

PERSONAL TRANSITIONS AND MORAL CHANGE AFTER SOCIALISM: THE POLITICS OF REMEDIES IN RUSSIAN PUBLIC HEALTH

Michele Rivkin-Fish, University of Kentucky

Since the collapse of the Soviet Union, public health experts have charted the Russian nation's precipitous decline, as measured in indicators such as rapidly rising morbidity and mortality, and decreasing fertility (Field 1995). Newspaper articles, social science analyses, and demographic reports describe the nation as a whole as being "ill"-- most age groups are suffering from significant increases in diseases such as TB, hepatitis, cholera, syphilis and HIV. The birth rate has sunk below replacement level and in 1992 became outpaced by the death rate, leading to cries of alarm among nationalist observers that the Russian people are "dying out."¹ Not infrequently, these discourses speak directly to the question of where Russia is going, what and where the nation will be in the next generation, the next century. The heightened alarm raised by these indicators is captured in the headline of a recent Russian newspaper article that reads, "Russia has 100 years to live" (Derzhavina 1998).

Nor is Russia under siege by physical threats alone: a moral crisis is widely lamented, described as the rapid breakdown of clear social norms and values, inversions of long-standing standards for public and private behavior. In ordinary conversations as well as the media, many speak of a rupture of the social fabric. Imported or homegrown, sexuality, profanity, and violence are depicted as invading the Russian social landscape. For some, the social losses society is experiencing have been brought about by the flood of Western imagery to Russia, with its alien values and practices that seem to devalue and degrade the Soviet legacy. Others see the moral degradation as a creeping, insidious infection originating in the Soviet organism itself and trapping the Russian people in its grips for over seven decades. In both accounts, physical crisis is mirrored in moral fragmentation; biological degeneration represents the nation's social and ethical demise.

For example, nationalist politicians and activists blame capitalism for the physical "dying out of the nation" [*vyimiranie natsii*], claiming that market reforms have weakened the ability of

families to provide for children and thereby depressed the birth rate.² Proponents of Westernization and market-based reforms, by contrast, believe that problems in public health stem ultimately from the stresses of life under a closed society, an economically stagnant economy, and an inflated, inflamed, and impotent bureaucratic machine. Yet as disputes rage over the causes of these crises, a shared cultural logic emerges in prescriptions to remedy the health crisis. Requisite paths to recovery are often understood to involve changing the nature of social interactions, reconfiguring human relations, and healing the social bonds of daily life. This view is found among both those who oppose and those who support current political economic reforms. It stands in contrast to both statistical records tracking processes at the level of the isolated individual-- persons born, cases of disease, individual deaths-- and causal statements about the role of the state and economy in shaping the public health. Although differences abound in ideas about the source of Russia's health crisis, practical solutions often target *personal* as opposed to political change.

In this paper I offer a preliminary analysis of two discourses Russian physicians use in health promotion that locate post-Soviet change in the moral renewal of the self and interpersonal relations. Drawing on sixteen months of participant-observation fieldwork conducted between 1993-2000 in St. Petersburg's women's health institutions, I argue that these visions link individual health and morality to the health of Russian society as a whole, and see both as matters of the moral quality of daily sociability. Moreover, I discuss the paradox these visions represent as templates for social change in a post-Soviet era, where the assumption among westerners has been that democratic transition would facilitate new, markedly political and social forms of engagement.

A key to this situation can be found in historical efforts to target societal change at the level of personal consciousness, and the article begins with a review of Soviet discourses that aimed to create a New Soviet Person. Yet it was

not only the Soviet state but also popular resistance to it that sought to colonize the realm of personhood and establish it as the site for developing authenticity, truth, and value. I argue that current efforts to locate transition at the site of the self and interpersonal relations are legitimate and meaningful because they resonate with historical experience and cultural knowledge about social action and morality. As we will see, health providers struggling to promote change today embrace familiar concepts concerning the self such as *kulturnost*, and develop other discursive strategies based on ideas such as individuality/*lichnost*-- both of which exclude political involvement in state or society as solutions to the health crisis. I explore the ways these concepts of personhood are used to construct transition as a personal process and suggest some of the reasons why moral and personal change, as opposed to political action, are widely advocated by Russian health providers today.

