

<https://helda.helsinki.fi>

Does genre matter? The Role of Literary Genre and Narrator in Contemporary Russian Caregivers Narratives

Könönen, Maija Liisa

Transcript verlag
2021

Könönen , M L 2021 , Does genre matter? The Role of Literary Genre and Narrator in
Contemporary Russian Caregivers Narratives . in D Gramshammer-Ho
(eds) , Foreign Countries of Old Age : East and Southeast European Perspectives of Aging .
Aging studies , no. 19 , Transcript verlag , Bielefeld , pp. 291-310 . <https://doi.org/10.14361/9783839445549-015>

<http://hdl.handle.net/10138/340978>
<https://doi.org/10.14361/9783839445549-015>

unspecified
publishedVersion

Downloaded from Helda, University of Helsinki institutional repository.

This is an electronic reprint of the original article.

This reprint may differ from the original in pagination and typographic detail.

Please cite the original version.

Does Genre Matter?

The Role of Literary Genre and Narrator in Contemporary Russian Caregivers' Narratives

Maija Könönen

INTRODUCTION

There are two master narratives of aging, namely the “decline narrative” and that of “positive aging,” the latter belonging to the narratives of the so-called “post-traditional aging” (Katz/McHugh 2010: 271; see Zeilig 2011: 14). However, the most persistent narrative associated with old age is that of loss and decline. According to this narrative, our physical strength and mental resilience are gradually weakened to the point that we are no longer capable of leading an independent life. The most severe form of the decline narrative is related to persons with dementia. The dementia narrative appears in various forms in different sectors of society and in different disciplines, but can easily be recognized by its recurring traits or, rather, “symptoms.”

Dementia involves human tragedy, but the way in which this tragedy is represented and interpreted has more to do with the surrounding culture, time and place than with biology. What is the role of literature in articulating and understanding old age and dementia? Alzheimer’s disease, the most common form of dementia, has become a synecdoche for all kinds of dementing illnesses and is often said to be compelling in fiction – and so cruel in life. At their best, narratives of aging can provide us with access to some knowledge and understanding of issues related to aging. As my approach combines narratological analysis with critical gerontology, it belongs to the domain of literary gerontology, a discipline that embraces various literary genres from fiction to non-fiction. Following Zeilig (*ibid.*: 14-15, 20), I argue that contradictions and presumptions embedded in narratives of aging can be revealed with the tools of narratology and that in

addition to being a personal experience, aging, dementia included, is a social and political affair. Moreover, I am interested in exploring the value of the employed narrative techniques in enhancing our understanding and empathy towards a protagonist with dementia. What are the ethical and aesthetical implications of writing and reading about dementia?

THE DEMENTIA NARRATIVE

According to the master narrative of dementia advocated by the biomedical model of the disease, dementia denotes progressive brain diseases that affect the cognitive skills, memory, emotional life and behavior of the person inflicted with it to such an extent that everyday activities become difficult. This tragic narrative of decline culminates in the intimidating loss of self. The narrative's emphasis on dementia as a progressive illness that cannot be cured derives from biomedical determinism. As a consequence of the narrative, a person with dementia may be stigmatized as an anomaly, even as someone who has lost his human nature, notwithstanding the fact that the progress of the disease is gradual and does not change abruptly one's personality or ability to "function."

Before the present prevalence of the biomedical discourse, senility was considered as part of the ordinary course of aging, a perception that has been denied by modern medicine, which emphasizes the view that symptoms of dementia are connected to diseases (see, e.g., Herskovits 1995: 149). Notwithstanding the influence of earlier perceptions of senility, in the mainstream cultural discourse dementia represents the harshest version of negative stereotypes connected to old age. According to this, high age is associated with memory loss and overall physical and mental degeneration, although the individual experience of a person with dementia, or of someone close to him/her, may be much more intricate. We constantly hear case stories about people living with dementia that corroborate the dreadful master narrative. In most of these stories those suffering from dementia are only silently present. If they have a voice, they speak through mediators (a family caregiver, a nurse, a doctor or a scientist), a fact implying the disintegration of subjectivity inherent in the master narrative.

The very term dementia (Lat. *de mens* 'being out of one's mind') is associated with insanity.¹ "Senile dementia" – age-related cognitive decline – connects

1 As a medical concept it emerged in the 18th century and was conceived as a "synonym of madness" (Berrios 2005: 5, quoted from Goldman 2017: 13). Initially dementia was not linked to a specific age, nor did it refer exclusively to cognitive impair-

the condition with aging, which contributes to a fear and anxiety towards old age. The cause of the fear is the assertion of “a spoiled identity,” which arises most often with Alzheimer’s disease (AD) but is implicitly present in all constructions of dementing illnesses.²

Such metaphors and images of dementia as “living dead,” “zombies,” “death before death,” “social death,” “never-ending funeral,” “private hell of devastation and destruction,” “lower primates” and “vegetables” are common and imply the effacing of selfhood or refer to the problem of debased personhood at the later stages of the disease (Bitenc 2012: 306; Herskovits 1995: 148, 153; Zeilig 2014: *passim*). The perception of an elderly person as “naturally” senile has transformed into a condition of pathological, incurable illness that dehumanizes those suffering from dementia and results in a loss of meaning in life. The medicalization of senility has been approved and popularized as a discourse in the wake of the spreading of the “Alzheimer-epidemic.” The debate on whether dementia is a qualitatively pathological state or a quantitatively extreme form of essentially normal aging continues, and both views have their ramifications.³ The disease model normalizes the condition by making the “disorder” comprehensible. It brings order to the often chaotic experience. By the same token, it stigmatizes the patient, questions his/her subjectivity and consequently makes it easier to control the patient socially and medically. Dehumanization and degradation of selfhood are regarded as the most devastating effects of the prevailing construction of AD and other dementing illnesses because these symptoms signify the loss of those fundamental aspects through which we define our humanness (Herskovits 1995: 152).

ment, but to various states of psychosocial incompetence. It was in the late 19th and 20th centuries that dementia was reduced to “the cognitive paradigm,” intellectual impairment being its essential symptom.

