

Health Through the Space Lens: Fictional Representations of Health and Illness in Svalbard's Mining Towns in the 1950s

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1. Introduction

1.1 Rationale

In this article, I aim to explore different cultural perceptions and interpretations of health and illness through an analysis of two literary texts about Svalbard, namely *Longyearbyen* (2020) by Heidi Sævareid and *The Arctic Novel* (*Arkticheskii roman* 1964) by Vladlen Anchishkin. The background of this article is my PhD project where I examine Norwegian-Russian relations on Svalbard, a Norwegian archipelago located in the Arctic Sea, against the backdrop of health and emergency preparedness. The analysis will explore the role that Svalbard as a spatial construct plays in the chosen texts. *Longyearbyen* and *The Arctic Novel* are quite diverse in terms of theme, structure and context and were written more than 50 years apart. Nevertheless, both novels use Svalbard of the 1950s as a setting for portraying issues related to health and illness. The novels are thus suitable for discussing cultural perceptions about health and illness in a Svalbard context.

It is evident that health and illness are portrayed differently in the Norwegian *Longyearbyen* and in the Russian¹ *Arctic Novel*. One of the overarching themes arising from these texts is just that health has diverse meanings in different cultures and different time periods.

Addressing health issues through a literary lens, such as an analysis of *Longyearbyen* and *The Arctic Novel*, can be fruitful for many reasons. Although fiction is only a version of reality, literature does reflect the real world and can therefore be used as an instrument to illuminate cultural understandings of health and illness (Tygstrup and Holm 2007). Furthermore, fiction offers a useful tool to explore health from a spatial perspective, elucidating, for example, how health and illness affect our relationship with the environment and how the environment can affect our perception of health and illness

¹ *The Arctic Novel's* author, Vladlen Anchishkin, was born in the Ukrainian region of Donbas, at a time when Ukraine was part of the Soviet Union. In this article, the terms Russia and Russian will for practical reasons sometimes be used when describing the USSR.

(Bondevik and Stene-Johansen 2011). Looking at how health is portrayed in *Longyearbyen* and *The Arctic Novel* (for example, through various patient histories) can thus offer us new insights into the challenges of providing health services in a specific location far in the wild (i.e. on Svalbard). Studying fiction about Svalbard will also shed light on the broader topics related to Svalbard, in addition to health and illness in this analysis. An example of such a topic is the right of an individual to health services in remote areas, which may be fruitful to discuss against the backdrop of biopolitics (i.e. politics related to people's health in society). Moreover, *Longyearbyen* and *The Arctic Novel* may be used as tools to explore different cultural connotations and perceptions about health and illness, in particular from a Norwegian and a Russian perspective.

1.2 Outline

In the first part of this article, a short introduction to the research field of Literature and Medicine will be given and literature set in Svalbard briefly presented, before a general exploration of literary space in a Svalbard setting is carried out. *Longyearbyen* and *The Arctic Novel* will then be introduced and utilized to explore how issues related to health and illness are addressed in different cultural settings.

2. Health in literature

2.1 Literature and Medicine

Assessing health-related topics through fiction is a well-established endeavour. The research field of Literature and Medicine has developed throughout the last decades under the larger research area of Medical Humanities (Bernhardsson 2010). The latter research area is an interdisciplinary field that links together medicine, humanities and social sciences (Charon 2017). In Medical Humanities, humanistic perspectives are applied in health sciences in order to illuminate perceptions of health and illness, often with an emphasis on clinical meeting points and training medical practitioners (Helman 2007).

In Literature and Medicine, both classical and contemporary literature is used in order to gain a deeper understanding of human aspects of medicine (Bernhardsson 2010). Fiction can shape concepts of health and illness more efficiently than medicine. Whilst medicine is a field that mostly applies to a limited circle of professionals, fiction – here termed “literature” – has a much broader scope and appeal. The idea that fiction, more than medicine, plays a vital role in shaping our concepts of illness is central to the Literature and Medicine field. An example can be found in how age-related dementia is portrayed in biomedicine versus literature. Explanations of the disease can be found in both fields, but assessing it through both biomedicine and literature secures a broader understanding than just applying one single perspective (Goldman 2017). This makes the author an important actor in forming the understandings of illness and disease in different periods. The Literature and Medicine research area is much engaged in education, as it is perceived to increase the understanding of specific illnesses by medical students (Cunningham et al. 2018). Also, the field of Literature and Medicine engages in exploring the patient-doctor relationship, something which is especially useful in the education of

health personnel. Moreover, searching for an understanding of illness in fiction may also increase the medical practitioner's empathy (Stammers 2015).

The link between illness, diagnosis and interpretation is evident in humanities-based health research. A particular way of describing illness depends on the context (Bondevik and Stene-Johansen 2011). Fiction may not only portray health and illness, but also contribute to the understanding of what an illness can be. Bondevik and Stene-Johansen (2011) point to Gustave Flaubert's description of hysteria in the novel *Madame Bovary* (1857), which proved crucial in shaping the understanding of hysteria's diagnosis. Another example is how tuberculosis was portrayed in fiction several years before its first description in medical literature (Bondevik and Stene-Johansen 2011). In *Longyearbyen*, both psychiatric diseases and somatic cases are represented through symptoms and can add to the reader's discernment of a specific illness. For instance, paranoia is vividly outlined here (see my analysis later in this article), and clearly adds to the reader's comprehension of this specific condition.

2.2 *Illness narratives*

Illness narratives are central in the field of Literature and Medicine. Such narratives are usually written by, or on behalf of, a patient and seen as important in order to understand illness, both for the health personnel and for patients themselves (Woods 2011). Reading illness narratives may help patients to gain a better appreciation of their own situation. By the same token, medical practitioners can better understand what their patients are going through. Moreover, writers of illness narratives (which are frequently autobiographical) are often motivated by the need to help others in a similar situation (Mazanderani, Locock, and Powell 2013). However, there are certain limitations to medical narratives. Woods (2011) questions the truth value of illness narratives. Can we trust people's stories about their own illness to present the situation as it really is, without being coloured by storytellers' own perceptions and attitudes? Woods also points out how illness narratives can be harmful if they are used as vehicles of opposition towards a treatment regimen, rather than empowerment in the sense of accepting one's illness.