Creating Comrades; or, a New Soviet Person

The perennial question facing Russian thinkers, *Shto Delat'*? or What is to be Done? traditionally examined issues of political change, economic organization, and legal, institutional, and social modernization. Yet the anguished debates over the direction of Russia's future that have consumed social critics, fiction writers, and earnest professionals for centuries also addressed questions of consciousness, psychology, and personal morality-- often making their arguments about societal change precisely through portraits of individual characters.³ Before the Revolution, etiquette manuals from the turn-of-the-century proclaimed that realizing modernity required changes in the self. Such manuals promised readers that "any adult, even if raised in the village or behind a shop, can successfully reeducate [*perevosпитat'*] himself and become a proper [*prilichnyi*] person in the full sense of the word" (quoted in Peterson 1996: 191). The Soviet project, no less obsessed with the race towards modernization, imagined that one marker of the new socio-political order would be the emergence of a socialist personality, one committed to the tasks of collective life that would build communism. Yet realizing this new person in actual practice proved daunting. Despite the reorganization of economic relations and the eradication of private property, the proletariat did not automatically assimilate the new social consciousness the state required. By the 1950s Stalin elaborated a theoretical

explanation for the stubborn resistance of psychological tendencies and behaviors left over from the former bourgeois regime [*otstatki*]. Building on and adapting Marxist theory, he argued that changes in the superstructure followed a dynamic partially independent of economic relations (de George 1969:5). Developing a socialist personality therefore required special tactics aimed specifically at cultivating a new form of social consciousness. Socialist moral education would become an instrument for state planners and professionals to deploy in the struggles against crime, alcoholism, and other forms of "anti-social behavior."

The appeal of moral education as a strategy for social control became particularly evident in the aftermath of Stalinism, when state officials sought to distance the regime from terror and violence and reestablish its legitimacy (de George 1969:6-7). In 1961, the Communist Party of the Soviet Union promulgated the Moral Code of the Builder of Communism, a template of ethics with which each citizen was to model his or her individual character. At the core of communist morality was the obligation for each individual to internalize societal interests as his or her own, and work to fulfill them in daily life. To help citizens fulfill societal interests, the code prescribed official attitudes and behaviors, including appropriate political attitudes, individual behavior, and interpersonal relations. It was necessary to cultivate proper emotions towards the socialist state, such as "devotion to the communist cause and love of the socialist motherland;" and such emotions were to inspire people's daily activities as well, as they undertook "conscientious labor for the good society." For interpersonal relations in a socialist society, the code also established appropriate emotional and moral stances, including "humane relations and mutual respect between individuals...," "honesty and truthfulness, moral purity, modesty, and unpretentiousness in social and private life...[,] mutual respect in the family and concern for the upbringing of children...," "an uncompromising attitude to injustice, parasitism, dishonesty, careerism, and money-grubbing (de George 1969: 83; Field 1996).

In addition to this official code, one of the most important tactics the Soviet regime had for establishing and maintaining social control was a discursive concept that distinguished the proper from the profane in social life. The notion of *kul'turnost* or "culturedness" served at once

to designate spheres of civilization and differentiate them from social pollution; it brought together notions of propriety with those of good, right, and moral, and placed them in opposition to the vulgar, to social wrongs and human evils. *Kul'turnost'* is based on the prerevolutionary Russian aristocratic notion of *kul'tura* [high culture], with its images of civilized high society, progress, and modernity. Stalin drew on the enormous symbolic capital of *kul'tura*, with its links to the spiritual heritage of the Russian people as embodied by Pushkin and the oeuvre of classical Russian literature, to derive this concept of propriety in everyday behavior. Being "cultured" thus came to mean both having the knowledge of classic literature and art, and displaying the refined etiquette associated with spheres of high social value. Although devised by Stalin before the Moral Code of the Builder of Communism was promulgated, *kul'turnost'* clearly coincided with values promoted by Communist Morality, such as moral purity. Yet as a concept rather than an official code, it offered teachers and doctors, bureaucrats and parents a shorthand way of signifying and attempting to discipline knowledge and practice *without appearing to be political*.

Accommodation and Resistance: Alternative Interventions in Personhood

The effects of Soviet moralizing were multifaceted, complex, and contradictory. First of all, values such as honesty and truthfulness, mutual respect and concern for the upbringing of children, are hardly unique to communist morality. The widespread acceptance of these values would not therefore reveal much about people's responses to the demands of their state for certain kinds of moral commitments. For some, these values may have been celebrated and linked to the perceived legitimacy of the regime, while for others they may have been constituted as "universal" truths that the Soviet state cynically seized upon in rhetoric alone. Discourses of *kul'turnost'*, however, present interesting insights into this question, for it is arguable that actors deploying this concept do not necessarily see its associations with the Soviet state. This occurs because *kul'turnost'* entered colloquial speech as a signifier of civilization. It denoted an individual or group's knowledge of classical high culture as well as their perceived levels of etiquette, hygiene, and propriety. In interpersonal as well as impersonal contexts, from the home to work to school to the

media, *kul'turnost'* has offered a means of enforcing conformity and defining deviance in a way that made sanctioned behaviors appear *naturally* good, and alternative practices *necessarily* polluting. It thus gained legitimacy as the necessary component of a person's moral education, addressed in a child's socialization at home and in school, in health clinics, and other state-sponsored institutions. Simultaneously, the state's work in constructing and promoting the concept of *kul'turnost'*, and the usefulness of the concept to the state as a means of disciplining citizens to conform to official dictates while controlling potentially rebellious practices, often becomes invisible. By tapping into issues such as civilization and modernity as well as high culture and etiquette, *kul'turnost'* did not necessarily appear to be connected to state interests. Rather, assimilating the norms and values of *kul'turnost'* was equated with becoming a fully social person, having self-respect and personal dignity. In the process, the complicity this concept afforded between state and personal interests was obscured.

