Dying Unneeded

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Death of Society

We all perfectly understand where the death of society leads. The death of society is at first spiritual [dukhovnaia], then physical [fizicheskaia].

—interviewee

Vasilii, a former alcoholic and member of the sobriety society Sober Russia, attended the 2007 Moscow alcohol policy seminar. After the seminar I arranged to meet him at the salon where he gives massages. A polite, soft-spoken man, Vasilii told me that sickness of the soul leads to sickness of the body.

A person has a soul, spirit. And there is the body. So, in the beginning the soul is hurt, and through the hurt of the soul the body is hurt. At first a person’s soul is sick, and then the body begins to get sick. And then he dies and that’s it. And why? Because first the soul . . . the soul sickened. The soul was harmed and only afterwards the body.

He described the soul as emanating outward from the body, an “energetic envelope.” As he spoke, he told me to close my eyes and then he reached out toward me, “I can reach out to you, not touching you. But you sense that I am somewhere close.” He explained how breaking laws—he gave the examples of fighting, stealing, and hooliganism—compromises the energetic field,
rendering the body vulnerable. “When you break a law [. . .] then your energetic envelope breaks. You continue further, now the body. If you are already sick there . . . There is sick. [He waved his hand near the side of my body without touching me] . . . Here [he touched my side] is sick.” Vasilii’s soul is located around the body. An envelope suggests enclosure and protection, but energy suggests flexibility and movement.

This is not an inner, individualized soul, but a soul that is constituted beyond the individual, between individuals. The Russian soul is social. This view is also represented in other ethnographies of Russia. Pesmen, who takes the Russian soul as her central object, reports that someone told her the soul “isn’t in individuals but in their union” (1995, 71). Paxson describes a soulful person as one who gives to others, while a soulless person holds back (Paxson 2005, 78–80). Wierzbicka notes that the Russian soul comes into being through communion with others. She quotes from Pasternak’s Doktor Zhivago, “you in others, that’s what your soul [duša] is” (Wierzbicka 2003, 427).

Vasilii spoke of transgressions that violate social norms and make the body vulnerable. Breaking social norms ruptures the soul, which is located between people. And a ruptured soul can no longer protect the body from hurt. This understanding of the soul lying between people recognizes that society protects the body through norms of social interaction—an interpersonal order. It follows that the body is vulnerable to societal ills. It is a very Durkheimian way of thinking about the relationship between individual and society. In his work on suicide, Durkheim writes that “individuals share too deeply in the life of society for it to be diseased without their suffering infection” (1979, 213).

The soul protects through order but it also allows individuals to transcend the self and extend into space—prostor. The soul is the site of authenticity and truth—what really matters. Again Pesmen writes about the Russian soul as “having a tendency to ‘expand’ itself and ‘broaden’ other things, and is opposed to what was often called ‘this’ or ‘everyday’ life, considered to be less alive, deadening, not life” (2000, 307). The Russian soul sets people free to overcome the banality of everyday life, but it does this through tight social bonds. “It was the dusha that drew people together to create a specific kind of communion that . . . ‘you value more than anything else in the world’” (Pesmen 172). Through the tightness of social bonds, the soul offers space. It enlarges the individual. Space could potentially be dangerous if the soul wanders too far, but social bonds hold the soul back from being lost. Paxson
(2005) describes a fear of “being led away” in moments of wonder, but social belonging prevents this.

Middle-aged Muscovites did not talk about “psychosocial determinants” of mortality. They spoke about a soul that exists between people. It is a soul that conveys bonds and order but also expansiveness and space—an existence beyond the borders of the individual body. How then does the Russian soul with its characteristics of order and space help explain cardiovascular and alcohol-related deaths? How does a rupture in the soul weaken the physical heart and drive Russians to drink? First I establish how middle-aged Muscovites connected cardiovascular death and alcohol consumption with being unneeded. Then I stretch beyond my ethnographic data to suggest how being unneeded affects bodily health. I also contrast the emic view with etic views in the epidemiological literature that attribute cardiovascular deaths to a lack of social capital and alcohol consumption to a need for escape.