- 2 As Zimmermann, among others, asserts, Alzheimer’s disease, the most common form of dementia among the elderly, has become a synecdoche for all kinds of dementing illnesses in the developed world (Zimmermann 2017: 72). The outcome of this confusion of terms and difficulties in their definitions is that both conceptions, dementia and AD, have become value-laden terms invoking not only anxiety about old age, but also dread about mental illness. They both represent biological mental disorders, but are open to various interpretations that depend on their historical and cultural contexts (Zeilig 2014: 259-260).
- 3 For details of the debate and further discussion about the self-in-AD, see Herskovits (1995: *passim*) and Lock (2013: 4-6, 48).

This situation has led to a discussion about the meanings embedded in such notions as “selfhood” or “subjectivity” and the ways they become manifest. In theorizing subjectivity, the social and cultural factors in the construction of individual identity and personal experience are emphasized. The role of cognitive abilities and speech – the very abilities affected by dementia – in the construction and maintenance of “selfhood” and “subject” is traditionally determinate in Western cultures. However, ways are sought to return “selfhood” to those diagnosed with dementia by differentiating the viability of “the self” from cognitive capabilities by locating the “problem” of dementia outside the patient, for example, as a problem of disturbed interaction and intersubjective relations (see, e.g., Hydén/Öruly 2009; Hydén 2014: *passim*), or by differentiating the core self from the autobiographical self. The former refers to the idea of an ontological or spiritual identity that may exist after the collapse of autobiographical memory (Freeman 2008: 180-181).

In addition to medical sciences and the media, various forms of art, including literature, participate in the construction of the dementia discourse. The popularized discourses of the media, in their turn, frequently regard age-related cognitive impairment as an apocalyptic and Gothic horror story (Goldman 2017: 4-7, 29-36). Literary representations of senility may choose not to follow the stigmatizing pathological narrative equated with erasure of agency and meaning. At their best, literary accounts, fictional and documentary, enhance our understanding of dementia by immersing us in the lived experience of a dementing illness. The ways that these narratives are produced, received and interpreted are affected by and affect our cultural attitudes towards old age and conceptions of health and illness. Ultimately, it is the question of our view of humanness that is at stake.

Since my account deals with dementia narratives in Russian literature, it is important to pose the following questions before moving on to the exploration of literary texts: What are the cultural attitudes toward old age and senility in Russia and what is the social situation? Is the master narrative of dementia different in Russian society?

Negative stereotypes of aging and the elderly are prevalent also in Russia where television and other media reinforce the images of old age as a phase of life characterized by physical and mental decay, illness, poverty, dependence and helplessness (Starikova 2011: 44). In spite of these negative attitudes, Russia as a historically and culturally diverse and geographically large country embraces various views of aging that coexist in people’s minds. These views are dynamic and change at different tempos, and not necessarily in the same direction, depending on the social group in question. Consequently, a distinctive generally

accepted view of old age does not exist in today's Russia (Ovsjannikova 2011: 36-39).

Perceptions of age-related memory disorders also differ. Bio-deterministic conceptions concerning dementia as a pathological illness are not as widely accepted as in the Western world.⁴ It is still common to perceive senility as belonging to a more or less normal process of aging. Interviews in newspapers with relatives of the persons inflicted with dementia testify to the fact that symptoms of the disease are generally attributed to old age.⁵ Despite this fact, the emergence among specialists, as well as the general public, of new social phobias and horror associated with old age testifies to the transformation of cultural conceptions concerning the elderly due to the growing consciousness of the biomedical model.

Moreover, it is not easy to ascertain an accurate picture either of the public awareness of dementia or the number of cases with a dementia diagnosis in the country. It is estimated that at the moment there are 1.5-1.7 million people inflicted with dementia in Russia (see Martynjuk 2014).

4 In a survey conducted in 2014, only 16 percent of the respondents identified or admitted to having persons with dementia in their immediate circle (in Western countries the corresponding figure was 70 percent). Almost half of the respondents were not able to name a single symptom of dementia (Martynjuk 2014).

5 See, e.g.: “The stories told by relatives of those inflicted with dementia are very similar: for a long time they did not pay attention to the oddities in the behavior of their near one – they ascribed them to old age and a difficult nature” (“Истории родственников больных деменцией очень похожи: долгое время они не обращали внимание на странности в поведении своего близкого – списывали на возраст и сложный характер” [Tass 2018]), or “In Russia only few people know about dementia. Therefore, in 80 percent of cases first signs of their own or their near one's illness remain unnoticed. And when noticed, they often don't know how to deal with it. Many people think: ‘It's just old age’ – and do nothing” (“В России о деменции знают немногие. Поэтому в 80% случаев первые признаки заболевания у себя или у своих близких люди просто не замечают. А когда замечают, то часто не понимают, что с этим делать. Многие думают: ‘Старость’ – и не делают ничего” [Repenko 2018]). Moreover, according to Ol'ga Tkačeva, the director of the Russian Clinical and Research Center of Gerontology, Russian society is not yet ready to cope with the problem of dementia, because many Russians do not regard dementia as a disease, but see it as a natural process of aging that does not need any treatment (Mir novostej 2017). Unless otherwise indicated, all translations from Russian are the author's [M.K.].