There is evidence, on the other hand, that Russians widely contested the central precept of Communist Morality to embrace society's interests as one's own. Examining social processes associated with the culturally-specific notion of "private life" in the Soviet Union between 1956-1964, Deborah Field (1996) found that both professionals and ordinary citizens made decisions and acted according to moral principles distinct from those of communist morality. For example, comrades' courts and Party leaders were assigned responsibility to resolve marital conflicts and instill in disaffected spouses the values described by Communist Morality as necessary for a successful marriage. The official Communist view depicted intimate relations and emotions as unambiguous and simple: "true love" lasted forever, and with the right attitude to family life, any marriage could overcome problems such as economic difficulties and housing constraints (Field 1996:170-179; 206-208). Nonetheless, in her examination of divorce proceedings from the Moscow city court, Field (1996: 221-227) found that many judges resisted the didactic role of promoting marital reconciliation and teaching couples to be good spouses.

Moscow city court judges for the most part seemed to base their decisions not on the dictates of communist morality, but on the circumstance of the couple; not on whether

the couple should stay together, but whether it was likely that they would. The very officials who were responsible for reuniting couples and teaching the public importance of family and marriage seemed to be guided by another set of concerns... The notion that relations between men and women were complicated and their feelings for one another immutable, that love... could not be regulated by law (Field 1996: 226-7).

The historical insights provided by Field and others (Boym 1994 and Dunham 1990), allow us to see rather decisively that Russians often rejected the direct dictate to make personal needs coincide with state interests. In fact, the state's efforts to colonize personal life led many to see personal issues as holding primary importance; a specific kind of "private sphere" became constituted that was to be distinct, separate, and free from the public, the formal, the bureaucratic, and the institutional. In Eastern Europe the anti-politics movement elevated the notion of personal, private morality to the level of supreme truth, the ethical ammunition against a corrupt and contrived socialist ideology (Havel 1991). Morality thus became an anti-state, anti-political endeavor whose natural locus was the individual and his/her personal life, in contradistinction and opposition to the collective spheres celebrated by the state. It constructs clear distinctions between the realm of ideology and the realm of truth and authenticity, between the public and the personal, the political and the moral. At the core of these oppositions is the refusal to attribute political dimensions to the personal, the moral, the sphere of truth. In Russia, anti-political forms of knowledge and practice were articulated in artistic expression (Cushman 1995) as well as in the embrace of the domestic sphere as site of refuge from state power (Tolstaya 1990).⁴ Politics had become so illegitimate, so polluting, that it could only exist outside, beyond the sphere of authenticity, remote from the self and interpersonal relations based in truth.

Western-based observers of anti-politics have recently opened debates concerning ways to understand and represent the relationships between antipolitical practices and state power. Was antipolitics a form of resistance carving out arenas of personal and group autonomy, or did it enable the reproduction of state power by encouraging people to opt out of political activity and abdicate involvement in changing

the socio-political sphere? In their respective analyses of rock and avant-garde musicians, Cushman (1995) and Szemere (2000) address this issue and argue that antipolitical constructions of the autonomy of art must not be dismissed as false-consciousness but seen as creative, historically shaped forms of empowerment in severely restricted political circumstances. These insights challenge us to consider the ways discourses and practices under socialism and post-socialism have been shaped by historical and political-economic conditions that significantly differ from western capitalist contexts. At the same time, health promotion work differs from musicians' constructions of identity in that it involves disciplinary practices aiming to instill new consciousness in others. The marginalization of politics from this kind of cultural work may have different implications than it did among underground musicians building their own communities and personal life worlds.

Russia's Public Health Context

Women's health in Russia is plagued by rates of maternal morbidity and mortality that are exceedingly high in comparison with Western countries. Maternal mortality was 50.2 in 1997, approximately 7 times the rate in the US (Notzon, F.C., et.al. 1999: iv). There were 2,016 abortions for every 1,000 live births in 1997 (Popov and David 1999:233) and abortion has been cited as a major contributing factor to maternal mortality in Russia. For example, abortion-related mortality was estimated to be 73 times higher in St. Petersburg than in the UK (WHO 1993). Between 1988 and 1997, the rate of syphilis increased from 4.2 per 100,000 to 277.6 per 100,000, an increase of 64.5 times (Tichonova et. al, 1997; *Naselenie Rossii* 1999:85-86). Gonorrhea, chlamydia, and HIV rates have also risen rapidly.