THE HEART AND BEING NEEDED

On a cloudy February day I boarded a crowded bus at a metro stop with directions and address in hand. A woman whom I had previously interviewed had asked a friend, Natasha, if she would also speak with me. Natasha was at home with her five-year-old granddaughter, who watched cartoons in the main room while we talked. Natasha, like Lidia and Margarita in earlier chapters, assured me that nothing much had changed for her. “You know, for me somehow, it didn’t touch me at all. I have my problems, I had my affairs. Somehow the politics . . . I, I don’t give a damn about the politics.” I tried to clarify that I was interested in her daily life, not politics. “No, no. It was the same as how it had been for me. [ . . . ] It didn’t touch me.” She told me that in the early 1990s she received her salary—“my kopeiki” (pennies)—as before. There were no salary arrears at the hospital where she worked in housekeeping. The head doctor distributed food packages on Fridays. Since she had three children she received fifteen kilograms of milk a week, which she gave away or used to make chocolate truffles. Natasha was adamant that she personally was not hurt by the changes in the early 1990s, but she was also adamant that society was hurt.

Natasha told me that people live and die alone now. She spoke of a friend who died of a heart attack at seventy years old in the hospital where they both worked. “Right at work she had a heart attack and that’s it. That’s it.
Forgotten.” And then she said: “Who needs us? Who is needed now? Now no one needs anyone else. The world has become terrible.” After talking about how children no longer help parents, she added, “I also don’t help anyone. I only help my granddaughter.”

Natasha connects her friend’s death with being unneeded and she makes it clear, when she talks about children helping parents and grandparents helping grandchildren, that being needed is helping others. In the epidemiology of Russian mortality, social capital—and its presumed relationship to civil society—is an important psychosocial determinant of cardiovascular death. However, the literature does not recognize how a culturally specific form of social connection was destroyed in the early 1990s. Moreover, the concept of social capital is more about receiving from others, while being needed is more about giving to others.

SPECIAL CAPITAL

Political scientist Robert Putnam, whose work on civic engagement in Italy and the United States popularized the concept of social capital (1993, 1995, 2000), defines social capital as “features of social life—networks, norms, and trust—that enable participants to act together more effectively to pursue shared objectives” (1995, 664) and more simply as “social networks and the norms of reciprocity and trustworthiness that arise from them” (2000, 19). In his book Bowling Alone (2000) Putnam documents a decrease in civic engagement in the United States over the course of the past half century. He details declines in voter turnout, labor unions, church attendance, and membership in parent-teacher associations, women’s groups, fraternal organizations, Boy Scouts, and Red Cross. Although Americans still bowl, they do not bowl in leagues.

Wilkinson introduced the concept of social capital to public health. In his book Unhealthy Societies (1996) he argues that income inequality destroys social cohesion and social capital and this contributes to differences in mortality among more developed societies. In a review article on social capital, income inequality, and mortality Kawachi and colleagues concur: “disinvestment in social capital appears to be one of the pathways through which growing income inequality exerts its effects on population-level mortality” (1997, 1495).

Measurements of social capital often incorporate elements of social support and social networks. In the first instance, social capital is commonly measured
by what individuals receive from interactions with other individuals—for example, emotional, instrumental, or material social support. When social capital is treated as an attribute of social networks, measurement may include number, frequency, and type of social contacts. A third sense of social capital is an attribute of a group of people, not an individual. Societies, regions, and neighborhoods have social cohesion; individuals do not. This requires a higher-order level of analysis, using indicators such as the number of voluntary associations in a community. However much mutuality and reciprocity are emphasized as hallmarks of social capital by Putnam and others, in the hands of epidemiologists reciprocity is rarely measured (Abbott and Freeth 2008). Even when social capital is considered as social cohesion, the concept concerns what individuals receive from living in certain places.

Francis Fukuyama, famous for having declared the end of history after the fall of the Berlin Wall (Fukuyama 1992), defines social capital as “an instantiated informal norm that promotes co-operation between two or more individuals” (Fukuyama 2001, 7). However, it seems that social capital assumes more than this. Indeed, a Western model of civil society is considered an epiphenomenon of social capital (Fukuyama 1999). This model requires the existence of voluntary associations, independent of the state, that serve to mediate between citizens and state. Therefore, societies without Western civil society must not have social capital—or they have “distorted” social capital.

