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WHAT WE DON'T TALK ABOUT
(selected stories)

Translated from the Croatian by Jacob Agee

The Little Girl with Glasses

For a long time, I had a habit: whenever I would go into any flat or house for the first time, I'd first of all glance around for the books. I didn't do this intentionally; nor did I intend to judge people by the number of books they have. It was simply a habit I came by in an era when books represented something different from today. Better said, they represented a certain value, even when there were only a dozen of them in total, squeezed in together on a shelf in a bookcase next to a row of dark, grave encyclopaedias, next to Vladimir Dedijer's *Josip Broz Tito: Contributions to the Biography* – a plump *World Around Us*, a history of the Second World War and a few novels of the James Jones *From Here to Eternity* type, *The Grapes of Wrath* by John Steinbeck or a stray *L'Etranger* by Albert Camus. Then, I'd venture to bet that these few books, probably bought on an instalment plan, had at least been leafed through by their owner, as had maybe at least one of the encyclopaedias or history tomes. Perhaps I'm exaggerating, but it seems to me that books, back then, were bought with the intention of being read, and not just to be looked at – though there was also that. For example, the full set of classics came into fashion sometime later, and did not serve chiefly for reading, but rather as adornment for those new fitted shelves of real oak, produced at Šipad or Oriolik.

It really interested me, what books people have; I would have loved to have gotten close to the books, thumbed through them, but naturally I had to hold myself back.

Later, this habit of mine disappeared, until something else connected to books began to interest me over the last few years. I browse them at the homes of acquaintances, and I wonder: what do they do with books when there are too many of them? Can one even have too many books? I once used to think that it's not possible, that there's never enough books – but that was during a time of hunger for books, at college. Now, in the overfull shelves of my peers, on which the books are lined up in double rows, with still more stuffed in transversally, neatly arranged in one place, and jumbled up gathering dust elsewhere – I see that the situation is the same as at my own place. At some friends' places, the shelves are still those old ones we bought some time at the beginning of the eighties, stacked like dice one on top off the other. They were produced in one colour only, some kind of light wood, and even later we didn't alter them, when we could have done so. I noticed that some of them, like me, had gotten fixed shelves made to measure, just recently, in their old age, just so that they might overfill these too.

And so, we live in the same small flats inherited from our parents, now crammed full with these old books lined up along the walls, like wallpaper that's lost its colour. We breath them into our lungs, worn away by cigarettes and age, without the strength to transform anything.

What am I doing? I'm doing nothing except vacillating, dithering. And despairing, a little. Namely, I got it into my head that I need to free myself from books – yes, just as if I were a captive – most especially from those books that are superfluous. But in doing so, I didn't consider how much time I'd need to inspect all these books, and to determine which are superfluous – or what the criteria of superfluity even is. Is it that I'll never even open them again? That they are old, disintegrating? That they are stupid blots of paper that only serve to annoy me?

There are many reasons for my vacillation. One of them is the fact that books long represented the one treasured item I possessed in life; another is that my love towards books is something I developed on my own, something I didn't inherit or take from home. They are part of my identity because I grew up with them, and because I escaped to them, comforted myself with them wherever I ended up. Like what you do with best friends, if you have them – except that these books cannot fail you.

The need to pull away from my own reality and enter into some other world, and thereby extend my own independence, appeared after I learned to read and joined a library. That was in Zadar in 1956. The first book I borrowed was called *Lies Have Short Legs*. I remember that autumn day, the almost-ceremonial excitement; I remember when I entered from the resplendent daylight into the half-dark and, more importantly, the silence of the library.

In the library, people addressed one another with a whisper, if they addressed each other at all. But at home, they wouldn't leave me in peace. As soon as I'd stow myself away in some corner with a book in my hands, my mum or grandma would badger me: "your eyesight will get even worse". I wore glasses, and my one defence against their well-meaning attacks would always be that I had to read something for school. The only time I was able to read in peace was in the evenings, in bed, under the weak light of the night light which was surely not meant for reading under. Or when I was sick – for thanks to reading, I'd recover more easily from every cold or sore throat. Zane Grey, Henryk Sienkiewicz, Karl May and Jules Verne were just as useful to me as linden tea with honey and lemon and melted sugar.

Not long ago, when looking for something, I found one unreturned book from one of the many libraries of which I've been a member. This was from the early seventies, when I was studying comparative literature. It no longer had a cover, in other words it was bound in a red paperboard grown so shabby, and was so leafed-over, that the lacklustre fragile pages barely stuck together. Nathalie Sarraute, *Portrait of a Man Unknown*. That unreturned one was like a forgotten cicatrix, only faintly visible, but sensitive still.