There are both historical and contemporary factors shaping these health indicators. The abortion rate and its associated mortality are products of the Soviet public health system and the effects of state production priorities on women's daily constraints. In 1922 the Soviet Union became the first country in the world to legalize abortion, and it has constituted one of the primary methods of fertility control ever since. Abortion continued to be used even after 1936, when Stalin criminalized it once again in the hopes of increasing the birth rate;

with no alternative technologies available for birth control, many women struggling to limit their childbearing under Stalin's rule contracted sepsis from illegal abortions and died (Engel and Posadskaya-Vanderbeck 1998; Popov and David 1999). After Stalin's death, Khrushchev immediately legalized abortion with the aim of improving women's health, but again left women and men with virtually no technological means to prevent unwanted pregnancies. Indeed, until the breakdown of the Soviet regime in 1991, very few contraceptive supplies were imported and even fewer domestically produced. The provision of abortions was institutionalized by the public health system as the cheapest way possible to offer fertility control. Provided by (mostly women) physicians who earned meager salaries, abortions were cheaper for the state than researching, developing, or importing other methods of fertility control (Popov 1992).

As a result of these constraints, many women in Russia came to see abortion as a necessary, if unpleasant but common procedure (Remennick 1991). In 1987, the official rate of abortion in the Soviet Union (a rate which did not take into account illegal abortions induced by non-medical practitioners, abortions provided by physicians "under the table" for illegal fees, and unrecorded abortions provided by medical institutions affiliated with particular industries) was estimated at 111.9 per 1000 women aged 15-44. In comparison, the rate in a country with contraceptive supplies and widespread sexuality education like Denmark, for example, was 18.3. Remennick notes that 46% of women in the Soviet Union in the 1980s had more than three induced abortions by the end of their childbearing years, and 20% had more than five. Only 15-20% of women surveyed had had no abortions (Remennick 1991:843).

The naturalization of abortion as fertility control has affected gender relations, the negotiation of sexual relations, as well as provider-patient communication in clinic settings (Rivkin-Fish 1997). Even to this day, for example, Russian physicians who encounter a pregnant woman in her first trimester do not assume the pregnancy will be continued. Rather, physicians assume that reproductive decision making occurs after conception has taken place, and this expectation has been institutionalized in health care practice as a matter of common sense (Geertz 1983). For example, in discussing the scheduling of prenatal care appointments or their health promotion work, health providers in St.

Petersburg's clinics frequently preceded their remarks with the phrase, "If she keeps the pregnancy . . ." This kind of statement is based on the assumption that most pregnancies are not planned but "just happen," and that most will not be continued but voluntarily terminated. Yet left unstated, such assumptions tacitly work to naturalize the routine use of abortion and post-conception decision making: that they happen is just "common sense." Such processes as the naturalization of abortion in health care settings, make it clear that practices of abortion are not simply a matter of individual, rational (or irrational, "uncultured") choices, but are structured outcomes of a specific health care system, expressed in women's, physicians, and probably also in men's dispositions (Bourdieu 1977).

In addition to being historically determined, morbidity and mortality rates and STD rates in particular over the last decade also reflect women's positions in a society in the throes of severe change. Mark Field, a long-time scholar of Soviet health care, has described all arenas of Russia's health at the end of the cold war, from fertility to mortality to morbidity, as resembling conditions in the aftermath of war (Field 1995). By alluding to the influence of structural and systemic causes, Field's description enables us to underscore that such indicators reflect changing political and economic conditions no less than individual decisions and practices. In the case of women's health, rapid economic dislocation and social anomie affect sexual practices and gender relations, and thus undoubtedly contribute to abortion use and the soaring rates of STDs. If STDs are affected by women's and men's new opportunities to travel abroad and meet people from a variety of backgrounds at home, it is also true that new economic constraints have increased the prevalence of prostitution as well as the informal use of sex for personal profit. Even in less severe situations, economic, social and political reforms have also led to changing assumptions about gender roles and power in intimate relations that may increase people's vulnerability to STDs and other illnesses.