THE DEMENTIA NARRATIVE IN RUSSIAN LITERATURE

Notwithstanding the fact that literature provides a flexible mode of expressing and rendering meaning to the unfathomable complexity of dementia by illustrating individual cases, we have to keep in mind that fiction as a manifestation or interpretation of the experience of aging and dementia is problematic, because it is always in discursive interaction with the broader non-fictional social discourses of aging. Consequently, fictional representations of aging and dementia have to be properly contextualized and conceived as just one among other cultural discourses.

In literary representations, it is often the human experience that forms the narrative crux of the story, telling us how it feels to suffer from dementing disorders. When the disease adopts a verbal form in a literary text, it materializes in the mind of the reader and, at its best, may generate empathy. As was stated earlier, dementia was and is still often juxtaposed with insanity. Madness has long ago found its own rhetoric and logic, accompanied by its own champions in literature. Is this true with literary representations of dementia? Is the person with dementia capable of rendering his/her experience in words or has it to be conveyed through a mediator? Madness has made itself heard and survived as a speaking subject mainly through literature.⁶ What of dementia? Can it find a speaking and experiencing subject in literature, and how could this be achieved? Or does it remain an object of description, yet another case study about a person's life story, the later stages of which are predictable, predetermined by the master narrative?

As such, dementia as a theme in a narrative is not enough to enhance the understanding of the experience of the condition, but this goal may be achieved by combining the employed narrative technique in aesthetic interaction with the content matter. I argue that the significance of a dementia story depends on the literary genre in which it is written and that the position of the narrator is decisive in invoking empathy, understanding and insight in the reader's mind. I don't want to deny the biological basis of the condition; rather, I want to stress that dementia as a conception is open to interpretations that go beyond the borders of the medical field. At its best, a literary text builds a bridge between the pathology of dementia and the sufferer's experience of the disease, thereby complementing the efforts of biomedical research.

6 For a discussion on madness as a continuous theme throughout literary history, see, e.g., Feder 1980 and Felman 2003.

My explorations testify to the fact that stories about senility are rare in Russian literature. There are stories with senile protagonists, but they usually have a minor role in the story and their condition is not explicitly dealt with. Moreover, dementia, originally a medical term, rarely appears in literary texts; rather, the condition is referred to by such value-laden terms as *starčeskoe slaboumie* or the more colloquial *starčeskij marazm*,⁷ both denoting “senility” or “insanity” (*bezumie*).

I chose for consideration two stories that deal with senility, namely Michail Panteleev’s *Everything Will Pass* (*Vse prochodit*, 2000) and Nina Katerli’s *In Two Voices* (*Na dva golosa*, 2003).⁸ Both stories were published in literary journals and are set in Russia in the late 1990s and early 2000s. They share a common theme of senility, but belong to different subgenres of prose. Importantly, they approach the theme of senility from different perspectives using different narrative techniques.

While Katerli’s story represents fictional short prose, Panteleev uses the diary form. He claims in the preface to the story that the published entries from his intimate diary represent authentic, true writing “without any novelties, intrigues, tricks, scenarios, plots, phantasy, styles or genres. Everything was recorded by ‘a candid camera’ and is published without any editorial involvement or censorship, without any didactic purposes, explanations, moral judgments” (“Без изысков, ухищрений, сценариев, интриг, фантастики, трюков, штилей и жанров. Все зафиксировано ‘скрытой камерой’ и публикуется без редактирования и цензуры, без наставлений, объяснений, выводов и ‘моралей’”) (Panteleev 2000: 149). The author adheres here to the conventions of the genre: diaries are

7 The word *marazm* is adopted from Greek, denoting extinction, dying out. *Starčeskoe slaboumie* (“senile feeble-mindedness”) is frequently used as a synonym for dementia (*demencija*) both in articles and common speech. These concepts are not associated as clearly with biological brain disorders as are dementia and AD in Western societies.

8 Michail Panteleev (b. 1921) is an amateur writer from Yekaterinburg who has written poetry and kept a diary since 1946. In addition to *Everything Will Pass*, he has also published the autobiography of his life after retirement (Panteleev 2000: ft. 145). Nina Katerli (b. 1934) is a professional writer from St Petersburg. She made her literary debut in 1973 with the short story *Dobro požalovat’*. Since then she has published numerous collections of short stories and novellas. During her early years as a writer she moved between experimental fantastic prose and realism. Later, in her more realistic texts, she focused on human relations within the context of everyday Soviet and post-Soviet life. She is also a journalist and a political activist who has struggled for human rights and rights for the elderly (see LiveLib).

assumed to convey an authentic, sincere picture of daily life and reveal the true character of the diarist as they spontaneously record the immediacy of the living moment (Hassam 1993: 24-25).

However, since Panteleev's diary is published in a literary journal, it can be conceived as a literary work, considered to be written not just for oneself or a specific addressee, but also for an implied audience. The reader of a published journal does not have to accept the position of the addressee and thus he/she is free to account for the work in terms different from those of the diarist. As such it can be examined as a literary object and juxtaposed with Katerli's fictional short prose. Moreover, it can also be treated as an object of social history.