It is a long road from coming of age in a bookless home to a home in which, after so many decades, the books are threatening to fall down on my head. It did help when I distributed them not only around the rooms, but also around my homes. Because in the holiday house, there'd still be space in the attic, for instance. There, amongst other things, are two big boxes of books left over from my short attempt at studying Indology. It was once difficult to come by these books, and so I once figured it would be a good idea to donate them to the same department at the Philosophical Faculty in Zagreb at which I'd studied. And the same too with the required reading from sociology, world literature, history... But I wasn't sure if that's customary here, I didn't ask them, out of fear of the unamiable clerical refusal. And so, whole generations of dormice have probably come of age within them in the meantime.

It was important to me to have books that I liked, and that I needed. In the libraries, you'd wait a long time in lines, and so too with borrowing from colleagues and friends. Photocopying was only possible at firms – I don't remember any public photocopiers. Once I'd manage to get a hold of the desired books, then it was left for me to take notes. For the buying of books, essentially, always meant the rejection of something else – because even though back then, in the early seventies, there wasn't anything especially attractive to buy, there also wasn't too much money either. And when you'd finally have enough scraped together for travelling overseas, you needed to choose between buying books and good boots – reading in foreign languages was not the problem. On the other hand, you also weren't able to participate in any conversation if, in the year 1973, let's say, you hadn't read the books of Erich Fromm, Frantz Fanon, Herbert Marcuse or Wilhelm Reich. Later, this role of mandatory contrarian literature was coopted by the books of Danilo Kiš, Susan Sontag, Walter Benjamin...

As it happens, I have lived and worked amongst books and from books, and so for years I have also amassed many that are unnecessary, and so unimportant to me. So many, that I do need to get rid of them – in the first instance, because I am certain that I will never even open the majority of them again. As things now stand, I've arranged on one shelf those books which I'm re-reading, or which are important to me for some reason – and these are so few in number, maybe about fifty; and then the others, of which there are a much bigger number. In the study are the old books, purchased during my studies, such as those small red ones from the *Word and Thought* book series, the books from the *Hit* series, and *Naprijed* (*Forwards*), *Nolita*, *Školske knjige* (*Books for School*), *Mladost* (*Youth*)... and then the solidly bound books of the philosophical book series, besides a number of foreign books amongst them, and the elegant gifted sets of Dostoyevsky (bound in blue), Krleža (in dark red), Ujević (also in red) – almost all from long-deceased publishing houses. In the living room are the newer and newest books, arranged without any order, thematic or alphabetical. These sort themselves out as they come, as if they know their place and have legs, climb up to the next row and reside there, standing out in the hope that somebody will still reach for them. Whether given as a gift or purchased. Sometimes, I have the feeling that they are proliferating amongst themselves, because some of them I don't even remember at all – even though I must have at least leafed through each one of them. These books, I usually give away for birthdays and similar occasions. But something a friend said to me has disheartened me – that people no longer accept books! They simply say *no, thank you*. But many of mine are signed by the authors or have inscriptions, what about these!? Sometimes I think of the answer of the German writer Hans Magnus Enzensberger. "I deal with it like this", he said to me once. "Every day, I receive dozens of them, and as there is no chance not only that I will ever read them, but that I will ever even bring them home, I tear out the first page with the signature or inscription, and then leave the books in front of the door in the hope that someone will take them. That's most often what I do, and the neighbours are used to it. I don't open parcels from publishers at all."

What to do? How to get rid of them? And are these words cruel? To throw them out, I'm not able – but who to give them to? Many times, it's happened that I've seen books in the trash or scattered on the pavement, and I feel physical pain. Because, basically, these books were not even given a second chance for someone else to take them. In Sweden, I witnessed a humane way of dealing with books. When someone moved into a home, or on to another world, their relatives would often gather up the books into a box and place it at the building entrance with the message: "Help yourself". After some time, the box then would move across the threshold of the building, so that passersby too might have a peek and pick out something to their taste. Only then would the books still left go to waste.

My home library, composed out of my curiosities, needs and financial abilities – the latter meaning that cheap pocketbooks predominate within it – is not of the type that can be donated to institutions. These books do not have any importance or dignity – these are not rare copies, first editions or the like. They would perhaps be of interest to psychologists, because from these books, I suppose, my unsystematic, all-over-the-place interests and indiscipline are visible, as is the fact that for my whole life, I never succeeded in arranging them according to even one criterion.