Promoting Health Amidst Post-Socialist Change: Raising Kul'turnost'

Despite these complex changes at economic and interpersonal levels, many physicians believe that resolving the crisis and improving abortion, morbidity, and STD rates in

women's health necessitates "raising the level of culture" among women and men. They blame the masses for ignorance and spiritual impoverishment, which is seen as resulting in poor hygiene, self-care, and knowledge about appropriate behavior. While the "lack of *kul'turnost'*" is not necessarily defined as a new problem emerging in the post-socialist era, many physicians believe it has worsened with the breakdown of prior social, political, and moral orders. In such visions, improved physical and moral health would result from strengthening submission to expert authority. Hierarchy is to be internalized and affirmed through behaviors that convey unquestioning deference and obedience to technical experts such as health care providers. Women are to display modesty, refined gentility, and humility, characteristics that signify "culturedness." Rarely was the reliance on abortions, and the ensuing abortion-related morbidity or STD rates linked to the Soviet state's historical failure to ensure adequate supplies of contraceptive technologies, or to ongoing gender inequalities in the domestic sphere. Other illnesses commonly diagnosed among Russian women, such as nephritis, pre-eclampsia, and low hemoglobin, were also widely blamed on women's supposed poor upbringing and inadequate levels of knowledge, responsibility, and propriety.

Raising *kul'turnost'* was the perceived solution to widespread illness. For some health providers, this entailed nothing more than a return to Russia's spiritual literacy and legacy—as for one obstetrician in her 60's whom I met in 1995. She greeted my questions about women's health and the development of sex education with a warm and maternal smile. Talking with me in her white doctor's coat while tidying up the materials around the gynecological examining chair, she told me that despite the high levels of illness, "There's no need for a particular class on sex education. We learned everything there is to know about love from Tolstoy." In her view, high culture, morality, and good health are connected with the Russian classical tradition of *kul'turnost'*. For other physicians, however, sexuality education is an important venue for promoting morality about sexual issues, because most young people are no longer looking to Tolstoy for all their answers.⁵

Many physicians, in particular gynecologists who undertake sex education, were explicitly motivated by a concern for promoting *kul'turnost'*. This became evident in

discussions regarding the need to postpone the beginning of sexual activity. In St. Petersburg, during one sex education lecture I attended in 1995, the physician contrasted morally pure, virginal girls with sexually active girls, who are depicted as having lost all boundaries morality and self-respect:

It's important for you to know that in all countries, among all peoples, virginity, morality and purity have always been honorable... [Referring to her clinical work] I sometimes say to girls, "Ok, how many partners have you had?" [The patient answers] "I don't know." "What do you mean-- [have there been] 5, 10, 15?" And she says, "Well, more than 30." I say, "You know, to be honest it could be called a profession. If you don't want me to call it a profession, then you need to gather your courage and listen well to me, to what I think is necessary."

Although working rhetorically to shock her audience, this physician implies that a widespread moral degeneration is overtaking Russia's young women, with many on the verge of becoming prostitutes. She contrasts this unbridled sexuality and disorder. Expert authority is positioned as the only possible source of salvation. She continued by asserting that a sense of self-worth is connected with a cultured attitude towards one's body and interpersonal relations. The proper attitude will lead to sexual purity, morality, and happiness:

If there's a feeling of self-worth, that I am unique, that the vagina is part of me, the path on which my beloved will be the first to go, and that only he will go in this world and only my child will go through this path, then you will be guaranteed happiness. But if the vagina becomes-- as with many girls --forgive me for the rude comparison-- literally a courtyard passageway [*prokhodnoi dvor*] where not only drafts pass through but also those STDs, then there will never be contact between you and your child.

A moral approach to the body and sex results in happiness and love, while impropriety and a lack of culturedness result in pain, illness, and interpersonal schisms, emotional loss. Physical illness and emotional degeneration reflect moral disrepute.

By defining higher rates of STDs and abortion as symptoms of low culture, such discourses deflect awareness away from the political and economic factors that shape sexual relations, and portray sexual practices as entirely individual matters of moral propriety or failing. Improving women's sexual and reproductive health, consequently, requires medicalization instead of political and economic kinds of reform. For example, women's supposed inability to follow rules of hygiene and procedures for self-care are often used to justify hospitalization. Expert intervention in areas of life not necessarily involved with medicine becomes legitimized through claims that women on their own are incapable of knowing or doing what is best for themselves. "Listen to me, to what I think is important," the physician can demand, because she claims both professional expertise and moral uprightness on her side. The current discourse on *kul'turnost'* thus replicates Soviet techniques of disciplining and normalizing power to address the loss of order accompanying the breakdown of state socialism. Indeed, *kul'turnost'* reproduces a Soviet construction of the self and self-other relations as it seeks to revitalize expert authority and a hierarchical social order.