The comments that Panteleev as the author of the story has added afterwards to his diary – the title, the preface, the subtitles and notes between entries, as well as the date at the end of the story indicating the period of time spent on preparation of the diary for publication (in which process he selected the entries to be included in the published version) – all imply that we are not actually dealing with an authentic journal. The published diary is an edited and possibly censored version of the original. In his introductory remarks, the author defines his work as “a story about old people and old age” (“Это рассказ о стариках и старости”) (Panteleev 2000: 149). Unexpectedly, he questions the relevance of the story to anyone other than himself by stating that it is written for his own sake, with the purpose that he himself would never forget. He adds though that it may offer some information and things to ponder upon for others, too.

What Panteleev does not take into account is the paradox inherent in the literary genre itself. *Everything Will Pass* is meant to be read as a sincere authentic journal, but the publication of a diary turns the text into literature by altering the status of the work. As Hassam and Kuhn-Osius note, a published intimate journal can be subjected to the types of scrutiny applied to prose and other literary genres. Thus, it is open to a range of interpretations and critical discourses (Hassam 1987: 439-442; Kuhn-Osius 1981: passim).

The diarist of the story records the last years of his life with his wife Lena, who suffers from many diseases, progressing senility included. Panteleev, the narrator, is a man in his 70s, who takes care of his dementing spouse. Within the field of illness narratives, it represents a story told by a significant other in the life of the ill subject (Rimmon-Kenan 2002: 10). While various kinds of illness narratives have become extremely popular in our time, the abundance of caregivers' biographies among dementia stories in the last few decades is striking (Bitenc 2012: 307). As a caregivers' account, Panteleev's story conveys his view not only on Lena and her illness, but also on himself as a troubled caregiver in a troublesome situation in Russia of the 1990s.

How does writing a diary help the narrator to understand his wife's condition and how does the story itself help the reader to get an insight into dementia as experienced by the person inflicted with the disease with the help of the mediator, her husband? How does the story invoke interest and empathy towards its characters?

Due to the generic specifics of diary writing, to the role and position of the narrator in particular, it may evoke empathy towards the burdened narrator-caregiver. There are certain traits pertaining to the diary as a form. These characteristics constitute a norm associated with the genre. According to Hassam (1993: 21), the diary is a first-person narration in which the narrator is also the protagonist. It is a personal record of events and elements selected subjectively by the diarist and, consequently, the diary is written from the diarist's point of view.⁹

Panteleev, the narrator, is extremely involved in the events. His main focus is on himself and on his behavior towards Lena. His relationship with her fluctuates between pity and utmost irritation. In a rage of anger, he frequently resorts to physical violence towards her and afterwards he is filled with remorse over his behavior. The main purpose for his writing, besides publishing excerpts of the diary, seems to be his need to confess and, ultimately, to be forgiven by the implied reader. As a confession of personal anxieties, *Everything Will Pass* fulfills one of the main functions of a diary. It remains questionable, however, whether it helps to unburden the worn-out narrator of the shame produced by the fate of his wife.

The diarist rarely dwells on self-reflection, nor does he try to understand or convey Lena's experience of her condition. He tests Lena's impaired memory by asking her over and over again about details concerning the length of their marital life without giving consideration either to the effect of Lena's condition on her mind or to the effect of the questioning. The extent of the narrator's ill-treatment of Lena is revealed in the following entry where he depicts in detail how he beats his helpless wife, but is himself just as helpless in changing his own appalling conduct:¹⁰

9 For other generic attributes, values and functions associated with diary writing, see Paperno (2004: 561-565) and Hassam (1993: 21-26).

10 Although ill-treatment of the demented is still a taboo subject, it does come up in Internet forums where caregivers exchange their experiences (see, e.g., Azbuka zdorov'ja).

18.6.1997 [...] My forgetful, senseless, thoroughly ill wife Lena told the truth. Indeed, she is beaten [...]. Not often, not every day and no longer with fists or feet, strap or slipper (that happened, too), but I do beat her. Sometimes I hit her with my knee on the bottom, sometimes I poke her back or neck with my hand. Most often and most hard I hit her face and head by the kitchen table, on a toilet bowl or in an armchair with rags that happen to be at hand – with a dishcloth, drying cloth, old trousers (so that I would not hurt her, so that no place would be injured or left with bruises). I beat her because of her poor health, weakness, senselessness. Because she vomits, wets her pants and defecates. I beat her although I know, I realize a 1000 times that I am beating a sick and old person, my own wife, the dearest person left in my life.

