, practices that would strike most western cultures as irrational or outmoded have become entrenched in most Soviet hospitals. As a rule, expectant mothers are isolated from their friends and family — including the father of the child about to be born — before, during and after delivery. As a highly revealing section of Sukhanova's "Delos" argues, despite official Soviet glorification of motherhood, male-dominated society and literature find it expedient to ignore the actual process of birthing: "In general it's not thought proper to write about such things as labour and pregnancy: that could put a damper on male passions.... Our masculine reasoning tells us that labour is not an appropriate topic for literature. While it's the women who pay for this reasoning in the delivery rooms." Regulations prohibit contact between a mother and her infant for the first twenty-four hours after labour. In effect, Russian women give birth in complete isolation, often without sedatives and anaesthetics, prevented from sharing their experience with anyone close to them. Neither doctors nor personnel evince any sensitivity to the psychological effects of such separation. By and large the hospital cultivates not a bedside, but a broadside, manner. For example, in *Ship of Widows*, the personnel examining a woman who has entered the hospital in expectation of imminent labour comment, "This one will be quick — she's an ele-

phant, not a woman," and her vocal anxiety about the baby she has not seen since the delivery elicits the rebuke "Hush! This isn't a market place! There are a hundred of you here, and you're the only one making a fuss.... We're all working here and you howl like a pig!" Gossiping nurses in "Nothing Special" allow a patient to overhear that the doctor operating on her made a gross error in his incision.

This official indifference to female feelings contrasts dramatically with the support and affirmation women find among their wardmates, even if the latter also prove a source of conflict and tension. Female bonding constitutes perhaps the only positive aspect of hospitalization for women: Pania in "Through Hard Times" tells the battered wife whom she defended that she "stood up" for her "as a woman"; as soon as the patients in "The Violin" realize an unwed mother's desperate straits, they start "to put on Lena's night table all their provisions," and even the nurses bring her larger portions and second helpings; the women in *A Counterfeit Life* comfort each other constantly with words, caresses, and special provisions, causing the heroine to recognize her wardmates as "mine," members of an intimate sisterhood.

Female bonding results in part from the extent to which life within a ward is laid bare for group consumption. Few, if any, secrets remain unguessed or unrevealed. Moreover, the leisurely, externally uneventful pace of hospital existence permits the exchange of biographies, of mutual confidences, which unites women through the revelation of hardships that seem less individual than connected with their gender. The same configuration of unimaginable, brutal sufferings repeats itself in the histories of women from the most diverse backgrounds, as witnessed in *The Women's Decameron*, where a shipyard worker, a doctor of biology, an engineer, a music teacher, a theatre director, a secretary to the director of a milk factory, an airline stewardess, a "dissident wife," a Party functionary in the city Soviet executive committee, and a "tramp" have no difficulty arriving at a common understanding as they share and evaluate each other's life stories.

A parallel cross-section of feminine

society appears in *A Counterfeit Life*, "The Break," and "No Cutlets for Those Having an Abortion," where empathy also cements relations among representatives of widely divergent allegiances and temperaments, especially regarding the universal female issue of abortion. Since abortion remains the principle means of contraception in the Soviet Union, practically all sexually active women have at least one abortion during their lifetime, even though many hospitals continue to perform the procedure without the benefit of painkillers. In "Delos," the "two full-term pregnancies with normal labour [and] three abortions" of a thirty-three-year-old woman represent "average statistics." Virtually every woman recounting her biography accepts multiple abortions as a matter of course. Indeed, an older patient in "Through Hard Times" urges her husband to pay immediately for her abortion, "Or else the next time, your credit won't be good." Colleagues automatically assume, in fact, that any woman absent from work for three days has checked into a hospital for an abortion, an inference that encourages some women to terminate their pregnancies by private means.

Although contemporary Russian women's fiction identifies birthing, abortion, and sickness as essentially feminine problems, their solution, however spurious, seems to reside in the hands of men. Feminized though the medical profession unquestionably is, masculine figures of authority rule the world depicted in the narratives under analysis. The so-called "good doctor Volodia" in "Aunt Pania's Poor Heart" takes it upon himself to deliver Pania's baby, contrary to her request for an abortion on the grounds of ill health, advanced years, and an overburdened domestic situation; the ultimate decision as to when the homeless, pregnant, single, young woman should leave the ward in "The Violin" apparently belongs to the "paternal" head physician; the strongly opinionated pro-natalist chief of the maternity hospital who performs the difficult operations in "Delos" is a bachelor, and the best surgeon entrusted with the most complicated operations in Tokareva's "Nothing Special" is also male. In Grekova's *Ship of Widows*, nurses cannot curb the protagonist's agitation without

appealing to a higher guardian of discipline: the male doctor who instantly silences her by accusing her of hooliganism. Grekova's "Break" boasts two powerful male personae who determine the middle-aged heroine's life: the hospital chief and the "eagle-like" Dr. Chagin, who neatly resolves all her dilemmas by reconciling her to her physical disability, marrying her to give her a stable domicile, and adopting a child so as to ensure companionship for her after his death (which he, of course, foresees).

Among the many revelations emerging from the chronotope of a woman's hospital then, the most dispiriting one from a feminist standpoint, is that Soviet women carry burdens while men wield power. Before that power can be distributed more equitably, Russian women in life, as in literature, must learn to distrust paternalistic ministrations in and out of hospital wards.

¹*Chronotope*: literally, from the Greek, chrono = time + topos = place.

²See Michel Foucault's *Madness and Civilization* and Susan Sontag's *Illness as Metaphor*.

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This article is dedicated to my sister, Bozenka.

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