Naturally, the first thing to come to mind is libraries – but, as far as I've heard, even these have increasingly less space. For despite the laments of how we are reading books less and buying still fewer, they continue to be printed and printed. Maybe libraries in smaller places would still take them? Like on the islands, for example, if there are even any libraries there, considering how few people live there. The majority of my books are not even good for second-hand bookstores, of which only a few are left anyway. I could donate some of them to schools, especially the literary works published in the last twenty or so years. Then to hospitals. Yes, you might think that reading isn't for sick people, but still, somewhere I saw, maybe in Germany or somewhere further north, that every hospital department had its own little library, mainly crime novels. Even in eldercare homes the books would maybe be welcome, because older people have time for reading. But then again, maybe they don't have the habit of reading, and no longer have either good eyesight or the concentration necessary. For in these homes, it is TV series that predominate, and the fates of their heroes are the topic of daily conversation. The escape everyone needs to another world and to another's life, is served here in a short, simple version – and so I worry that my books would have little chance of finding any company. Because if books are not only objects, but rather something like friends or at least acquaintances, then it's understandable that I would like to know where they have gone to, with whom they have gone on to become friends.

I'm not old-fashioned, I have a Kindle – but a Kindle is a weak substitute for real books. It is practical, like a library right at hand which you can easily carry around with you everywhere, in which books are accessible with a single click. But it is impractical at the same time – you're not just able to return to an underlined, marked page, or to your own commentary in the margin, simply by leafing around. That's why a Kindle is more a kind of helpful expedient, but one which cannot have the same function.

There's still one important reason I'm getting rid of books. It seems to me that it's not fair to leave them behind for others to worry about. To those who will then have to face all these questions, and who will need to decide what to do. Will it be easier for them, because they're not so attached to the books? I myself easily forget that books are still just objects, things – and that the solution perhaps lies in this. Some third person, not connected either with me or with the books, could more easily pile up these objects in boxes and carry them off to somewhere unknown.

I'm certain that for my daughter this would be much harder – because the books would remind her of me, she'd probably remember where and when I bought them, how much I enjoyed them, how much I talked to her about a certain book, or how I even might have read her an extract out loud. The very thought of leaving her this burden wracks me already.

There are other reasons for clearing up the books – but to what end to list them further? I ask myself what, besides low energy, is really stopping me from undertaking this task. It is difficult for me to admit it to myself; it is difficult for me to even write down that it is a matter of – remaining time. But old age is precisely that certainty. The concealed reason for my hesitation with the books – in other words, about reducing reality to that which is strictly necessary – is that time, because of my age, is diminishing. I would be happy to leave a passable order behind myself (and the weight of the words "behind myself" is great). Except that the introduction of order to the books is, for me, a dramatic deed of rejection of teachers and friends, as definitive and traumatic as rejecting a part of myself. Can I really be left without the beloved *The Emperor* and other books by Ryszard Kapuściński, my guide over the bridge between reality and fiction? Or without Marguerita Duras' slender booklet, *La Doleur*, that painful *Pain* which is the focal point of writing about feelings? Or without Annie Ernaux's requiem to a sick mother, *I Remain in Darkness*? And what about Irena Vrkljan and Danilo Kiš? They are looking at me from the shelf above my desk, placed there at eye level so that they are within my reach, as if asking me: "can you be without us?" I defend myself weakly: "but I know you by heart, and anyway I can't take you with me." "Fool", a dozen of them tell me in a chorus, "you'll bring only us with you."

And they are right. And so, I laugh at my own self, and at my own enterprising spirit, condemned to decline before I even begin this envisaged "purge". Simply put, I feel that the little girl with glasses inside me is resisting it too much.

Thin Skin

I'm lying on the floor of a hospital room. The pale-yellow linoleum's still wet – a little while before, the cleaning lady washed it, whose forehead and eyes were all I saw, all the rest of her covered by PPE. Still, beside the foot of the bed, I notice a dark-red drip of desiccated blood, a small trace of someone else who lay here before me. It's early morning, three weeks after I was admitted to hospital with a coronavirus diagnosis. Last night, they transferred me from the intensive care department – where, I'm told, I spent 12 days, six on a ventilator – to this one-bed room, even though I resisted this as much as I could.

When they told me that I was leaving intensive care, fear had unexpectedly flooded me – my throat had tightened still further, sweat had soaked over me. I decisively shook my head: ”no, no!” That change was a big shock – I hadn't expected it. My bed, my place I'd grown accustomed to over days, the creatures in red masks who took care of me, these had been – since I'd come to from narcosis – my only certitude, the things that gave me a feeling of security. As they carted me through the long cold hospital hallways, illuminated with bluish light, I was terribly afraid of leaving the intensive care department, of being beyond the reach of the nurses and doctors who, day and night, had surrounded me, and the space that I'd come to know. I continued to protest shaking my head, not believing I could be better protected anywhere else, as the two indifferent male nurses drove me on towards the new destination.