(18.6.1997 [...] Беспамятная, бестолковая, в доску больная баба Лена сказала правду. Ее действительно бьют [...]. Не часто, не каждый день, и уже не кулаками, не ногами, не ремнем, не тапком (был такой случай), но бью. Иногда ударю коленом под зад, иногда толкну рукой в спину или в шею. Но чаще и ожесточеннее всего бью ее на кухне за столом, в туалете на унитазах, в кресле в комнате по лицу и по голове подвернувшимися под руки тряпками – кухонной салфеткой, посудным полотенцем, старыми трусами. (Чтобы не сделать ей больно, не повредить что-либо, не наставить синяков)... Бью за болезненность, слабость, бестолковость. Бью за то, что блюет, мочится, ходит под себя... Бью, хотя 1000 раз знаю, понимаю, что бью больного и старого человека, свою жену, кроме которой и дороже которой у меня уже давно никого нет. [Panteleev 2000: 167])

There are long intervals between the published diary entries. It is difficult to say whether the author has consciously chosen entries that deal with Lena's illness and the increasing burden of her care. In any case, the "plot" of the story follows the progress of Lena's illness to her death and the subsequent reactions of Michail, the spouse caregiver, covering a period of 16 years. In this respect, the story represents a common dementia narrative told by a family caregiver, although the biomedical term dementia is not used. The narrator depicts Lena's condition first in terms of regression, divorcing her from adulthood by infantilizing her personality: "29.3.1989 ...Lena is getting older and weaker day by day so that one has to treat her like a child" ("29.3.1989 ...Лена стареет и слабеет с каждым днем, что к ней надо относиться как к ребенку" [ibid.: 151]).

Two and a half years later, the heartbreaking episode when Lena is not kept at the neurological department of the local hospital where her husband manages to get her admitted, but instead is taken to a mental hospital, indicates equating a

senile person with a lunatic. It is also a telling fact about the treatment of sufferers of senility on the societal level.¹¹

The paramedic describes Lena's condition as "totally senile." The words used in the following passage disclose the lack of awareness of the disease even among medical staff:

20.9.1991 – If you don't come to collect your wife, we will take her to a mental hospital. The fact is that she has a serious psychic illness, she is totally senile. She has to be kept in a special space, in ward no. 13 where total idiots are kept.

(20.9.1991 – Не заберешь жену, мы отвезем ее в психбольницу. Она у тебя тяжелая психически больная, находится в состоянии полного маразма. Ее нужно содержать в особом помещении, в палате № 13, где находятся полные дураки. [ibid.: 153])

Even if the focus of Panteleev's diary is on the experience of the overwhelmed caregiver, as readers we can raise the question about Lena's experience of her condition. Although Lena is the other main protagonist, she hardly gets her voice heard in the story. Her condition is conveyed through the narrator's detailed description of her physical deterioration.

As Rimmon-Kenan (2006: 247) notes in her account of illness narratives and their reception, the abundance of bodily details stresses the materiality of the physical experience, thus endangering the desired reception and control over the implied reader. She raises the question of whether readers have a moral obligation to read narratives about "embodied distress," which she regards as a complex ethical problem. Without giving a definite answer to the problem, she concludes that writers must in any case be aware of the potential reaction of the withheld empathy of readers.

Panteleev's style is realistic to the point that it was characterized as "too human" ("слишком человеческое") in one review (Remizova 2000). According to Remizova, the story consists of unworked facts, "raw material," and thus lacks the purifying effect of a catharsis, characteristic of a genuine work of art. Without aesthetic aims or values it remains a record of the vulgar banalities of life

11 Due to the lack of proper nursing homes for the elderly, dementia patients are often taken to mental hospitals in Russia. Public nursing homes for the elderly are regarded as the worst solution and private ones are too expensive for most Russians. See, e.g., U-mama.ru 2012.

(*pošlost*).¹² Panteleev's harsh naturalism may serve as an object of identification for readers who have gone through the everyday frustration and exhaustion of a caregiver.¹³ The contradictory emotional reactions of the caregiver to the sufferer are rendered in a convincing manner in the diary.

As the task of critical gerontology is not to tell what is already known, but rather to unveil what is missing in representations of aging, I argue that Panteleev's treatment of aging lacks the emotional, evaluative and perceptual distance between the author M. Panteleev and the narrator-protagonist M. Panteleev, resulting in the absence of the level of multiple significations in the text. The missing detachment has a crucial role to play in the failure of the story to evoke empathy, too. It may be, of course, that the story shows also how impossible it can be for a family caregiver to distance himself from the tragic experience which, in turn, leads to his egocentric view on the situation.

When considering Panteleev's story, I could not help thinking of several "what ifs" that could have engendered a more positive reception of the story: what if the narrator had managed to find another point of view distanced from himself with the help of some narratological device? What if he had not insisted so fervently on plausibility, on the assertion of one single truth and one perspective while sticking to the conventions of an authentic journal? Quoting Hassam (1993: 34), a personal diary can never be an unmediated transcription of reality, as Panteleev insists in his foreword, due to the fact that a diary is always constructed by written language and it is a highly coded form of signification. As a textual construction of reality it cannot be neutral or transparent, but is tied to the cultural values of the diary paradigm as well as to the cultural specificity of the depicted world.

Undoubtedly, Panteleev is sincere in his quest for truthfulness and he conveys a realistic experience of the life of a spouse caregiver. Moreover, his moral transgression and frequent inability to see Lena beyond her disease is partly due to the lack of support from the family, the community or the state. He is expected to cope on his own. However, he does not use the opportunity to reflect

12 In fact, Remizova takes a critical stance towards all popular genres of "documentary literature," such as memoirs, diaries, etc., stressing the importance of literary devices used in fiction (Remizova 2000: passim).

13 Apart from fictional texts, it would perhaps be fair to consider the ways in which Panteleev's story interacts discursively with non-fictional caregivers' narratives in online forums for relatives of persons with dementia; see, e.g., ester66, October 4, 2015 (Azbuka zdorov'ja).

upon his behavior as a family caregiver and its impact on Lena's condition. Thus, Lena becomes treated not as a personality, but as a sum of her illnesses.