2.3 *Illness narratives in Russian literature*

Illness narratives can also be found in Russian literature. Writers such as Anton Chekhov (1860-1904) and Mikhail Bulgakov (1891-1940), both medical doctors, in their "Ward no. 6" and "A Young Doctor's Notebook" used medical space, such as a hospital ward or an operating room, as a means to say something about the society overall. Also authors such as Leo Tolstoy (1828-1910) in his "Death of Ivan Ilyich", Alexandr Solzhenitsyn (1918-2008) in his *Cancer Ward*, Leonid Tsyarkin (1926-1982) in his "Coroner's Notes" – and more recently Maksim Osipov's (1963-) "In My Native Land" – have clearly identified the medical woes of their country with the larger problems of Russian society. In some of these works, the medical ward has been used as a microcosm of Russia itself (Miller and Starikov 2021).

2.4 *Cultural perceptions of health*

It is well established that health, illness and pain are perceived differently in different cultures. Let us have a look at back pain as an example. Between 1979 and 1996, the sickness absence for back pain in the UK increased significantly despite no change in the incidence of the conditions that cause back pain. The trend later reversed and the changes have been explained as a cultural phenomenon (Peacock and Patel 2008). On the contrary, a study from Nepal found back pain to be common, but no one sought help when treatment became available. In this example, it appears that back pain was seen not as a medical issue but as a natural part of the aging process (Peacock and Patel 2008).

It is thus important to keep in mind that narrativity (the way the story is told), is also not universally shared but culturally dependent. In other words, cultures that are dissimilar, both geographically and institutionally, hold non-identical meanings with regards to narrativity. A medical doctor will for instance read a novel such as *Longyearbyen* through a different lens than a person without a medical background. The last point is especially important to keep in mind when discussing (the perception of) health and illness in different cultures, as this article does.

2.5 *Fiction set in Svalbard*

Svalbard offers a rich collection of fiction, which to varying degrees portrays issues related to health and illness. In the late nineteenth century, stories about polar expeditions were widely popular, and the sales of Nansen's report on crossing Greenland outperformed Hamsun's novel² *Hunger* (1890) published the same year (Wærp 2017a). In 1920, Nansen released *En ferd til Spitsbergen (A Journey to Spitsbergen)*, a description of his 1912 journey to Svalbard. More autobiographical records, such as Helge Ingstad's *Landet med de kalde kyster (The Land with the Icy Shores, 1948)*³ and Liv Balstad's *Nord for det øde hav (North of the Desolate Sea, 1955)*, are worth mentioning. With time, documentary accounts of Svalbard sojourns became outnumbered and outperformed by fictional ones. In later years, Jon Michelet's novel *Orion's Belt* (1977) has gained a cult status. Also, Monica Kristensen's book series based on Svalbard is widely popular (Kristensen 2007-2014)⁴. Other stories, such as Heidi Sævareid's *Longyearbyen*, Ellinor Rafaelsen's book series about Tora from Tromsø (2008-2011), Anne B. Ragde's *Zona Frigida* (1995) and Per Arne Totland's *Everything Will Be Hidden in One Hundred Years* (2015) are examples of literature in which Svalbard plays a significant role. Of these examples, *Longyearbyen* and Rafaelsen's book series focus in particular on issues related to health and illness.

Of Russian-language fiction, *The Arctic Novel* (1964), written by the Soviet author Vladlen Anchishkin, is especially noteworthy because health and illness occupy a central place in it. Other Russian titles include the accounts of a year-long stay on Svalbard in the 1960s, *V semi santimetrakh ot poliusa* [Three Inches from the North Pole, 1964] and *Studeniyi arhipelag* [The Frigid Archipelago, 1971], written respectively by Andrei

² The first edition of Hamsun's *Sult* [Hunger] (1890) had a print run of 2 000 copies (and as late as in 1897, there were still 500 copies left), while more than 6 500 copies of *På ski over Grønland* [On Skis across Greenland] (1890) were all sold during a few months that autumn.

³ All translations from Norwegian and Russian into English have been made by the author of this article.

⁴ Monica Kristensen's book series of crime novels on Svalbard includes *Hollendergraven* (2007), *Kullunge* (2008), *Operasjon Fritham* (2009), *Den døde i Barentsburg* (2011) and *Ekspedisjonen* (2014).

Iakovlev (an artist) and Sergei Kharchenko (a journalist), as well as Nikolai Shpanov's spy thriller *Led i fraki* [Ice and Tailcoats] (Shpanov 1932) and Maria Semenova's historical fantasy *S vikingami na Svalbard* [To Svalbard with the Vikings] (Semenova 2007).

Depictions of the unique nature and culture on Svalbard are recurring themes in literature from the archipelago, such as Kharchenko's and Balstad's publications. Health and illness are frequent topics in Svalbard literature, too. Especially accidents and the so-called polar syndrome – a condition occurring among some polar explorers, with effects such as forgetfulness and mood disturbances – are described in literature from Svalbard. Also scurvy is often depicted, especially in older works. East-West tensions is another theme often found in literature from Svalbard. The archipelago is at the core of the Arctic, both in terms of military strategy and resource exploitation.⁵ This is reflected in Svalbard literature, which repeatedly describes potential conflicts between East and West on Svalbard, such as Jon Michelet's novels *Angrepet på Longyearbyen* [*The Attack on Longyearbyen*] (1978) and *Orion's Belt or Everything Will Be Hidden in One Hundred Years* by Per Arne Totland. Other motifs often found in literature from Svalbard, are freedom, animals (especially polar bears), mining, heroes and religion (Mork 2008).

3. *Health and place on Svalbard*

3.1 *The spatial dimension*

When addressing health issues through the spatial lens of Svalbard, the space concept is of specific significance. Space is a location, but also a place for interaction. A basic definition of space as a place denotes its geographic position, its physical characteristics, and the cultural aura that adheres to it (Cresswell 2007). The space concept is seen as both opposed to and intertwined with the concept of place, although the place concept is regarded as somewhat more concrete than the space concept (Mønster 2009).