I'm lying now on the floor of the new room, returning to that fear of separation from what had been my first experience of reality after waking up from narcosis. On arriving at the hospital I hadn't felt any fear, not even after they informed me of the diagnosis. Maybe, I no longer even understood anything because the illness had already taken root – but I do remember that I was shaking with fever, and that my head hurt terribly, as if a thousand tiny, sharp needles were piercing into it. But besides the pain, I didn't feel anything. A paralysis of emotion was obviously necessary for survival.

After they had me installed in the new ward, in an instant I'd fallen asleep, exhausted by the relocation. In the morning, I saw the room differently, as the first step towards a return to normal life. It is big and airy, with a window looking out on the hospital complex enclosed by pale green trees; but the view towards the outside world alters the rhythm of the body, which is no longer determined by masked people nor by the absurd hands on the wall clock, but by the light which enters or fades though the window. Still, I'm not able to rely entirely on my own estimations of time based on outside light. For I differentiate dawn from dusk with difficulty – but I am aware that it's May, and that the days are getting longer.

The hall in which the intensive care ward is located looks like a massive, prefabricated factory zone with blue-green curtains separating off the patients. In the half-dark of that space, which had seemed to me to be located in a cellar, there were a small number of signs by which I was able to determine the time of day. After waking up, all I saw from the real world was the people with black gas masks and translucent shields over their faces, covered heads, their whole bodies wrapped up in protective clothing – unnerving as they did not look like human beings. These beings would approach me – more precisely, they would approach the apparatuses to which I was attached – and would take my bloods, measuring my blood pressure and the oxygen level in my blood, give me medications and infusions. If I were awake, they'd give me signs: a thumbs up in place of a smile. Or would pat me with a hand in a fat, blue rubber glove. If they did try to say something to me, the sound of their voices barely broke through the mask. I too had a tightly-fastened oxygen mask covering my mouth and nose, making it impossible for me to speak. I'd woken up from the narcosis almost completely deaf, and so I had to show them with my hands that I couldn't hear. And that I was thirsty: firstly, I'd indicate my ear with my forefinger, and swirl my hand round, then I'd point towards my mouth with my thumb. I'd repeat these three gestures to everyone who would approach me, doggedly. My throat was unbearably dry, and I'd hoped that maybe it would hurt less if I could moisten it. I had an overwhelming urge to quench my thirst with water, even though every sip was hugely painful. But however much I waved and indicated that I was thirsty, the nurses, who certainly understood me, did not respond. Finally, to their horror, I gathered up enough strength to pull the mask off: "water, give me water!" Upon this, one nurse took a little sponge on a short stick, dipped it into a glass of water and moistened my lips on the inside, taking care that not one drip slid down my wounded throat. When I reached for the little plastic glass she was holding in her hand, she quickly pulled it out of my reach and, wagging her finger as if dealing with a child, indicated to me that I wasn't allowed to drink.

Later, after returning home, I'd dream the same dream two nights in a row. I am in the hospital; all around me are bearded people, and I'm shouting in my own language: "give me water, I'm thirsty!" They turn and look at me; they say something to me, but I don't understand them because their language is different from mine. Then they turn and leave. And I woke up with an intensive feeling of thirst, like in the dream.

Of the objects meant to return me to everyday life, there was only a clock there. It hung on the concrete column directly across from my bed. Big, with huge numerals so that short-sighted patients like me could see what time it was. Was the clock in that place for us to be able to orient ourselves back into time? Because, for me, the circle through which the clock-hand shows the time was metamorphosized into a straight line. The light in the hall would come on and be turned off, the personnel would come and go, but in some elusive rhythm not determined, as it usually is, by the light coming in from without, separating the day from the night. 11 o'clock, when the hands showed it on that clock, could have been 11 in the morning, or 11 at night – how could I have known? Did I need to conquer every new day anew? The one reliable sign that a day had either passed or begun was the brushing of teeth. But I couldn't know when this was in the morning, and when evening, if someone hadn't told me this. The time the clock showed was not mine – others determined it, and I just existed within it. My time passed by in sleep, into which I'd sink overpowered, into some special type of fatigue which wouldn't allow me to wake up. But at the same time it was not a deep, sound sleep – it was rather some kind of half-sleep, like when I sometimes drink down too weak a dose of sleeping tablets. A sleep in which I was half-conscious as to what was happening around me, but nevertheless, wouldn't feel awake. In those short periods when I was awake, I would be in a strange state of half-consciousness in which nothing existed except bodily feelings: wet, cold, uncomfortable, too hot, sore... Consciousness of the body transformed into consciousness about myself as a person, about my very own *I*. In the intensive care department, personhood becomes so small and unimportant. All that's important is that the body functions like a machine. In the first moments of semi-consciousness, I felt only that I exist. That I am. My eyes were wide open, I saw the hall, I was there; but neither was this a hall, nor was this I. It was rather a being plunged into existence, still without any identity, still vacant, without memories, without wishes or thoughts; only a feeling of being, a wary presence within timelessness. Like a balloon being gradually blown up.