Since my basic argument is that narratological devices are actually part of the content matter, the ideological basis of a text, I will juxtapose Panteleev's story with Katerli's short story *In Two Voices*, which offers a different perspective on the problem of narrating old age and senility. In both stories under examination, senility is connected to the theme of family relationships, as is often the case with dementia narratives. The effect of the disease on marital relations as well on relations between generations does come up implicitly, although it is not addressed as a theme of its own. In terms of gender, Katerli's story, with its middle-aged daughter looking after her aging mother, illustrates the most common case of a family caregiver in Russian society today.¹⁴

While Panteleev's published diary maintains a single perspective – that of the diarist – on life with dementia, Katerli's short story, as implied by the very title, engages two perspectives, those of an elderly mother and her adult daughter who share the same household. The story begins with a first-person narrator, the voice of the daughter. She describes her mother's conduct and her own current strained relationship with the mother after the death of her father a few years back, as follows:

One can also be driven crazy by her keeping silent, by moving around with a miserable face or responding with restrained solemnity to the question how are you? – “bad.” Or by her explaining that “dEprEssion” hit again and blood pressure is rising, but that it doesn't matter – that one would be ready to go to the other world, to father, right away, but as God doesn't want to take her, there's no sense or delight for anyone to live life as such a wreck. She repeats this so often that I have gotten used to it and I try not to pay attention to it, which, believe me, is not easy. [...] There really isn't any delight. Especially for me.

(Ведь можно и молча довести человека до остервенения, если ходить с постоянно скорбным лицом, на вопрос, как дела, отвечать с затаенным торжеством – “плохо” и разъяснять, что – опять дЭпрЭссия и давление зашкаливает, но на это плевать – она бы хоть сегодня отправилась на тот свет, к отцу, но, поскольку уж Бог не берет, существовать в виде развалины, от которой никому никакого толку, радости мало. Это

14 According to Isupova's sociological studies, it is taken for granted that a daughter will take care of her elderly parents or grandparents. Male caregivers are rare and they have even more difficulties in coping with the situation (Lepina 2014).

она повторяет достаточно часто, так что я привыкла и стараюсь не обращать внимания, что, согласитесь, не легко. [...] Радости действительно никакой. Особенно мне. [Katerli 2003])

In the second part of the story the perspective suddenly changes to that of Ol'ga Nikolaevna, the mother. The mother's narrative is told by a third-person narrator, which allows emotional distancing from one's self. Ol'ga Nikolaevna has decided to take her destiny into her own hands. She is planning to commit suicide at her late husband's grave. Before carrying out her intention she visits a doctor for a consultation. Despite the undertone of irony – another sign of emotional detachment – her depiction of the conversation with the doctor illustrates the prevailing negative associations with old age. Furthermore, it is indicative of the confusion with medical terminology:

The doctor happened to be a wise and honest woman. She told me frankly that there is nothing to be done, that when getting on in years one does not get better. Sooner or later nearly everyone has to face the three D's: depression, dementia and delirium. Delirium means senility, which Ol'ga Nikolaevna, thank God, did not have yet and would not have under the circumstances. But she did have depression and symptoms of dementia. It was true that she forgot to switch off the gas and lost her keys. What next?

(И врачаха попалась умная и честная. Прямо сказала – ничего не поделаешь, с годами человек не становится лучше. Почти каждого рано или поздно настигают три "Д" – депрессия, деменция и делириум. Делириум – это старческое слабоумие, этого у Ольги Николаевны, слава Богу, пока еще нет и теперь уже не будет. Зато депрессия и частично деменция – есть. Ведь забывает же она выключить газ, и ключи теряла. А дальше? [ibid.]

Interestingly, the term dementia is used only to denote occasional problems with memory, while the colloquial Russian word for a female senile person, *marazmatička*, seems to embrace a socially dead person who has lost not only her interest in actual matters, but also her ability to think rationally:

What to do with an old lady who howls out of loneliness and when even her daughter does not want to talk with her frankly, but takes her for a broken fool with whom there's nothing to talk about?

(Но что делать старухе, воющей от одиночества, да еще когда дочь не желает быть с ней откровенной, считает выжившей из ума маразматичкой, разговаривать с которой не о чем? [ibid.])

In both Panteleev's and Katerli's stories, the person with symptoms of senility is paralleled to a madwoman. As was noted, Panteleev's wife Lena is taken to a psychiatric hospital, while the mother in Katerli's story is haunted by the thought of being taken into an institution for the chronically ill.

How does Katerli succeed in expressing the voice of a person with senility? While Panteleev's focus is on the physiological symptoms of old age and senility in Lena's body, i.e., her troubling corporeality, Katerli conveys thoughts and emotions from inside. She brings to the fore the conflicts, feelings of guilt and irritation, depression and anxiety together with the experience of the meaninglessness of life from the sufferer's point of view. Ol'ga Nikolaevna, who is clearly aware of the still rather slight changes in her health and memory, not only tries to perceive herself through the eyes of her daughter Anželika but, apart from that, questions her own moral right to write in the name of her daughter:

Did she do the right thing in writing so ruthlessly about everything and in the name of her daughter? She began to write for herself with a sincere craving to watch the situation from the sidelines. And she succeeded in doing so. It became clear that both of them are to blame for the rows and mutual insults. [...] It isn't important how things really are, but how the daughter perceives it, how she feels...