In a Russian context, Nick Baron has emphasized the importance of geographical space as a vital factor in social, political and cultural processes that defined Russia's development (Baron 2008). Here space is brought into the foreground and seen as an actor in itself rather than just a backdrop to action. Since the 1990s, space has developed as a new line of inquiry in intellectual debates in and about Russia. In the aftermath of the collapse of the Soviet Union, Russia experienced a fragmentation of political space and a fluctuation of formerly solid boundaries. Against this backdrop, a newfound appreciation of the region as a subjective imaginary has been emerging (Bassin et al. 2010).

3.2 *Spatial nodes*

Looking into spatial nodes may be useful when addressing a specific topic, such as health, in a spatial context, in this case Svalbard. In a literary setting, spatial nodes have been described as opposed to temporal nodes (DuBois 2017). A spatial node refers to a significant location, a type of location or a use of location that form resonance within

⁵ For more than a century, the archipelago has housed coal miners mainly comprising Norwegians and Russian speakers from the (former) USSR.

literary culture. As opposed to the temporal node, which identifies phenomena from a horizontal timeline point of view, the spatial node recognizes the same phenomena from a vertical and fixed location across history, rather than within a single moment. Perceptions of place are defined and identified by writers and embedded within a place and a landscape, where they can influence literary production over time (DuBois 2017). This allows for an understanding and tracking of attitudes and interpretations as they evolve in a place and not only over time.

This framework resonates with the chronotope concept introduced by Mikhail Bakhtin (Bachtin, Holquist, and Emerson 1981). This concept is used to define the presentation of time and space in works of fiction and is a useful tool when analysing such works (Bachtin and Mørch 2003). Before Bakhtin's introduction of the chronotope concept, space and time in narratives were frequently regarded distinct from one another (Borghart, Keunen, and De Temmerman 2010). According to Bakhtin, time and space are inseparable, as actions are always linked both to a temporal and a spatial dimension. Concrete objects are used as thresholds connecting these dimensions. According to Bakhtin, chronotopes such as the staircase, the corridor and the vestibule always represents places of crisis and change in Dostoevsky (Bondesson 2017). Likewise, the staircase between the hospital ward and the home of the doctor and his family in *Longyearbyen* can be said to represent the dichotomy between the home sphere and the work sphere which dynamizes the novel. Similarly, in *The Arctic Novel*, the boat between Svalbard and the mainland becomes a symbol of the struggle between work duties and family obligations, which, as we will soon see, is a key theme in this book.

In this article, the temporary node is the same in both Sævareid and Anchishkin books, i. e. the 1950s. This will allow for a comprehensive analysis of a stereoscopic picture of Svalbard at an identical moment in time from a Russian and a Norwegian point of view.

3.3 Svalbard as a heterotopia

In the Svalbard context, it is interesting to look into Foucault's understanding of the concept of heterotopia. Foucault suggests that space is defined by its surroundings and by what it differs from (see Foucault (2010) and DuBois (2017)). The shaping of a place depends not only on what is in it but also on what can be found outside of it. In both *Longyearbyen* and *The Arctic Novel*, Svalbard is constantly compared to mainland Norway and the USSR, and is thus portrayed through what is outside the archipelago. In *Longyearbyen*, this contrast between Svalbard itself and what is outside of it, is used to highlight the main character's feelings of exclusion and homelessness. In *The Arctic Novel*, on the contrary, even though the distance between Svalbard's Soviet dwellers and their place of birth and permanent abode is recognised and fills their hearts with nostalgia, these dwellers' settlements on the Norwegian archipelago are consistently treated as a territory that belongs – and is inextricably linked – to the Soviet government and Motherland (see Anchishkin, 1970, p. 413).

Heterotopias are described as concrete spaces located on the margins of society, or as a negative entity within the society (Briens 2017). Heterotopias represent the deviant "other" and reflect the places from which this "other" differentiates oneself (Wærp 2017b). Unlike utopias, heterotopias can be actual places that really exist (Moody 2017). Following

the logic of Foucault's concept of heterotopia, Svalbard may thus be regarded as a location partially dissimilar to the world outside, which at the same time reflects certain features of that world. Despite its unique spatial features, Svalbard becomes a mirror of the larger society. Thus Svalbard can tell us more than merely something about Svalbard itself.

Besides, the hospital wards in both *Longyearbyen* and *The Arctic Novel* – important sites of action in both books – can be seen as heterotopias. Again following Foucault, hospital wards are locations divergent from the outside world while at the same time reflecting certain features of that world. In both *Longyearbyen* and *The Arctic Novel* events taking place in the hospital wards help shedding light on what is happening outside the wards.

3.4 *Svalbard as a locked room*

The locked room topos, chiefly known through the literary genre of a locked room mystery, is another interesting aspect of Svalbard's archipelago status (Wærp 2015). Moreover, as Svalbard has traditionally been a mining society where coal mines constitute the society's pillars, the Svalbard mines acquire a special symbolic value. The coal mines constitute the very cornerstone of existence on Svalbard, and may thus act as a symbol of life and survival. It can therefore be claimed that Svalbard is a double locked room, combining simultaneously the loci of mine and of island/archipelago in fiction. The references to Svalbard as a hard-to-reach place are countless in both *Longyearbyen* and *The Arctic Novel*. So are the mentions of the mines as the centre of activity on Svalbard.

Aspects of the locked room *topos* also embrace the hospital wards in *Longyearbyen* and *The Arctic Novel*. In both books, there is a clear dichotomy between the hospital wards and the outside. People on the outside, such as Eivor in *Longyearbyen* and Aleksandr in *The Arctic Novel*, are not necessarily included in the events taking place in the hospital wards, where their spouses work. In this way, the hospital wards function as locked rooms in both novels.

4. *Presenting Longyearbyen and The Arctic Novel*

4.1 *Analytical framework*

The analysis of *Longyearbyen* and *The Arctic Novel* borrows structural elements from the Textpraxis methodology by Gaasland and Greve (Greve 2007). This methodology provides a list of tasks aimed to elucidate the contribution of all components of a literary text and is thus a useful systematic procedure to establish the communicative value of literary works.