The first evening in the new room, after the elation, a strong malaise set in. Nervously, I felt around for the alarm button – I wanted to be sure that I could reach it, because until then I had not been without supervision for even one minute. But already on the first morning, encouraged by the fact that I was no longer so dependent on others, I tried to raise myself up from bed, even though three catheters were protruding out of me, and I still had an oxygen mask on, connected to a tank by my bed, because of which I couldn't have kept on moving. Somehow still, with a huge effort, I managed to sit on the edge of the bed and lower my legs to the floor. But, as soon as I managed to stand up on my legs, holding the bed with both hands, I crashed down onto the floor. The alarm was on the other side of my bed, so I couldn't reach it. "I shouldn't have been so enterprising", I thought while I adjusted to get more comfortable on the hard floor. I'd fallen, but I hadn't hurt myself. No, I'd only felt how my legs, as if made of rubber, had bent at my knees, and how I'd slid down onto the linoleum. And all I'd wanted was to go to the bathroom. Because I even have my own bathroom, which, admittedly, I'm not even able to crawl to, because I've no strength for walking. But the thought's still given me joy, that maybe soon I might be washing my own face and brushing my own teeth, even taking a shower. The first time I'd thought of the future – for in the timelessness in which I had, till then, sojourned, there was no future. I didn't ask myself when I might be leaving the hospital for home – this thought was, to me, still completely far-off and abstract. The future, at this moment, meant only managing to take a shower. This was a realistic aim. To be able to tell them to sit me in a wheelchair, take me away to the bathroom and turn on the shower. To just let me shower after about 20 days of lying down, to feel the strong jets of hot water washing out the sweat and odour of illness, to let me have those jets hit my face, drum on my shoulders and slide down my legs in drops, down through my greasy sticky hair. To let me sit under the shower for a long time, until all the touches of others were washed out.

I wasn't dirty. They would wash me every day – and indeed by this, I knew that another day had passed. Two female nurses or a pair of male nurses, there always had to be two of them because they had to turn me on my side. I myself could barely move even my hands. The body was lignified, comatose and would not listen to me. Then, one of them would wipe me off with a cloth soaked in hot water and soap, firmly and systematically, first of all one side of the body and then the other, the back, backside – they washed the backside especially carefully because of the diapers which this body was forced to wear – and then the legs, and finally the arms. Only when they had me tucked into a clean nightgown, had washed my face and spread Vaseline on my lips, would the body allow me to be Me. The fingers of one of them might be gentler than others, and so then I'd feel tears moistening my freshly scrubbed face.

I'm not trying to get up from the floor because I'm too weak. I feel like I'm going to fall asleep, every now and then fatigue overcomes me, a fatigue I'm not able to resist. I'm trying to stay awake because, if I fall asleep on the floor, I could catch some new illness, and it could take a long time to convalesce. But I'm not able to shout or call anyone, either. When I try to say something, my throat first lets out some strange sounds, like a wheezing, and the words I'm trying to utter come out tortuously, turn into a barely discernible mumbling. Still, I'm not panicking – because I know that the nurse responsible for taking bloods, or the one who brings the medications, will soon open the door and come in. In the hospital, there is no peace; every now and then, someone will come along to fix, check-up, proffer, ask. Maybe that's how it should be, after all this is a matter of a sick woman who's survived a terrible new illness – an illness which sows fear and kills, and about which nothing is known. In this situation, there is something to be learned from every patient, just like from the white mice they experiment on in laboratories.