(Хорошо ли она поступила, так безжалостно написав про все, да еще от имени дочери? Начинала ведь писать для себя самой – искренне хотела взглянуть на ситуацию со стороны. И – получилось. Стало ясно, что в ссорах и взаимных обидах виноваты обе. [...] Ведь важно не то, что есть на самом деле, а то, как это воспринимает дочь, что она чувствует... [ibid.])

And indeed, Katerli's double exposure succeeds in rendering the inner world of both protagonists, although in the end it becomes clear that the two voices are actually a product of one single mind – that of Ol'ga Nikolaevna. With the technique of double voicing, the mother actually makes herself available to herself and to the reader.

In comparison with the unifying first-person perspective peculiar to diary writing in Panteleev's story, with her double perspective Katerli manages to operate with at least two "truths" and points out at once that neither the daughter

nor the mother alone is to be blamed for their embittered relationship. Unlike Panteleev, Katerli provides the reader with an opportunity to identify with both protagonists and, more importantly, gives room for the voice and self-definition of the old protagonist by using the possibility of narrative fiction to inhibit another person's consciousness imaginatively. The bleak outlook on the future with the three "D's" hovering over her destiny does not plunge the old protagonist into despair. With the help of writing she is able to increase her self-knowledge and it helps her to transform her experience of aging from that of a sufferer to a meaningful survivor.¹⁵ In Panteleev's case it is difficult to discern any immediate therapeutic impact of keeping a diary, although the journal obviously has a redemptive role since it provides an opportunity for a public confession.

QUESTIONS INSTEAD OF CONCLUSIONS

Drawing on the above analysis, would it be fair to conclude that caregiver narratives may be more harmful than helpful to our understanding and acceptance of dementia? Is there a risk that with their recurring "fabulas," which we know all too well, they unintentionally reinforce stereotypical representations of dementia sufferers instead of challenging the stereotypical sociocultural construction of the disease? Is there not a danger that the caregiver's close perspective reduces the diseased person to a series of losses, because "as a caregiver, you're obsessed with what's been lost" (Andrew Ignatieff, cited in Goldman 2017: 199)? Or, should one pay particular attention to the limited scope of one's narratorial view and try to bring the perspective of the person with a dementing illness as much as possible into the narrative by looking for ways to speak in "our voice" instead of "my voice," as Katerli does? Could strategies of aesthetic distancing be an effective enough tool in making the potential emotional difficulty experienced by readers of dementia narratives more bearable?

One of the main questions to be posed when dealing with literary dementia narratives seems to concern the purpose of writing. Is it to expose the harsh facts of and around the disease, or is it to enhance and deepen our understanding of the experience of those inflicted with it by appealing to the reader intellectually, emotionally, aesthetically and, ultimately, to render a meaning to a life with dementia? To counterbalance the tragedy discourses that strengthen stereotypical

15 Writing has proved to be a way to reclaim social identity by bringing clarity, finding positive meaning and providing an emotional outlet. It can provide an opportunity to evoke insights about coping with dementia, too. See, e.g., Ryan/Bannister/Anas 2009.

images of dementia, it would be useful to find ways to adopt also in non-fiction the enriching aesthetical devices characteristic of fictional representations, not forgetting the importance of ethical concerns when dealing with the subject.

This is not to say, however, that realistic literary representations of dementia that force the reader to leave their comfort zone are not welcome. Quite the contrary; critical, honest, even embarrassing approaches may bring forward new kinds of empathy and openness to difference, as well as a desire to learn more about the backgrounds and reasons behind unique individual experiences and ways of being with a dementing illness.

REFERENCES

- Azbuka zdorov'ja [n.d.]: "Starčeskij marazm ili bolezn' Al'cgejmera – opyt uchoda za bol'nymi." <https://azbyka.ru/zdorovie/forum/threads/starčeskij-marazm-ili-bolezn-alcgejmera-opyt-uxoda-za-bolnymi.38> [accessed June 10, 2019].
- Berrios, Germán E. (2005): "Dementia: A Historical Overview", in: Burns, Alistair/O'Brien, John/Ames, David (eds.): *Dementia*. 3rd ed. London, 5-17.
- Bitenc, Rebecca Anna (2012): "Representations of Dementia in Narrative Fiction", in: Cohen, Esther/Toker, Leona/Konsonni, Manuela/Dror, Otniel E. (eds.): *Knowledge and Pain*. Amsterdam/New York, 305-328.
- Feder, Lillian (1980): *Madness in Literature*. Princeton, N.J.
- Felman, Shoshana (2003): *Writing and Madness*. Palo Alto, CA.
- Freeman, Mark (2008): "Beyond Narrative: Dementia's Tragic Promise", in: Hydén, Lars-Christer/Brockmeier, Jens (eds.): *Health, Illness and Culture: Broken Narratives*. New York/London, 169-184.
- Goldman, Marlene (2017): *Forgotten: Narratives of Age-Related Dementia and Alzheimer's Disease in Canada*. Montreal et al.
- Hassam, Andrew (1987): "Reading Other People's Diaries", in: *University of Toronto Quarterly* 56/3, Spring, 435-442.
- Hassam, Andrew (1993): *Writing and Reality: A Study of Modern British Diary Fiction*. Westport, CT/London.
- Herskovits, Elizabeth (1995): "Struggling over Subjectivity: Debates About the 'Self' and Alzheimer's Disease", in: *Medical Anthropology Quarterly. New Series* 9/2, June: *Cultural Contexts of Ageing and Health*, 146-164.
- Hydén, Lars-Christer (2014): "Cutting Brussels Sprouts: Collaboration Involving Persons with Dementia", in: *Journal of Aging Studies* 29, 115-123.