DISTORTED SOCIAL CAPITAL

More than one social scientist has attributed the Russian mortality crisis to low social capital in Soviet and post-Soviet society, although a few have also raised questions about the usefulness of the term (Twigg 2003). Kennedy, Kawachi, and Brainerd (1998) find that a lack of social capital in post-Soviet Russian society—which they measure as mistrust in government, crime, poor quality of work relations, and low civic engagement in politics—is related to higher mortality rates, particularly cardiovascular mortality, across regions. In their discussion, though, the authors move from the characteristics of post-Soviet society to the characteristics of Soviet society. Based on the association of crude death rates in 1980 and 1994, they see continuity in mortality rates across time, suggesting “a key consequence of Soviet society was the distortion of social relations, and subsequently the erosion of civil society which may have made populations of certain regions more vulnerable to economic and social transformations” (1998, 2038). In other words, Russia
could not withstand economic shock therapy because of long-standing distorted social relations that eroded civil society.

According to Rose (1999), Russia is an “anti-modern” society that lacks the rule of law to curb state authority. Related to this, links between citizens and the state are constricted, resulting in an “hour-glass” society.

In an hour-glass society there is a rich social life at the base, consisting of strong informal networks relying on trust between friends, relatives, and other face-to-face groups. . . . At the top of the hour-glass, there is a rich political and social life, as elites compete for power, wealth, and prestige. . . . [T]he result is not a civic community but an hour-glass society, because the links between top and bottom are very limited. (Rose 1995, 35)

Rose calls Russian citizens “anticitizens.” They “protect their well-being by keeping the center of the hour-glass as narrow as possible in order to limit what the state can do to them” (1995, 41). Rose refers to the “culturalist approach” to support the claim that today’s unmodern Russia is deeply rooted in “the premodern folkways of unreformed czarist rule” (1999, 68).

From a cultural perspective, events of the past half-dozen decades, and even more so, of the past half-dozen years, are assumed to make little difference to the relationship that Russians have to life, nature, work, and vodka. While the truth of this culturalist perspective may be exaggerated, its relevance to us is clear: that the distinctly unmodern past of Russia still exists as an unacknowledged legacy, and one with which the country must still come to grips. (Rose 1999, 68)

Against this background, Rose (2000) empirically investigates the relationship between social capital and health in Russia using 1998 data. He finds an association between participation in informal networks and poorer self-rated emotional health in post-Soviet Russia. That is, individuals who use informal connections to find a flat or get medical treatment, for example, have poorer emotional health. Rose interprets this as an indication that informal networks in the Russian context are “an indirect measure of individuals retreating from formal organizations of an ‘anti-modern’ society that has left them with emotional scars” (2000, 1428). Rose perhaps means that Russians who rely exclusively on friends and family for help do so because they no longer trust formal institutions.
These findings are at odds with those in an earlier article coauthored by Rose (Bobak et al. 1998). Here the authors, using 1996 data, report an association between reliance on formal institutions (employer, state, public organizations, charities, or church) and poorer self-reported health. In this case, individuals who first relied on institutions for help when they had a problem felt less well. The authors call this finding “difficult to explain” but propose that, given the importance of informal social networks in Soviet Russia, “those who are forced to rely on formal institutions do so because they are socially isolated” (1998, 277).

In sum, both informal and formal measures of social capital have been found to be associated with poorer reported health in Russia. In contrast, Rose (2000, 1428) reports a “striking” relationship between better reported health and reliance on “anti-modern networks”—using money or connections to get officials to grant favors. He does not attempt to interpret this finding, and indeed it does not make much sense in an “hour-glass” society where citizens try to restrict connections with the state “to protect their well-being” and “limit what the state can do to them” (Rose 1995, 41).

In the research discussed above, poor health is attributed to the legacy of the Soviet past. The roots of the mortality crisis lie in a long-standing distortion of Russian social capital. At best, the mortality spike in the early 1990s reflects the inability of the Russian population to withstand painful but necessary reforms. Shock therapy in Russia is treated as normal, while the mortality crisis is an exotic complication. At worst, shock therapy simply drops out of the picture. In Rose’s stark prose, “The legacy of the Soviet era is that of social failure” (1999, 70). Either way, Russians bear ultimate responsibility for the mortality crisis.