Cultivating Lichnost', a Certain Kind of Post-Soviet Individuality

There is another view of social change and interpersonal relations, however, one that locates the source of societal illness in the harmful, debilitating, and demoralizing aspects of the socialist legacy that are seen as lingering and continuing to shape people's consciousness and interpersonal relations. Achieving a healthier state for both individuals and society, it is assumed, requires the development of new forms of personal relations. In this logic, ways of interacting and being-in-relation— what I call different forms of sociability— are tacitly seen as associated with either the Soviet past, or with a post-socialist world. It is presumed necessary to overcome Soviet patterns of sociability for society to rid itself of the socialist past and move into a new era, a time when interactions will be devoid of the perceived debasing, disease causing characteristics of Soviet life. The transformation of social relations is seen as facilitating a passage out of state socialism, a progressive process of social evolution. In this view, it is necessary to cultivate a new kind of self, one capable of individuality, the assumption

of personal responsibility, and the development of healthy interactions with others.

A notable component of this view is the way it ascribes the nation's ills to state socialism. In contrast to those who lament the loss of *kul'turnost'*, many physicians and health service users regret the lingering presence of "our Soviet system" in traces left on people's characters, personalities, and behaviors. The image of a stereotypical "Homo Sovieticus" speaks to the ways this system is imagined to be embodied and reified in a certain kind of person. In such discourses, the source of societal ills stems from the remaining presence of Soviet state power encountered at the micro-level of daily life: in the continuing efficacy of state bureaucrats to routinize one's subordination when appealing for entitlements; or in the uncompromising authoritarians one confronts among superiors at the workplace. While such power is sometimes envisioned as utterly depersonalized— described, for example, as the opaque machinations of bureaucratic systems that leave people feeling vulnerable and defenselessness— it often can be seen in social relations, embodied in the practices of those in power. Such relations are captured in the commonplace expression "*Ia Nachal'nik— ty durak*"-- "I'm the boss- you're the fool."

Another idiomatic way of capturing the bureaucratic manifestation of Soviet state power in daily life was offered in the expression, "our system." Public health providers and patients often lamented expressions of "our system" in hierarchical interpersonal relations, and explained that such forms of sociability had infiltrated people's consciousness, sense of self, and way of being in the world. The necessary ways to heal problems of physical and moral health include reconfiguring this consciousness. Recognized as a characteristic form of Soviet sociability, such practices are opposed to moral forms of interrelations that health promotion strives to cultivate. I focus here on physicians' health promotion work as active efforts to change interpersonal relations, underscoring the ways they articulate visions of self and moral sociability through opposition with so-called "Soviet" forms of interaction.

One doctor, for example, discussed the need to overcome the domination of authoritarian personalities by gaining internal freedom. The Soviet system, he suggests, generated relations of utter subordination to

hierarchy and left ordinary people silenced, almost immobilized. In the Soviet system, he explained, daily life involved being

summoned to the rug of the boss's office. You stand there like a robot or zombie and they yell, they beat you and you don't say anything. Because if you do, they yell, "shut up!" For 70 years, the entire period of Soviet power, they did this to us. I don't want to say that we have democracy [now], but we no longer allow ourselves to be yelled at by the boss. We've acquired independence, human dignity. This is the most important thing. Awareness of the independence of *lichnost'* is very crucial. It's the most important goal; if a person has gotten to this inside, he's already happy. To not be a slave of the system, you must be free inside.

Transcending the effects of Soviet power in daily interactions requires developing *lichnost'*, loosely translated as personality or individuality. Several health providers and educators with whom I worked asserted that the internalization of the Soviet system by ordinary Russians has led to the deformation of their consciousness, as evidenced in their lack of individual character development and inability to relate to one another in socially healthy ways. Developing *lichnost'* is proposed as a means of overcoming this malady.

This view became expressed clearly in discussions about the need to end abortion. One doctor articulated clearly to me her idea that the use of abortion represented a broader set of problems: the social and spiritual debilitations wrought on individuals and interpersonal relations by the Soviet regime. When I asked her about the causes of high rates of abortion, she first commented on the inadequate knowledge of contraceptives among the population. But after a brief, thoughtful pause, she explained:

Our Soviet system didn't focus on the question of *lichnost'*. This was a major part of the problem. Women didn't see their children as needing to be developed, as in need of attention to help them develop and learn. We became a closed, introverted [*zamknutyi*] people. We don't open ourselves up. We don't interact with each other [*my ne obshchaemsia*]... In [the Soviet era], we as a people haven't developed. We've stopped.

For this obstetrician, as for many others, "our system" has infiltrated the most intimate levels of social life and led to a diminished capacity for interpersonal relations: mothers fail to understand their children and do not know how to raise them, adults cannot relate to each other. In her view, "our system" had stunted the growth of the nation as a physical, social, and creative entity.