- Hydén, Lars-Christer/Öruly, Linda (2009): “Narrative Identity in Alzheimer’s Disease: A Case Study”, in: *Journal of Aging Studies* 2, 205-214.
- Katerli, Nina (2003): “Na dva golosa. Rasskaz”, in: *Zvezda* 6. <http://magazines.russ.ru/zvezda/2003/6/kater-pr.html> [accessed February 4, 2018].
- Katz, Stephen/McHugh, Kevin (2010): “Age, Meaning, and Place: Cultural Narratives and Retirement Communities”, in: Cole, Thomas R./Ray, Ruth E./Kastenbaum, Robert (eds.): *A Guide to Humanistic Studies of Ageing*. Baltimore, 271-292.
- Kuhn-Osius, K. Eckhard (1981): “Making Loose Ends Meet: Private Journals in the Public Realm”, in: *The German Quarterly* 54/2, March, 166-176.
- Lepina, Marina (2014): “‘Vozmožnost’ vyrvat’ sja iz doma: kak vytjanyt’ togo, kto tjanet bol’nogo’. Sociolog, docent Instituta Demografii NIU VŠĖ Ol’ga Isupova rasskazyvaet ob uchode za bol’nymi rodstvennikami”, in: *Miloserdie.Ru: pravoslavnyj portal o blagotvoritel’nosti*. 27.08. <https://www.miloserdie.ru/article/vozmozhnost-vyrvatsya-iz-doma-kak-vytyanut-togo-kto-tyanet-bolnogo/> [accessed August 7, 2018].
- LiveLib [n.d.]: “Nina Katerli – o pisatele”. <https://www.livelib.ru/author/709-nina-katerli> [accessed June 10, 2019].
- Lock, Margaret (2013): *The Alzheimer Conundrum: Entanglements of Dementia and Aging*. Princeton.
- Martynjuk, Elena (2014): “Rossijan sprosili, kak oni odnosjatsja k demencii”, in: *Moskovskie apteki: farmacevtičeskaja gazeta*, 01.10. <http://mosapteki.ru/material/rossiyan-sprosili-kak-oni-odnosjatsja-k-demencii-4330> [accessed June 10, 2019].
- Mir novostej (2017): “Bor’ba s gipertoniej vedet k slaboumiju?”, in: *Mir novostej*, 15.04. <https://mirmov.ru/zdorove/borba-s-gipertoniei-vedet-k-slaboumiyu.html> [accessed June 10, 2019].
- Ovsjannikova, Natal’ja V. (2011): “Starost’ v sovremennoj kul’ture”, in: *Naučno-metodičeskij žurnal XX vek: itogi prošlogo i problemy nastojaščego. Periodičeskoe naučnoe izdanie*. Penza, 34-40.
- Pantelev, Michail (2000): “Vse prochodit”, in: *Ural* 4, 149-174.
- Paperno, Irina (2004): “What Can Be Done with Diaries?”, in: *The Russian Review* 63, October, 561-573.
- Remizova, Marija (2000): “‘Sliškom čelovečeskoe’. Nekotorye razmyšlenija o literature non-fiction”, in: *Novyj Mir* 12. http://magazines.russ.ru/novyj_mi/2000/12/remiz.html [accessed February 22, 2018].
- Repenko, Nika (2018): “‘Štoby ne bespokoilsja, kormjat galoperidolom’. Kak v Rossii pomagajut ljudjam s demenciej”, in: *Nastojaščee vremja*, 26.11.

- <https://www.currenttime.tv/a/dementia-galoperidol/29626447.html> [accessed June 10, 2019].
- Rimmon-Kenan, Shlomith (2002): “The Story of ‘I’: Illness and Narrative Identity”, in: *Narrative* 10/1, January, 9-26.
- Rimmon-Kenan, Shlomith (2006): “What Can Narrative Theory Learn from Illness Narratives?”, in: *Literature and Medicine* 25/2, Fall, 241-254.
- Ryan, Ellen B./Bannister, Karen A./Anas, Ann P. (2009): “The Dementia Narrative: Writing to Reclaim Social Identity”, in: *Journal of Aging Studies* 23, 145-157.
- Starikova, Marija M. (2011): “Stereotipy starosti i starenija: sociologija i social'naja rabota”, in: *Vestnik Nižegorodskogo universiteta im. N. I. Lobačevskogo. Serija Social'nye nauki*, 43-50.
- Tass (2018): “Žizn' na predele: kto pomožet, esli u blizkogo demencija”, in: *TASS*. 20.08. <https://tass.ru/obschestvo/5444978> [accessed June 10, 2019].
- U-mama.ru (2012): “Starčeskoe slaboumie u babuški – nužen sovet, podderžka.” https://www.u-mama.ru/forum/family/health/357217/2.html#mid_9000201 [accessed 30 July, 2018].
- Zeilig, Hannah (2011): “The Critical Use of Narrative and Literature in Gerontology”, in: *International Journal of Ageing and Later Life* 6/2, 7-37.
- Zeilig, Hannah (2014): “Dementia as a Cultural Metaphor”, in: *The Gerontologist* 54/2, 258-267.
- Zimmermann, Martina (2017): “Alzheimer’s Disease Metaphors as Mirror and Lens to the Stigma of Dementia”, in: *Literature and Medicine* 35/1, Spring, 71-97.