4.2 *Novel I: Longyearbyen*

Longyearbyen, written by the Norwegian author Heidi Sævareid (b. 1984), portrays a medical doctor's family living on Svalbard in the 1950s. The overarching topics in the novel seem to be dependency and exclusion. The novel was published in Norwegian in 2020 and

is an example of contemporary Norwegian literature where the author's own (family) history plays a significant role in the book. As a matter of fact, Heidi Sævareid is the granddaughter of a man who worked as a medical doctor on Svalbard in the 1950s. Although the book is not a biography, there are several similarities between the novel and incidents that took place for real. *Longyearbyen* received fairly good reviews in the Norwegian press (see for instance Moro (2020), and Aano (2020)).

In the novel, the reader meets Eivor, a housewife, and her husband Finn, a doctor. Together they have two daughters of an early school age. In addition, Jens Heiberg, who works as a logistics manager for a Norwegian coal company, is introduced as one of the main characters. This character becomes increasingly important throughout the story, as he develops a serious mental illness, which is probably exacerbated by a winter depression. Further, the reader meets an assistant doctor and a dentist, along with the Governor's wife Karen, and the Governor of Svalbard himself. The dog Jossa is another important character in the novel.

Svalbard is the novel's main setting and the archipelago is often contrasted to the mainland. Throughout the text, the reader follows Eivor to the mainland through retrospective glimpses into her life before Svalbard. Overall, her life on the mainland is depicted as far happier and less problematic than her current sojourn on Svalbard: «Home in Oslo, the birch leaves have sprung and the fruit trees stand as white torches in the gardens and the marsh-marigolds shine towards the forest floor. In Longyearbyen, nothing grows during spring (...). The city is a brutal, grey scar in the landscape» (Sævareid, 2020, p. 145).

The house where Eivor lives is another setting. The building also includes the doctor's clinic. Eivor is often situated in the stairway between these two units. That stairway is where the struggle is being played out between the home sphere and the work sphere. The latter makes increasing demands on Eivor's husband. As the story proceeds, Eivor, for her part, feels increasingly trapped in the house, which is contrasted to the outdoor space. The only occasions for Eivor to feel free on Svalbard is when she is out skiing: «The best remedy for the heavy feelings is being active» (Sævareid, 2020, p. 280). Accordingly, the outdoor is perceived as a space where the main character finds rest and conciliation, as opposed to her home, where she feels stuck and bored.

The story revolves around Eivor's daily life on Svalbard. Through Eivor's eyes, we follow her family over two winters on the archipelago. It quickly becomes evident that Eivor struggles to feel at ease there (Sævareid, 2020, p. 289). Her husband is often away due to work, and Eivor feels isolated in the dark and cold environment. Along with the story of Eivor's endeavours, the reader follows Jens Heiberg as he develops a serious mental illness and is hospitalised and ultimately evacuated to the mainland for proper treatment. The scene where Jens is picked up by an airplane and sent off the archipelago is the point of no return when Eivor realises that she will never feel at home on Svalbard (Sævareid, 2020, p. 302).

The story is told via Eivor's thoughts and through dialogues between different characters. Moreover, much of the story is expressed by recourse to silence and the body language that these characters use: «[Finn] hasn't talked more about her wanting to travel

back home. Did she mean that? It's hard to remember. She's counting days. Finn hasn't said anything about the suitcase in the corner, and he doesn't try to hide it under the bed» (Sævareid, 2020, p. 150).

The tempo is shifting throughout the novel. While some episodes can be described over several pages and even chapters, large time lapses are made on other occasions (Sævareid, 2020, p. 179). Descriptions of Svalbard's nature are frequent. Although Svalbard is portrayed as cold, dark, and even hostile, at the same time it looks beautiful and majestic:

[...] but now she suddenly finds the words. Suddenly everything comes to her, now that she is no longer in it. She describes the shimmering glaciers, the blue light in February, and the ice sculptures along the coast. She talks about northern lights, and about all the stars that are visible extraordinarily well (p. 157).

This dichotomy also characterises Eivor's relationship to her husband. Although she is a loving mother devoted to family life and raising their two beloved daughters, Eivor's relationship to Finn deteriorates as she increasingly struggles to adapt to the new environment. When Eivor feels trapped and miserable, the only place she finds herself at ease is when she is outdoors hiking or skiing with the dog Jossa. Throughout the novel, a repetitive pattern is established by Eivor's escape to nature after having a quarrel with her husband. The fact that Eivor finds consolation in the very same nature that makes her feel trapped in the first place, is an interesting contradiction. This dichotomy is also reflected in Eivor's relationship with her husband, which is a source of both frustration and consolation, too. I interpret this dichotomy as part of the overarching themes in the novel, namely dependency and exclusion. Although Eivor is drawn to Svalbard and nourishes warm feelings for her husband, both Svalbard and her husband leave her with a sense of not belonging. How health problems are portrayed is another interesting aspect of *Longyearbyen*. Challenges related to health and illness are notably articulated in the novel, and will be thoroughly discussed later in this article. This emphasis on health and illness can also be found in *The Arctic Novel*, as we shall now see.

4.3 *Novel II: The Arctic Novel*

The Arctic Novel, originally published in the literary magazine *Neva* in 1964 (nos 4-6), was written by the Soviet author Vladlen Anchishkin (1924-2003) and depicts life among miners and other workers in the Soviet coal-mining settlement of Grumant on Svalbard (which in Russia has traditionally been referred to as Spitsbergen) in the 1950s. The novel has been republished a number of times. For ease of access, I have been using the 1970 version of the novel which consists of two books, divided into four and five parts, respectively.

The main plot of the novel concerns Raisa and Aleksandr, a married couple in their thirties, from Moscow, who travel to Svalbard to work in Grumant. Raisa is employed as the head doctor at the local clinic, while Aleksandr (a mining engineer by training) works for the coal mining company as the deputy mine director for personnel. Raisa quickly becomes a respected co-worker and is depicted as a skilful and trustworthy doctor.