**SOCIAL CAPITAL-ISM**

In the Western literature the concept of social capital is as much influenced by Western capitalism as the concept of being needed is influenced by Soviet socialism. Fine (2001) and Navarro (2004) have stressed the intellectual history of social capital as intimately bound to the history of economics and a turn to Friedman’s free market monetarism. The logic of the free market is the accumulation of capital, broadly defined as resources—be they natural, physical, financial, or human—used for production. Cash is capital; assets are capital; even labor may be capital. Social capital, then, “properly refers to productive value that can be extracted from social networks and
organizations” (Doug Massey in Muntaner 2004, 675). Fundamentally, social capital is about what individuals receive. This is especially evident when epidemiologists measure social capital as help received in buying a home, making house repairs, seeing a doctor, getting hospital treatment, entering university, or getting a permit (Rose 2000). Or social capital is measured using the answer to the question, “On whom do you rely first of all when having problems?” (Bobak et al. 1998, 271). These variables measure what people get from others. Russians used their social connections to make things happen for themselves, certainly, but, even more importantly, for others. In this sense, social connections granted status and power.

Social capital is presumed to result in a level of organization in society that is necessarily separate from the state—civil society. In Fukuyama’s (1999) treatment, civil society is an epiphenomenon of social capital. If a society has norms that promote cooperation, then civil society—voluntary associations separate from the state—will develop. Post-Soviet scholars have considered the concept of civil society extensively, contesting the assumption that there was no civil society in Soviet times and throwing doubt on the usefulness of the term (Hann and Dunn 1996; Hann 1998). Buchowski (1996), among others, troubles the assumption that civil society is necessarily separate from the state. Civil society is both used to govern and to “exert pressure on the power of state” (1996, 82). It “cannot be defined in terms of the opposition of society to the state, but should be seen as a dialectic of these two elements” (82).

Soviet social relations were complexly intertwined with the state. They were organized through Soviet structures, namely occupation, and served economic purposes, such as the distribution of goods and services. In addition, social relations infiltrated the political realm, secured political favors, and “softened the rigid constraints . . . of the Soviet political system” (Ledeneva 1998, 182). In contrast to “anticitizens” of an “hour-glass” society (Rose 1995, 1999, 2000) who attempt to limit their contact with the state, Soviet citizens were preoccupied with establishing connections inside the state apparatus to render the state more human and thereby secure favors. Soviet social relations were a culturally specific form of civil society.

It is not surprising that epidemiologists find that individuals who rely only on formal institutions or only on informal connections report poorer health. Rose finds that using so-called “anti-modern networks” (2000, 1428)—using money or connections to get officials to grant favors—is associated with better health. In Soviet times, informal connections included personal contacts
within formal institutions. The combination of formal and informal, horizontal and vertical connections secured goods and services not provided through official channels of the state and its bureaucracy. Individuals with only one source of help—formal assistance or informal connections—have lost the critical combination of formal and informal. Without this, what they are able to do is limited. Without a personal connection, there is no guarantee that official institutions will respond to individuals. Without a link to official institutions, what personal connections can accomplish is also limited.

Fukuyama writes that “if the state gets into the business of organizing everything, people will become dependent on it and lose their spontaneous ability to work with one another” (2001, 18). In late Soviet Russia people honed their ability to spontaneously work with one another. Russians co-opted the organization of the state to facilitate collaboration and meet needs. In Russia it was the collapse of the state and the restructuring of the economy that compromised the ability to cooperate with others. Russians lost those “features of social life” that enabled them “to act together more effectively to pursue shared objectives” (Putnam 1996). In that sense they lost social capital, but it makes little sense to call it social capital in a society with a currency of favors. Middle-aged Muscovites call it being needed—being in the position to make things happen through the allocation of favors.

For useful or needed people in Soviet Russia, “controlling events” came not through acquiring goods and services, but through the redistribution of goods and services. Katherine Verdery writes of “allocative power” as socialism’s most basic “law of motion”; power is located in redistribution instead of accumulation (1991, 420–21). While Verdery is writing of bureaucracy, the logic played out in all social relations. As one of Ledeneva’s informants explains in her book on blat, a blatmeister “realized that socialist society is a huge distribution system, and one just needed to find as many wires of this system as possible and stay near the socket” (1998, 172). Needed people were able to redistribute resources precisely because they were entangled within webs of state power. As Ledeneva points out, Soviet blat networks were “interwoven with other forms of power—both economic and political” (1998, 2); they were “rooted in institutions of power” (68).