In this vision, the routinized use of abortion was a symptom of a much broader and deeper set of problems facing Russian society. When I met this physician in 1995, she was on a mission to teach St. Petersburg gynecologists to consider their patients' individual contraceptive needs as opposed to assuming a "one-size-fits-all" policy, an approach characteristic of Soviet medicine, for whom an individual's unique, personal needs were often not considered. By teaching physicians about contraceptive methods, helping them to counsel women on the various available options, and by teaching women how to plan their families and reflect upon their decisions about childbearing and parenthood, she saw herself promoting the development of *lichnost'* among health providers and ordinary women. For this doctor, promoting birth control as a substitute for abortion involved, ultimately, the cultivation of *lichnost'* as a renewed sense of self that has transcended the psychological and interpersonal disabilities wrought by the Soviet regime on personal relations.

Promoting birth control use instead of abortion through physician re-education and patient counseling was, in fact, her way of helping move interpersonal relations beyond the limitations established by state socialism. She and other doctors like her who have become public health activists in Russia see the goals of health promotion and sex education as connecting individual health to independence from the Soviet system. They use the concept of *lichnost'* to imagine a healthy adult untethered by the structural constraints and psychological debilitations institutionalized by the Soviet regime and seek to instill this new consciousness in young adults. Deployed in these efforts, the view of *lichnost'* as a self transcending Soviet constraints appears, as Cushman and Szemere have argued with regard to the productions of avantgarde musicians, to offer a historically-situated, meaningful and political strategy of social change.

Some sex education lectures, moreover, were explicitly intended to develop this sense of individuality. Educators based their approach on an opposition to the Soviet era view that sexuality as an impediment to collectivism and therefore needed to be marginal for individuals and society as a whole (Field 1996). Soviet discourses on sexuality warned parents and teachers to stifle children's interest in sexuality as an insidious sign of the threats of individualism, pathologized as a danger to developing healthy Soviet attitudes and civic practices. Seeking to reverse these assumptions, educators' current approach to sexuality emphasizes that sex is a natural part of individual subjectivity and should not be pathologized or marginalized in a person's life. Indeed, a positive attitude to sex is seen as central to one's sense of individuality/ *lichnost'*. Sex education lectures instruct young adults in the need to see themselves as valuable persons whose identity is not defined by the state or any collective agent, and to see their sexuality as expressed not only with others but individually as well (Rivkin-Fish 1999).

Clearly, sexuality education is not simply a framework for conveying neutral "information" but is a discourse that defines a trajectory of change based in images of anti-Soviet consciousness and practice, now given legitimacy as "moral" renewal. It is important to point out, however, that the individual described in discourses of *lichnost'* is imagined not as an autonomous, isolated self, but a gendered, normalized person embedded in relations with others (Rivkin-Fish 1997, 1999). In many lectures, *lichnost'* is constructed as a self extricated from the subordination of the Soviet system, a self that feels unencumbered by the constraints of bureaucratic structures and is thus able to have fulfilling, *proper* interpersonal relations. Propriety, however, is linked to a series of normalized gender roles, obligations to others, and a certain degree of "culture." For women, cultivating *lichnost'* is typically portrayed as the development of appropriate maternal qualities such as caregiving and nurturing. In some lectures, children—including the unborn—are to also be recognized as *lichnosti*. One doctor referred to fetuses as she admonished her teenage listeners to consider their "children's" needs: I always explain to girls, you must know, that the child is like a prisoner [*uznik*]. It feels wonderfully in a little corner of paradise only when it understands that it is needed. If it

understands that it's not wanted, then every minute from the moment of conception, it is unhappy. It knows that its short life entails continuous pain, torment, shouts [*sploshnaia bol'*, *muki i krik*], which its mother simply doesn't hear...

Lichnost' is thus deployed in a variety of ways, for a range of purposes: it may be used to cultivate an internalized sense of autonomy from state and collective forces, but it may also be invoked to constrain women and subordinate their interests to those of fetuses and children. *Lichnost'* is not a concept of freedom per se, but rather conceptualizes separation from realms of knowledge and power socially marked as *Soviet*.