Aleksandr, on the contrary, is struggling to earn respect at his new workplace. Moreover, he becomes jealous because the mine director Baturin starts paying Raisa special attention which she does not reject. About a year into their Svalbard sojourn, Aleksandr and Raisa disagree on whether they should stay in Grumant or move to Barentsburg, a larger Soviet mining settlement on Svalbard. Ultimately, they remain in Grumant. The couple's relationship deteriorates as Raisa continues her flirt with Baturin. At the same time, Aleksandr and Baturin disagree about the technical development of the mines. Baturin, being Aleksandr's superior, uses his position to create difficulties for him. The novel ends with Raisa travelling back to Moscow (where the couple's children were looked after by the grandparents), while Aleksandr stays in Grumant for another (third) year. He then goes directly to Kuzbass for more work in the mines. It looks as if Raisa and Aleksandr end their relationship because they cannot reconcile their career ambitions with family duties.

Health and illness are recurrent topics in the novel, given the nature of Raisa's profession. Several medical conditions, such as hypothermia, appendicitis, and various traumas related to mining accidents, are described, e.g.:

She demonstrated to Baturin a classic case of appendix removal. She performed the procedure just like she had done when removing the shard [from Baturin's head], having opened the skin and the peritoneum just enough to freely work with a tweezer, and ended up exactly by the appendix (Anchishkin, 1970, p. 339).

Anchishkin worked on Svalbard as a journalist for about two years, in 1956-58, and became well familiar with the conditions on the archipelago. He saw how the then demographic situation, with a large surplus of men compared to the number of women, created a basis for sexual rivalry and jealousy. In the novel, jealousy and love triangles are recurrent topics. For instance, the relationship between Raisa and Aleksandr is challenged by Baturin, who is single and unattached and becomes strongly attracted to Raisa. A jealousy drama involving a young woman and three slightly older men is another similar subplot in the story.

Career versus family life is another central topic in the book. Both Raisa and Aleksandr want to prioritize own career ambitions, which ultimately ruins their relationship. As Raisa puts it to Aleksandr, «My work is no less important than yours; they've been keeping my position for me both at the clinic and at the medical institute [in Moscow]. The children will turn away from you when we return back home – I will do everything to achieve this!» (Anchishkin, 1970, p. 551).

The power hierarchy within the mining company is played out, first and foremost, in the dynamics between Aleksandr and his boss Baturin. The latter, an experienced leader, objects against the rapid modernization of the mine (because, in his opinion, it would be too much too soon) and loses respect among his subordinates. His obvious interest in Raisa aggravates his open conflict with Aleksandr.

Raisa is portrayed as ambitious and thorough but also devoted to her family duties. Early on, the novel's reader is introduced to her dream of following into her mother's footsteps and becoming a skilled doctor. Aleksandr is described as hard-working and

persevering. He is a dedicated father and family man, although he in the end leaves his family to pursue his career. Amongst other characters, apart from Baturin, the reader meets Afanasyev, a young mining engineer in love with Olga Kornilova, an even younger telephone exchange operator in Grumant. Just as in *Longyearbyen*, a dog is among the main characters of the book; the stray dog Ceasar – apparently a real-life long-term Barentsburg resident (see Mikhailov, 1983, p. 95) – plays a large role in *The Arctic Novel*.

The main setting of the novel is Grumant, although other places, such as Moscow, Novosibirsk and Donbas, are also named and described among the places of action. Grumant and Svalbard are portrayed as location where nature is in charge: «Frost, wind and water have been beating the rocks for thousands of years, breaking off blocks and small pebbles; from them, at the foot of the mountain, rose gigantic steep screes protecting the mountains from the greedy waves (...). During the rainy season, the snowmelting makes the [usually small] Rusanov creek crushing. Rapidly falling down, it cuts through the rocks forming a deep, murky gorge (...) Grumant...» (Anchishkin, 1970, p. 79).

Svalbard is also described as a trap. Several central characters travel to Svalbard to escape something or someone from the mainland, or because they are chasing a dream. Many of them find that things on Svalbard do not go quite as expected, but leaving it is hard, as the transportation (in the 1950s) is not available for months at a time due to ice and weather conditions: «One cannot flee from Spitsbergen even if one feels the urge to do so: according to the contract, one must stay there for two years; from December until May, navigation to the archipelago is closed, and airplanes do not fly there» (Anchishkin, 1970, p. 71).

The story is told by an unnamed omniscient narrator. Dialogue is often used to depict events throughout the novel. Similarly to *Longyearbyen*, the tempo of the story is leaping. Some episodes are described in detail over many pages, while at other times the story skips several months (or even years, in the background chapters).

The book is a good example of the Soviet production novel (*proizvodstvennyi roman* in Russian), a genre that developed after the 1917 revolution and was popular until the end of the Soviet Union (Clark 2000). Soviet production novels are typically set at production sites and portray challenging working and weather conditions, and sometimes acts of sabotage. The genre played an essential role in the construction of Soviet culture (Nicholas 2010).

5. *The understanding of health and illness in different cultural settings*

5.1 *Health and illness in Longyearbyen and The Arctic Novel*

Different spaces offer various perspectives for the exploration of health and illness. Following the logic of new spatial history (Bassin et al. 2010), disparate perceptions of space can provide remarkable insights into how people understand themselves and how they organize their values. This is illustrated when exploring how *Longyearbyen* and *The Arctic Novel* address health and illness. Perhaps the most striking theme that surfaces from these books is how health and illness are linked with the surroundings, i.e. Svalbard. In *Longyearbyen*, Eivor is constantly feeling down, and Jens develops paranoia. Also in

The Arctic Novel, the surroundings directly affect the wellbeing of the main characters, with Svalbard functioning as a snare.

Longyearbyen mentions numerous work accidents and illuminates occupational health, in addition to mental illness and epidemics. Many health-related incidents taking place in the novel have root in reality which is described in *Hvit kittel – Sort kull* [White Scrub – Black Coal] (Sandmo 2005) that portrays the experience of all the doctors employed on Svalbard by the Norwegian mining companies between 1905 and 1980, and in the statistics provided by Statistics Norway (2020). Examples of how occupational health is pictured in *Longyearbyen* are frequent. Through Finn's job as a doctor for a Norwegian coal company, the reader is introduced to many cases where coal miners have been injured at work and receive medical treatment, such as in the following section:

Up here it's all about blood and bones and infections. It's about truncated fingers, crushed bones, wear damages in tendons and muscles. Coughing. Concussions. Frost bites. Silicosis and trichinosis. This is what a company doctor has to deal with (Sævareid, 2020, p. 26).