Social capital reflects Western ideals and the political economy of neoliberal capitalism. Being needed reflects Russian ideals and the political economy of Soviet socialism. The mortality crisis in the early 1990s is a result of the collision of two cultural logics that left a certain generation of Muscovites isolated and disempowered—unnecessary—in the new Russia.
If an important component of cardiovascular risk is psychosocial, then it is also cultural and political-economic. In different populations, different psychosocial factors may exist. This does not necessarily mean that receiving support is not important for heart health in Russia. Neither does it necessarily mean that giving is not important for heart health in the West. It does suggest that certain risk factors may be more culturally salient or more culturally visible and that their effects could be heightened or muted depending on culture.

How then does being unneeded result in increased cardiovascular mortality? Why is being unneeded unhealthy for the heart? There is Western literature suggesting that giving—altruism and pet ownership—improves cardiovascular health (Arhant-Sudhir, Arhant-Sudhir, and Sudhir 2011; Das and O’Keefe 2006; Post 2005). A few studies among the elderly have suggested that receiving support is not always beneficial when it leads to indebtedness and dependency (Silverstein, Chen, and Heller 1996; Stoller 1985). The specific relationship, condition of need, expectation of long-term reciprocity, cultural norms, and life-course position all act as modifiers on the effects of receiving social support. In some cases, giving may be more important for health and well-being (Liang, Krause, and Bennett 2001; Batson 1998).

Giving is also active, while receiving is passive. In Soviet Russia giving was a form of control over circumstances. Perceived control is a well-established cardiovascular risk factor. In his article on social capital in post-Soviet Russia, Rose writes, “Among all the indicators of social capital, however defined, a sense of controlling events has the largest Beta for physical and emotional health” (2000, 1429). Other data support the link between perceived control and health in post-Soviet Russia (Bobak et al. 1998; Bobak et al. 2000). Barrett and Buckley (2009), using data from 2003, find that women report less perceived control than men in Russia, as elsewhere. Perhaps the effects of perceived control on morbidity and mortality vary by gender. Measurements of perceived control do not measure being needed. Being needed may attenuate the effects of low perceived control among women.

Some middle-aged Muscovites might insist that Russians have had little control over their lives throughout history and that they themselves are no exception. Nonetheless, social connections in Soviet times served as a minor corrective by which individuals, in collaboration, could displace the weight of history and politics. Through these connections Russians felt a sense of space apart from the prevailing order of their time. In the early 1990s,
unneeded people were not able to push against order to create a bit of undetermined space. Unneeded people did not have recourse to the logic of social relations because they could not offer anything to others. Therefore, they were subject to the whims of history and politics.

The logic of being needed is about giving, but its importance for health may come from the way it fosters social integration. A study comparing middle-aged men in Lithuania and Sweden finds that psychosocial factors such as social integration may be more important than classic risk factors for cardiovascular disease (Kristenson et al. 1998). Moreover, these differences may also explain socioeconomic differences in cardiovascular health in Sweden (Kristenson et al. 2001). Intriguingly, Stone (2000, 1733) notes research that finds Estonian women who felt “less valued” had higher heart rates, a risk factor for cardiovascular damage. The logic of social integration is culturally specific, and yet culturally specific logic may reveal roots of poor health in other places too.

ALCOHOL

In the epidemiology on alcohol use, puzzling research findings show that alcohol use in Russia is not related to psychological distress (Cockerham, Hinote, and Abbott 2006), anxiety sensitivity (Zvolensky et al. 2005), alienation (Palosuo 2000), or poor self-reported health (Cockerham 2000; Perlman and Bobak 2008). In fact, some studies report that alcohol use is associated with better indicators of health, both psychological and physical (Rose 2002; Bobak et al. 1998). Bobak and colleagues (1998) find that individuals consuming more alcohol report better physical functioning. They find this “difficult to interpret,” simply commenting, “the direction and magnitude of this association are not plausible and most likely reflect reverse causation” (1998, 275). In other words, sick individuals stop drinking; the association between alcohol consumption and better health is spurious. The article focuses on perceived control as a predictor of reported health, but the relationship between alcohol and perceived control is not reported. Cockerham (2000) does not report on the relationship between alcohol and reported health but does consider that men are both more likely to drink and more likely to report better health. He attributes this finding to men’s “lack of knowledge or awareness about the implications of their health lifestyle, or a disregard that may ultimately prove fatal” (2000, 1318). McKeehan (2000) finds that individuals who drink report better physical health in Moscow. It seems that for a
majority of Russian men, alcohol may improve health—certainly self-reported health, but perhaps even objectively measured health.