Conclusion

This paper has explored the ways that efforts to resolve Russia's crisis in women's health seek to construct social change through disciplinary practices of persons and interpersonal relations. As concepts for imagining healthier individuals and a healthier, post-Soviet Russia, neither the revival of *kul'turnost'* nor the cultivation of *lichnost'* offers visions concerning changes in political economic structures, such as the reconfiguration of health care and other bureaucratic institutions. No one is discussing the idea of more equitably distributing resources. Framed in logics intended to differ from or even oppose Soviet ideology, it is not political or economic change, but personal and interpersonal transformations that are seen as creating a new, post-Soviet era. How might we explain this situation? On one level, when Soviet ideology appropriated Marxist conceptual paradigms targeting political and economic spheres for empowering social change but did not realize the Marxist promises for human liberation, it partially delegitimized this approach to societal renewal. At the same time, Post-Soviets believe that struggles to catalyze political economic forms of change would be futile. Most physicians do note the poverty of Russian health care and the lack of political will among health care bureaucrats to invest resources in reducing morbidity and mortality rates. Yet despite the establishment of a "democratic" political system, physicians' access to decision-making agents and political power remains severely limited. Health providers now earn less money in terms of real buying power than they did under the Soviet era, and they have neither the economic nor political capital necessary for demanding reform. Making

claims on behalf of the health care system, patients, or their own professional advancement appears to be simply impossible. With no access, no voice, no capital to use in demanding change, health providers feel no more empowered than they did in Soviet times (Rivkin-Fish 1997, 2000).

There is another set of factors motivating discourses on transition as personal and moral process. This paper has focused on the significance that both Soviet ideology and oppositional practices historically placed on the personal sphere as a site of morality and authenticity, and I have suggested that current discourses actually reproduce these long standing forms of knowledge and power. In different ways, *kul'turnost'* and *lichnost'* both affirm the importance of the personal as a site of moral truth without appearing to be connected to state interests. *Kul'turnost'* has been deployed to buttress state power and official dictates for decades without announcing its associations to communist morality. Specifically, health providers who demand civility, modernity, and self-dignity through discourses of *kul'turnost'* work to reproduce their own authority, while rendering the relations between demands for *kul'turnost'* and demands for conformity to the state invisible. *Lichnost'* is compelling for similar reasons. It may be used in discourses that deploy professional power while appearing to directly oppose Soviet constructs of reality. For example, in Soviet materialist ideology, the fetus had neither individuality nor soul, and abortion was a morally legitimate (if socially undesirable) procedure. The ideas that the fetus is a *lichnost'*, a person in its own right emotionally individuated from its mother who bears upon its mother with interpersonal, moral obligations, stand in contrast with Soviet ideals and visions. Yet if *lichnost'* becomes legitimate by tacitly constructing a difference between the Soviet and post-Soviet imagination of persons, it does not announce its complicity in the reproduction of professional [state] power. Like Soviet discourses, *lichnost'* is often deployed to establish professionals as the source of authority, to enforce conformity between personal practices and professional demands, professional power, and professional authority. Health providers thus embrace the concept of *lichnost'* because personal transitions and moral change enable them to reinscribe power and professional authority over persons in apparently legitimate, anti-Soviet and antipolitical ways.

An exception to this process emerges in the use of *lichnost'* in select discourses that explicitly advocate individual autonomy from Soviet forms of knowledge. I have presented two examples in which *lichnost'* is deployed explicitly to overcome the marginalization of the personal sphere in favor of collective, state interests and establish personal empowerment for its own sake. First, I presented the case of a physician who used the notion of *lichnost'* to promote physicians' awareness that contraceptive needs differ among individuals when health providers, and second, the case of physicians who articulate the importance of sexuality as a central component of individual identity in opposition to Soviet efforts to replace sexual desire with collectivism. This use of *lichnost'* defines state power over the personal sphere as the problem, and seeks ways to re-envision personal empowerment. In such discourses, we may be seeing a historically-specific kind of resistance -- a culturally meaningful, political form of agency in the post-Soviet context.

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Notes

1. On Maternal Mortality, see Notzon, et.al. (1999: iv); on TB incidence, see Gessen, Masha, et. al. (1997); Williams (1997), (1998); Nochuykina (1999); on HIV / AIDS Incidence, see Kommersant, (1999); Getmanenko (1999); Williams (1999); Specter (1997); on Syphilis, see Tichonova, L., et. al (1997); on cholera, see Paddock (1997); on the birth rate and death rate, see Field (1995), on the "dying out" of the nation, see Khorev (1995, 1997).

2. Many non-nationalist demographers dispute the argument that low fertility is an outcome of recent economic changes, noting that the birth rate has steadily declined throughout the twentieth century in Russia and the Soviet Union. See, for example, Vishnevsky and Zakharov (1990) and Zakharov (1999).

3. Nikolai Chernyshevsky's novel *What Is to Be Done?*, written in the 1860s, presented the case for a new rationalist and materialist worldview based in socialism through the portrayal of the novel's heroes, who have transcended irrationality and live their lives through "rational egoism," the recognition that personal interests coincide with the needs of society as a whole (Chernyshevsky 1961).

4. See Goven (1993) for a critique of the ways antipolitics rested upon and reproduced systemic gendered inequalities in Hungary.

5. For a more comprehensive analysis of Russian sex education efforts, see Rivkin-Fish (1999).