Health problems are presented somewhat differently in *Longyearbyen* and *The Arctic Novel*. In *Longyearbyen*, psychiatric issues and the lack of access to psychiatric treatment are among the health problems that are described thoroughly, when Jens Heiberg shows signs of mental distress, is having paranoid delusions about the Soviet Union and feels threatened by the Soviet presence on Svalbard: «He is a great guy but he has got pretty tense nerves. That was probably your impression too, at our party where he was yelling about the Russians» (Sævareid, 2020, p. 114). *The Arctic Novel* describes multiple medical conditions, but mental illnesses are not among them (unless one counts the term “psychopathic” used in the context of a dysfunctional family relationship (see Anchishkin, 1970, pp. 434-35, 483)).

Later, Jens experiences more severe delusions and hallucinations. He is finally forcibly admitted to the hospital, where he spends long periods during the winter. Eventually, he is transported to the mainland for more intensive treatment than what could be offered on Svalbard. With the story of Jens, psychiatric disease constitutes one of the main topics of the book. Here, it is interesting to compare the fictional story with what may have happened in reality. *Longyearbyen* was written by the granddaughter of one of the medical doctors on Svalbard in the 1950s, and there are several similarities between the fictional story and the incidents that took place for real. In Sandmo's *White Scrub – Black Coal* (2005), the endeavours of the author's grandfather on Svalbard are depicted. The doctor, who in real life goes under another name⁶ than that of the literary character, is clearly interested in psychiatry and applies different treatment methods during his time on Svalbard: «Finn realized early that people came to him with other types of problems too, and before the winter isolation began, he ordered several psychiatric remedies» (Sævareid, 2020, pp. 26-27).

⁶ Sævareid's grandfather Gunnar Bjørn Bjørner was employed as a doctor by the Norwegian mining company Store Norske Spitsbergen Kulkompani (The Great Norwegian Coal Company Ltd., usually referred to as Store Norske) from 1956 to 1958. In *Longyearbyen*, he is known as Finn Nydal.

Also, other health-related issues are illuminated in *Longyearbyen*. In 1957 and 1958, an influenza virus known as the Asian flu caused a pandemic not unsimilar to the present COVID-19 pandemic (Akin and Gözel 2020). The Asian flu is depicted in *Longyearbyen* but not even named in *The Arctic Novel*: «He (Finn) strokes her (Eivor) across the front again, dries away sweat with a tissue and says he believes that she has the Asian flu (...). “If I’m right, it will break loose everywhere now. My God!» (Sævareid, 2020, p. 312).

In *The Arctic Novel*, Raisa is often portrayed through her work and how she as a doctor deals with different challenges. She solves various (sometimes very serious) medical problems professionally without hesitation, and quickly earns respect among Grumant dwellers. Here is an example:

Mishka’s leg was crushed. Raisa went down into the mine, to a jam of coal-loaded trolleys, and provided first aid to the patient... Mishka's leg should have been removed and thrown away, according to surgery practice. Raisa sutured blood vessels, muscle ligaments, and nerves, and mended the shattered bone with a piece cut from Mishka’s hip, and put the leg in a cast. The leg was saved (Anchishkin, 1970, p. 91).

This way, scenes involving medical treatment in *The Arctic Novel* are often used to underline the doctor’s skills and ambitions. This is a clear contrast to similar scenes in *Longyearbyen*. Mostly shown through Eivor’s eyes, scenes involving medical treatment tend to add to the picture of the doctor as an extremely busy man with little time for his family, or – as we shall see – as a source of detachment between Eivor and her doctor-husband.

5.2 Differences in health and illness descriptions

Descriptions of various medical conditions are quite similar in both novels. As has already been noted, *The Arctic Novel* mentions hypothermia, appendicitis and various traumas related to mining accidents. The latter category also widely features in *Longyearbyen*, along with other medical conditions, such as hypothermia, appendicitis, the Asian flu and Jens’s paranoia. The biggest difference in how medical conditions are portrayed in the two books, is how psychiatric diseases are being dealt with. In *Longyearbyen*, one of the main themes is that a psychiatric patient is sent to the mainland because the health facilities on Svalbard are not sufficiently equipped to offer him proper treatment. In *The Arctic Novel*, psychiatric illnesses are not brought up at all. Were psychiatric issues a topic that was best avoided in Soviet literature at the time when *The Arctic Novel* was written? There is no immediate reason to draw such a conclusion. Anchishkin first published his novel during Khrushchev’s Thaw, when censorship was not so severe as under Stalin and Brezhnev (Frankel 1976).⁷

⁷ It is probably owing to stricter (self-)censorship that health problems appear rather underrated in Kharchenko’s story about Soviet miners on Svalbard, “Tsvety i l’dy” (Flowers and Ice), published under Brezhnev’s neo-Stalinism and forming part of Kharchenko 1971. According to “Flowers and Ice”, mining accidents apparently never happen in the Soviet mines and the main health issue among the miners is insomnia. The doctors in the Soviet settlements are apparently suffering from lack of medical tasks. At least that is one way to interpret the scene where a stack of pigeons is diagnosed with vitamin deficiency and prescribed treatment by the doctors (see Kharchenko, 1971, p. 21). Kharchenko was employed on Svalbard as a journalist in 1956-60 and 1963-65 and must have known about twenty fatalities that took place among

However, according to the Soviet psychiatric tradition, mental health was directly linked to socio-economic conditions, with capitalist exploitation allegedly providing an especially fertile ground for psychiatric disorders. "The Soviet view [...] held that mental illness would decline under communism — hence its ongoing presence was seen as implying a lack of full socialist development of man" (Gordon and Meux 2003). This is why few people were at liberty to bring the issue of mental illness up for public discussion in a non-medical context. Besides, it is possible that psychiatric disorders were rare in the Soviet settlements on Svalbard owing to the medical screening of Arktikugol's (potential) employees. If the suicide rate is anything to judge by, after WWII only one suicide attempt apparently took place among the Soviets on Svalbard, in 1949, attributed to playacting on the grounds of jealousy (Portsel, 2020, p. 455).