I'm lying, looking at my own arms. Thin, hanging skin – it's like they're not mine. "You've lost ten kilos", a nurse told me. When a person loses so much weight at my age, the skin is left behind, oversized. The skin surplus hung off the bones, swayed with every movement, quite empty, like a coat two sizes too big. Like it could be cut down to size with scissors. There's no longer any of the flesh and muscles which had filled it. Slowly, with an effort, I raise up my arm into the air and look at it there – an emptied-out, rippled bag hanging from my upper arm. As I'm lying opposite the window, the light is falling in such a way that I can see its every wrinkle, every needle prick, every little contusion.

That's how thin this skin of mine is.

I run a finger over a joint, there where the skin is thinnest. I touch the protruding bluish veins, as if wanting to convince myself that the blood's still running in me. Of how it *is* possible that all that's holding me together is that wretched, dry, wrinkled, almost-transparent membrane – all the bones and flesh and nerves and everything inside, the beating heart, stomach, intestines and the skull with the brain, and the thoughts inside it… this membrane is all that's preventing this big gathering of tissue called the body from falling apart, from spilling out onto the floor, from splashing out like a wet stain, from ceasing to exist… without that skin, there would be neither body nor me. That little bit of me that awoke after the narcosis felt the skin as a mantle, as the border of my being, suddenly highly fragile.

The one-room bed was a transitional phase before the next wing. First of all, they had to check if I was able to swallow liquids and food, and then whether any of this would even reach my stomach. The young female doctor listened as I swallowed: she pressed the stethoscope's chest piece against my throat, carefully listening in. Until now, they hadn't let me drink – I was under infusions, because if I swallowed they didn't know for sure where that water would end up, she explained to me. If I could drink properly, they'd take me off the infusions. Really, what that means is that liquid cannot be allowed to end up in the lungs, because this could suffocate me or induce pneumonia. I swallow slowly and carefully; she nods her head. It's good. She stops the infusion, pulls the needle out of my vein. She's talkative, so I find out from her that my condition of continuous somnolence is called chronic fatigue, and that it is not a side effect of the medications I was given at the intensive care wing – actually, it is one of the main aspects of my illness. "This could last a long time", she says. At this moment, I don't quite understand what this means, her words pass me by – as I'm still not able to conceive of what "a long time" means in my case. Is she speaking about days, or weeks? Or about that time that is to unfold beyond these words of hers?

It's already my second day in the one-bed room, and still I don't know how long I was under narcosis; my official – and only – visitors don't speak of this. One of them might even have said this to me, but the brain, floating into mist, didn't register it. The doctors here are a little restrained towards me. Although I no longer need to breathe with the help of a ventilator, and I'm now only connected to oxygen by a thin plastic tube under the nose, it's like they're not sure how present I am, how much I understand of my own situation.

After passing the swallowing test, I obtain permission for transfer to another ward – the neurological. There, they will check everything else, from my movements to my presence of mind and ability to express myself. In the new room, somewhere high up in the building (and maybe the intensive wing really is in the basement, because it seems to me that with every move I'm ascending one storey higher), there are also one woman and one man. I'd still never seen, in any hospital, men and women in the same room, but here, this is normal, and that's how it was in the time before corona too, they say. Now, with a weakish voice, I'm already enquiring about such things such things as that, which is interpreted as my presence of mind. They moved me here in the morning, in time for physiotherapy. First of all, a nurse released me from the oxygen tubes: my lungs now must breathe alone, and for that reason, as I lie, I remain constantly connected to a pulse oximeter, which reads the oxygen level in my blood. I do the first exercises sitting on the bed. The physiotherapist patiently explains to me the most basic movements, for example: to raise the leg from the floor to a horizontal position and to hold it like that for as long as I can. It seems easy to me at first, but when I attempt to do it, I must flex all my strength to keep the leg in that position for even a moment. "How will I ever begin to walk again?" I ask, discouraged, after the first attempt. She laughs and shakes her head. "Everyone asks themselves this", she consoles me, "but after three days, you'll be able to walk to the end of the room." She lifts me to my feet and holds me. She is strong and determined, and she holds me until I attempt to take my first step after more than three weeks in bed. My legs now seem less rubbery to me.

Already the following day, I dare to walk next to the physiotherapist while holding onto a walking frame. And I walk five-six metres, all the way to the bathroom! My steps are stiff, I'm trembling from the effort, but I don't give up. And I don't fall. We return to the bed, and then again to the bathroom, both in the morning and in the afternoon, day after day. My body's speed of recovery amazes me, as if some hidden source exists, from which it is drawing strength. One day, I'm barely able to stand on my legs again; but after only a few days, I'm already walking to the bathroom without any help. By the end of the week, I'm already daring to go to the door of the room, and then out into the hallway. I need about ten days to travel the entire length of the hallway, very slowly and still with constant effort. My female neighbour has been here longer, and she is moving around easily, even daring to go out to the lift, a whole thirty metres away. And my male neighbour is getting ready to go home! As I look at him packing his things, for the first time I ask a doctor how much more time I will spend in the hospital.