A good source to access information about the health situation for the Russian-speaking population on Svalbard in the post-war Soviet era is the newspaper *Polyarnaya kochegarka*. The newspaper was published several times a week in Barentsburg, and often highlighted issues related to health and illness. A frequent topic was how human health was affected by the harsh conditions in the Arctic and how Svalbard residents could best cope with challenges related to factors such as cold weather and lack of sunlight. Here, the polar syndrome was touched upon, but only by indirect remarks such as that acclimatisation plays a decisive role for people's mental condition (Tsyachnyi 1975) or that sufficient amount of sunlight keeps the nervous system balanced (Speranskaya 1953). Nevertheless, scientific research shows that residents in the Russian-speaking settlements did struggle with mental challenges, too. A study from the 1990s (Nilssen et al. 1999) compared the prevalence of depression in Longyearbyen and Barentsburg, and found that among Russian speakers the prevalence of self-reported depression was 26.8% for men and 44.7% for women, whereas the corresponding figures for the Norwegians were much lower (10.7% for men and 15.6% for women). In general, among people on long expeditions in polar areas about 5% meet DSM-IV or ICD criteria for psychiatric disorders (Palinkas and Suedfield 2008).

5.3 Similarities in health and illness descriptions

Some similarities in how the novels depict health and illness can be found in the descriptions of clinical facilities. In *The Arctic Novel*, the hospital is portrayed as well-furnished in terms of appliances, but less so when it comes to manpower:

The hospital, contrary to Raisa's expectations, was equipped with everything necessary to heal a person and, in the worst case, to provide a reliable first aid. But in this hospital, located so far away from the rest of the world, where there is no counselor or consultant nearby, the chief surgeon was swamped with work (Anchishkin, 1970, pp. 86-87).

The hospital in *Longyearbyen* is too described as quite new and modern in terms of its equipment, supplied with necessary drugs and new central heating. However, the lack of

Soviet dwellers there at the time. At least three of these fatalities were caused by industrial accidents (see Portsel, 2020, pp. 453). Yet in his book Kharchenko does not mention either them or any work-related injuries.

proper facilities to treat psychiatric patients is mentioned several times throughout the book, and so is the lack of manpower.

Other similarities in both novels can also be found in how certain illnesses and treatments are described. Let us use appendicitis as an example, as this malady features in both novels. Earlier in this article (4.3), we saw how the treatment of appendicitis in *The Arctic Novel* was depicted as a neat operation where the main character impressed her admirer by her professionalism when performing it. In *Longyearbyen*, the scenes describing appendicitis have a somewhat different nature:

It was a routine operation, he finally said. Busy at the beginning, of course, and the appendix was about to rupture when he arrived. But the operation went just fine. Eivor nodded and turned away, grateful that Finn didn't say anything more. She easily gets nauseas when hearing descriptions from the operating room. (Sævareid 2020: 19).

Here, the description of the surgery illustrates the distance between Finn and Eivor. This distance grows throughout the novel and is instrumental for Eivor's feeling of being excluded from her husband's central spheres of activity.

5.4 *Divergent approaches to gender*

Yet another factor is evident when comparing the two novels, namely the issue of gender, more precisely gender and medicine as a professional occupation. Raisa from *The Arctic Novel* is a female doctor, torn between her duties at work and obligations to her family. Eivor from *Longyearbyen* is torn between her own needs, on the one hand, and her obligations as a housewife and mother in a marital union with a doctor. The two women's fates are similar in terms of being torn between two ends, yet disparate in terms of being employed and being a housewife. This disparity points at some of the cultural differences between Norway and the Soviet Union at the time. In Norway, being a doctor in the late 1950s – early 1960s often meant a man's job; only 12 percent of the medical students in Norway between 1951 and 1960 were women (Larsen 2014). Among the doctors in the Norwegian settlements on Svalbard, only a handful have been women (Hanoa 2017). In the Soviet Union, on the contrary, medicine was to a large degree considered a female occupation; in 1960, three out of four physicians were women (Field 1966). We know for certain that Soviet female doctors did work on Svalbard. Between 1952 and 1955, the head doctor in Grumant was actually a female surgeon with a clinical experience from WWII – just like Raisa, even though in reality some twenty years older (Speranskaya 1980). Female doctors were also employed in the hospitals in Barentsburg and Pyramiden (the third Soviet mining settlement on Svalbard) (Mikhailov 1983). Yet Raisa's prototype was in fact a man called Sergei Ivanovich Filippov (1927-83), who had practiced medicine as head surgeon in all three Soviet settlements on Svalbard since 1956, for a total of fifteen years, before dying in Barentsburg. Some of his challenging but successful operations, such as removing a shard from one's cranium and saving a severely damaged leg from amputation, have been ascribed to Raisa in *The Arctic Novel* but are listed in Anchishkin's article about Filippov, called "S liubov'iu v serdtse" / "A Loving Heart (Anchishkin 1958).

To summarise, it is striking that both novels link health and illness to the surroundings, i.e. Svalbard, to such a strong degree. Furthermore, the description of various medical conditions are quite similar in both novels. Both *The Arctic Novel* and *Longyearbyen* mention hypothermia, appendicitis and various traumas related to mining accidents. The latter book also deals with other medical conditions, such as the Asian flu and paranoia. The biggest difference in how medical conditions are portrayed in the two books is how psychiatric diseases are being dealt with. This topic is of major importance in *Longyearbyen*, but not mentioned in *The Arctic Novel*. In both stories, the hospitals are portrayed as new and modern with solid equipment but suffering from a lack of manpower.