That depends on you, the neurologist, with her sprained leg in a splint, says to me – "it's difficult to get sick-leave during an epidemic", she laughs. She's responsible for conversation with the patients. The personnel are kind and loquacious, because this too is a part of therapy – really all of them are, from the nurses to the various internal organ specialists they bring over to the ward to examine us, or to whom they take us. "Here we have three aims for the patients: to establish normal communication with their environment, to start walking, and to begin eating solid food", the neurologist explains to me. "To walk, to speak, to eat... but this doesn't seem especially demanding", I respond. "So why then do you eat so little – you need to eat more", she says, but not reprovingly – rather somehow worriedly. "You've lost muscle, and now you need to build it up again." Yes, she's right. I know this myself, but I cannot eat, simply cannot. Like the others recovering from coronavirus, I don't have any sense of the smell or taste of food. "Force yourself to" – her well-meaning advice rings out.

"Force yourself to" is a new phrase in my hospital vocabulary. But however weak I am, it's easier for me to force myself to practice, than to actually eat. Firstly, they bring me some kind of fruit porridge, it seems to me like baby food. "The stomach and intestines must once again learn about solid food", the dietician says, as if talking about two schoolgirls. But the schoolgirls are disobedient. The stomach is revolting because the fruit porridge is provoking acidity within it, and the intestines aren't especially happy either. This straining over the porridge lasts at least a week, and so I loose still more weight. "Further weight loss is not desirable", repeat more of the various doctors, worriedly shaking their heads. A CT scan follows of my stomach and intestines – but they don't find the reason for my rejection. They recommend solid food; this is the one solution. "Eat", they advise. But how will I eat, when food has neither taste nor smell? "Force yourself", they tell me again. "Force yourself to", my family also tell me – I now talk with them by mobile phone, even though in a hollow whisper, because the severe throat pain still persists. "The sooner you get used to normal food, the sooner you'll get home."

The fight for a future is no longer about showering and walking, now it's a fight for each mouthful, three times a day. Like when I was a child, when my grandma would distract me from the meal with a picture book or a box full of colourful buttons which she'd shake out onto the table. My mum would then manage to pop a spoonful or two into my mouth, but as soon I stopped playing and realised I was eating, I would immediately close my mouth tightly. The meat, more precisely the pale boiled chicken, I completely refuse; but the other stuff, some kind of pitiful vegetables, potatoes, boiled fish – I barely manage to swallow a few mouthfuls of this, from which there's not much benefit. Like swallowing crumpled-up paper. A nurse would watch me compassionately, as if I myself were the biggest obstacle to my own recovery. The female speech pathologist brings me coffee, the therapist offers me biscuits. One of these torturous days of struggle, after a full two weeks spent in this ward, one young nurse whispers to me – as if conveying confidential information – "try the tomato soup, just try it, maybe you'll like it." I nodded my head, curious as to why this exact soup had come into her mind. Perhaps she realised that I'm from a region where they grow tomatoes?

In a moment, a little bowl of hot red soup had materialised before me. I carefully sipped the first spoonful, ready for disappointment. But at this moment, it was like I was recognizing the taste of food for the first time, like this exact soup at this exact moment had returned the sense of taste and smell to me. At first it seemed to me like this was magic at work. But perhaps this explanation is simpler: I had tasted something which my memory recognised, something similar to the homemade food I was used to. The nurse smiled at me; she was content. From then on, I ate the tomato soup two times a day, and it returned me to the world of food. And after it there followed unseasoned boiled fish, tasteless potatoes or peas and carrots from a tin. Although I still never had any appetite, with every forcefully swallowed mouthful, the road home opened itself up a little more before me, like a slightly opened door into a dark room, through which rays of sun are breaking through.