5.5 Biopolitics in a Svalbard setting

One of the main health challenges on Svalbard concerns access to health care (Helse Nord RHF 2010). This is evident in *Longyearbyen*, where the psychiatric patient must be transferred to the mainland to get proper treatment. The question of the right to health services for a small population group versus a larger population group may be fruitful to discuss against the backdrop of biopolitics. The concept of biopolitics as defined by Michel Foucault is that of politics related to the health of people in a society, or as a “politicization of life” (Foucault et al. 2010). More specifically, biopolitics is seen as a form of power that regulates population and the life of individuals in a society.

There are two perspectives that crystallize when looking at the right to health services for a small population. In a small community where people live in extreme conditions, such as on Svalbard, the existence of each individual becomes more crucial for the upholding of the community as a whole, compared to elsewhere. There are two potential consequences of this approach. One possible scenario is that the biopolitical control executed by the state is more extensive than elsewhere, for instance on the Norwegian and Russian mainland. But also an opposite scenario is likely. In a society where all individuals are considered crucial for civilization’s survival, the state may display a more extensive acceptance of deviations from regular health norms than is allowed elsewhere, as long as the situation is not life-threatening. With some important exceptions, Svalbard enjoys the health capacities similar to those of a mainland Norwegian municipality. However, there are certain additional factors, such as harsh climatic conditions and increasing amounts of tourist visitors that make particularly urgent the question of how many resources should be allocated to support what essentially is a rather small population. Svalbard, for instance, still does not enjoy full-scale psychiatric health facilities (Røsvik 2017). This is the situation today, just as it was in the 1950s, the time period described in *Longyearbyen*. In the novel, health provisions on Svalbard are insufficient to cope with a psychiatric patient, who is therefore despatched to the mainland (Sævareid, 2020, p. 301).

Childbirths is another interesting subject in this regard. Childbirths have been a disputable issue amongst the health personnel on Svalbard, as complications easily happen during pregnancy and birth. The Norwegian mining company Store Norske that ran the hospital in Longyearbyen from its beginning in 1916 until the Norwegian state took over in 1981, tried to avoid childbirths as far as possible (Hanoa 2017). Many have argued that the hospital has neither the necessary staff (i.e. gynecologists or surgeons

with experience in childbirth) nor infrastructure (most importantly a blood bank) to perform maternity care. Since the late 1970s, expecting mothers have been sent to the mainland at least two weeks prior to their due date, to give birth at hospitals in their home region (Hanoa 2017). Nevertheless, between 1916 and 1977, 342 children were born in Longyearbyen. Most children (310) were born into families of clerks and higher executives. Only thirty two children were born into workers' families. This was due to Store Norske's policy of not allowing married couples with children to live in the barracks, as most workers did. The expecting mothers that did not have their own apartments were sent to the mainland prior to birth (Evjen 2006). In *Longyearbyen*, a couple of childbirths taking place at the Norwegian hospital are depicted, both described as lengthy affairs that included all available health personnel. In the Norwegian settlements, where childbirths were not encouraged, the procedure was considered almost an act of emergency.

In the Soviet settlements, the issue of childbirths also included a touch of policy, but in a different way. Not only was it logistically more difficult to send heavily pregnant women back to the USSR to give birth. What's more, the Soviets may have wanted to demonstrate that they were putting down roots on the land that they historically considered theirs, because of the Pomors' alleged presence on Svalbard before the discovery of the archipelago by Willem Barents. In one of the first Soviet documentary films about Svalbard, Vladimir Boikov's *Na 78-i paralleli* (78°N), made in 1934, attention is drawn to a baby girl apparently born in Grumant (Boikov 1934). According to a 1937 report from an Arktikugol party committee chief, twenty-five children were born in Svalbard's Soviet settlements during the 1934-35 overwintering. In 1948, fifty-five children were born there, and in 1962, twenty-eight in Barentsburg alone, eighteen boys and ten girls (Portsel, 2020, pp. 300-01).

Giving birth in Longyearbyen in the 1950s was apparently a big event. The number of births being so few, each birth was considered a big happening, and the mothers were almost smothered with gifts and flowers (a rare luxury at 78 degrees north!). Also in *The Arctic Novel*, childbirths taking place in Grumant are described as a big event, too, and successful deliveries add to Raisa's reputation as a talented doctor: «Meeting with Raisa on the street, in the cafeteria, women were the first to bow to her and make way. In the club they invited her to sit near» (Anchishkin, 1970, pp. 90-91). Nevertheless, after 1991, the expecting women from the Russian-speaking settlements have also been sent to the mainland to give birth (Belousova 2016).

6. Conclusion

This article has addressed cultural perceptions and interpretations of health and illness in a Svalbard context through the analysis of *Longyearbyen* and *The Arctic Novel*. The analysis provides a good example of how fiction can shed light on relevant and contemporary challenges, also concerning health.

Both novels describe various challenges related to health and illness, and many of the same diseases and incidents, such as mining injuries, hypothermia and appendicitis, which are prevalent in both stories. An interesting difference in this respect is that *The Arctic Novel* does not contain references to psychiatric diseases, even though they were

presumably relevant, to some degree, for the inhabitants on Svalbard (as elsewhere), irrespectively of their geographical provenance and social background.

One of the overarching themes that arises from these texts, is how the spatial setting directly affects health and illness. Svalbard's environment makes Eivor feel constantly gloomy, and Jens develops a mental disorder, perhaps as a result of a winter depression. Raisa clearly identifies herself through her occupation as a medical doctor. The clinical tasks she performs are typical of Svalbard, such as injuries linked to hypothermia, work accidents in the mines, and so on. The influence that the surroundings play with regard to health and illness can thus be said to be one of the main themes in both books under analysis.

In both novels, the main characters struggle to find a balance between family obligations and their own personal needs. The way in which individuals fit into a larger context is yet another fundamental theme in both *Longyearbyen* and *The Arctic Novel*. The difference is that while Raisa is torn between home and work, Eivor is torn between her duties as a housewife, on the one hand, and her longing for personal fulfilment, on the other.

Exploring health and illness in a Svalbard context through different fictional narratives is important for illuminating factors that are also relevant beyond a literary setting. One of the main health challenges on Svalbard (today, as well as in the 1950s) concerns access to health care. This topic is touched upon in the novels, and can and should be discussed further, both within and beyond a literary context.⁸

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