Towards the end of the stay in the hospital, the psych test awaits every patient. I don't remember a single question, and I am sure that I only answered a few of them. But one question has remained in my memory. For I considered that it's really premature, three weeks after they've taken you off the ventilator, for them to ask you: "do you think about how corona will affect your appearance?" Appearance? When I look in passing into the misted bathroom mirror, I see a person with slicked down hair, with big rings under the eyes, and with deep vertical wrinkles down the cheeks. The contours of the face are recognisable, but I don't see – *myself*. I don't pay attention to that figure, don't approach it – there's not yet time for staring. And it's enough for me to already be able to imagine standing soon in front of my own bathroom mirror, scrutinizing the results of the illness, from the outgrown grey hairs to the haggard face and the network of tiny wrinkles which will appear when I smile at myself. In the hospital, always more important to me than appearance, was to be able to wash myself and comb my own hair, to finally be able to stand under the shower, instead of sitting. And to be able to lift my arms high enough to wash my hair. Or to be able to push my legs through the trouser legs of my blue hospital pyjamas while standing up. "I can't know how much corona will change me", I should have said. But: "Perhaps you should ask someone younger about appearance" is what I suggested to the female doctor, evading the question.

Discharge from the hospital became a question of days. Now in this ward, I feel almost like I'm at home, mostly because the daily rhythm is familiar to me. The days are equal; the pattern is unrelentingly the same; there are still no unanticipated events, only repetition of the same. This hospital routine, which I have made completely my own, infuses me with security. The closer the departure time, the greater the need I feel for the security of what is known. Outside the hospital, the unknown is waiting for me, the reality which I must get acquainted with once more – and which I dread. My yearning for departure is followed in step by fear of change.

My laptop even arrived for me. I opened the emails, but wasn't able to read them. The screen looked to me almost as enigmatic as it would to someone looking at one for the first time – and reading even the shortest emails seemed to me to be an activity demanding enormous concentration and mental effort. "Will I ever again be able to focus long enough to read one whole book?" My neighbour in the bed across the aisle consoled me, that when he isn't exercising or on the phone, he reads. So, I need to practice reading as much as walking. "I will practice *reading*, my own most fundamental interest", I reckoned with a dose of bitterness. "And I will be happy if I remember what has been read!" This illness wipes the past away, leaves a wasteland behind. How much knowledge will be left to me? I have been noticing that I no longer think of the body, about the body. For the memory torments me. Between my physical and psychological recovery, total discord reigns. After two weeks, I'm already perambulating the hallway, quickly, a few times a day – but still I have holes in memory. As my body pacifies, memory returns slowly, but in unconnected images, like I'm lagging behind my own self.

My psychological life, for now, is only a supplement, an appendage to physical existence. In particular, it's difficult to recollect the time spent in intensive care – these memories are still only fragmentary. I remember a feeling of levitation after waking up; the moment when the doctor handed me the telephone and removed the mask, and I with great difficulty squeezed out a "hello" – because this was the first confirmation that within the ravaged body, which still had not the strength to shift position, there still existed a person.

From the very moment of waking up from the narcosis, I have felt that it is the body that recovers first – before the brain. That it is the body that determines everything, and that recovery is really – a dictatorship of the body. From where does it draw the strength? It's like it's a matter of a mechanism which needs fixing, and the doctors are the mechanics. The strength cannot just come from soup alone, from medicines, protein, persistent exercise and words of encouragement. There needs be something else in this conglomeration, some invisible ingredient, elusive energy. Where does the unappeasable desire for survival come from, of which I was not aware, but which I feel while straining to walk, or while swallowing bites of hospital food? From the very cells of the organism, which have their own will; or from the subconscious longing of the being, to live?

Return towards oneself is a long trial. Severe illness is an unbearable constriction of perspective, a moving away from others – for whom it's almost impossible to imagine how much it isolates, changes a person. But their voices, still aways far off, like thin filaments bind me to reality. I sense them all the louder, that they are all pulling me all the more towards myself.

I arrive home in trepidation. Am I as safe here as in the hospital? Will I be able to recover, to continue where I left off before the illness? Yes, I wanted for everything to be as before, at the moment when, departing for the hospital, I locked the door of the flat and got into the ambulance. And really, everything is actually the same, except for the bouquet of flowers and congratulatory cards which greeted me upon my return. This welcome confused me. "Welcome back amongst the living!", a good friend had written me. Suddenly, anger flooded over me, almost rage. Why such hyperbole? Why such dramatization? I'd done nothing to deserve congratulatory cards – there were others who deserve this, I didn’t even remember anything. I can’t understand whether this rejection of mine is a sign that I don’t accept the fact that I was at the edge of life? Or perhaps, I’m not able to endure responsibility for that fear which others went through over me – my children, my husband, my friends – for which I now feel guilty?

I’m also guilty because – due to the fear that they will not understand me – I fear confessing to them that through this illness, I lived to see what awaits me in old age: dependence on others, uncertainty, fragility and finally, lonesomeness. But this is still a long way off. I take the nail polish and polish my nails. The nail polish is dark red, the colour of desiccated blood.