Self-reported health and mortality are not the same outcome, but they are often correlated (Idler and Benyamini 1997). The fact that they show significant relationships with alcohol in opposite directions—drinkers report better health and frequent heavy drinkers are more likely to die—is intriguing and may help to explain why uncovering a strong epidemiological association between alcohol consumption and mortality has not been straightforward. McKeehan’s (2000) article uses sophisticated multilevel modeling to show that while an individual who drinks is more likely to report better health, individuals living in areas of the city where more alcohol is consumed report poorer health. It is possible to once again interpret this as reverse causation—sick drinkers stop drinking. Another interpretation is that drinking improves health for individuals living in areas of the city where health is poor. In this case alcohol would serve as protection in an environment of risk.

In a recent article Leon, Shkolnikov, and McKee write:

We are still lacking an adequate account of what underlying mechanisms may have transmitted the shocks of the collapse of communism and the succeeding convulsions that affected all aspects of Russian society, to the behaviours of individuals, inducing many to change their drinking and thereby altering their risk of premature death. . . . [A] complete explanation for the role of alcohol in the Russian mortality crisis has to go beyond this to examine the social and psychological mechanisms involved. Pathways are going to operate both through the effects of ethanol on physiology as well as through the effects of social deprivation, impoverishment and isolation that are a result of drinking. (2009, 1634)

This quotation begins with a call for ethnography. Ethnography has the potential to reveal “underlying mechanisms” that connect large-scale social change to the experiences and behaviors of individuals. The mechanisms hinge on an understanding of Soviet and post-Soviet social relations and their embeddedness in larger ideological, political, and economic configurations. Leon, Shkolnikov, and McKee conclude by highlighting social deprivation, impoverishment, and isolation as a result of drinking. Certainly, frequent binging and the use of surrogates will contribute to these. But drinking is also a reaction to social deprivation, impoverishment, and isolation.
When Natasha’s three children were young and she was not working in the hospital, her husband drank. “He crawled, like a cockroach on all fours,” she told me, as a description of his low state. She would take her children with her to meet him as he left work and collect his salary, but he would sometimes leave through another exit, disappearing for three or four days at a time. They have since separated, although they are not divorced. He has stopped drinking and they now share responsibility caring for their granddaughter during the week. Natasha has her granddaughter until five in the afternoon. When he comes home from work as a lathe operator, her husband looks after Katya until ten at night. When I asked if it was hard for her husband to stop drinking, she spoke about his various past treatments. She also spoke of his relationship with his granddaughter: “He can now drink a bottle of beer or something else, but he has a granddaughter, he helps out really well, he buys what . . . he buys her everything. He loves her. He teaches her everything. They even do drawing and everything.” Her husband doesn’t need to drink now because he is needed as a grandfather.

Unneeded men drink. As one interviewee told me: “And what to do? . . . Everywhere you go, whatever you say they push you away, and say ‘Go away, who needs you?’ He drinks, there isn’t another option.” In the early 1990s, men struggled to maintain a sense of being needed, but women were more needed than ever in the family. My friend Tatiyana, who took Margarita back to Novyi Arbat street after fifteen years, explained:

Because, for a man it is very scary to not be needed. Yes, really scary, because for a woman it is all the same. She is always needed because she is in the family. So, she is in the family and she must care for someone. But a man must feel needed, if you will, his . . . well, some sort of significance. And when that collapsed. . . . Well, what I mean is my generation, the men of my generation, because those drops in [earnings]. [. . .] The working pay of those people fell very low. Why? Because all of industry was ruined. That’s why. [. . .] And a person who suddenly sees that not only can he no longer provide for his family, but even for himself, in general, feed himself. He loses himself. And that is why for many men it was a simply a catastrophe. Because of this they began to drink more.
While women do drink in Russia, they are much less likely to drink than men (Bobrova et al. 2010). Women are more likely to sit together over tea in the kitchen. Nonetheless, in the early 1990s women also turned to drink. In fact, deaths among women attributable to alcohol dependence and alcohol poisoning registered one of the largest percentage increases from 1990 to 1994 of all causes of death (Notzon et al. 1998). Tellingly, middle-aged Muscovites considered women drunks an especially ominous sign. Interviewees thought that drinking women must not have children. One woman explained:

A woman, she doesn’t let herself go. More often than not a woman . . . well those who have children, those who . . . I am saying, we are not talking about those. . . . There are those [who drink] among women. Those are the worst drunks and that’s it. But in general, women have children. There are some grandchildren. So a woman already gets something, do you understand? One or two children to raise.

I let her continue.

I was at the sanatorium and I said that . . . I said, “Well, something happened and it is as if I am not needed as a mother.” Like that. And they said to me, “What are you on about? You say such things!” So, to raise [children], that is over all, that is already over and above. So there. So I calmed down.

At some point in her life, this woman lost the sense that she was needed. But she was a mother and the others at a sanatorium (I assume these were women, but they could have been men) were shocked that she would even entertain the thought that she was not needed. “What are you on about? You say such things!” The others might not have had to say much more. She understood what they meant. Women get something “over and above” from raising children—a sense of neededness.

What do Russian men do when they confront being unneeded? Older Russian men traditionally do not have the same relationship with their children or grandchildren as Russian women do. If they are not able to provide for women or children and do not feel valued at work, there is not much to prove that they are needed in society. Drinking may be one way men are able to experience a sense of neededness. Drinking in Russia is a culturally sanctioned mode for men to experience, as Tatiyana said, “some sort of significance.” It does this by satisfying a yearning for social belonging. Pesmen
quotes a man who explained why drunks talk so much about respect. “They are really saying ‘Do you feel that I am an absolutely related, dear person to you?’” (1995, 72). Another woman told her that respect is “awareness of others” (1995, 72). Drinking is also tied to social belonging and status through giving and generosity (Pesmen 1995, 2000). At the alcohol policy seminar Vasilii, the former alcoholic, mused on drinking as a threesome: “Thee people and one half-liter bottle. How do you divide five hundred [milliliters] by three? Yet there were never any fights.” Drinking together is status leveling (Koester 2003), creating a sense of social equality and belonging. People who refuse to drink with others may be accused of thinking themselves superior. In the early 1990s, a sense of social equality among drinkers would have been especially important for men whose status in the new Russia was the least secure. In Moscow unemployed middle-aged men with less education were exposed to the emergence of the nouveaux riches as they themselves became unneeded.

Drinking also relates to the ideas of order and space in Russia. As far as order, drinking is a ritualized practice that is primarily undertaken with others and tightens social bonds. As far as space, drinking is a practice that flouts authority and social responsibility—a bit of space free from the state, work, or family.

**DRINKING AND SPACE**

On the first day of the 2007 Moscow alcohol policy seminar, a Russian man who did not identify himself stood after a panel on alcohol mortality to make a comment. He began by talking about how hard liquors are referred to as “spirits” in English. In Russia, he said, drinking was also related to spirit and soul. “It is happiness,” he continued, “and you are not talking about that side of it.” His comments, while acknowledged, met with little response. Later I was in on small talk where some of the social scientists commented on the man’s ruddy skin tone and insinuated that he might be “one of those”—which I took to mean an alcoholic. When I found this man at the seminar reception he had been drinking. I wanted to ask about what he meant by happiness, but he was soon diagnosing the peculiar characteristics of my unborn child. The topic made me intensely uncomfortable and I left. Despite my failure to elicit more from him, I think his reaction to the presentations connecting alcohol exclusively to mortality is crucial to understanding why Russian men drink and why they might have drunk more in the early 1990s.
Another man told me that men are the warriors and hunters, the risk takers. “If I am alive or not . . .” He didn’t finish his thought but continued with a story from Pushkin’s historical novel The Captain’s Daughter (1957). When Pugachev, the leader of the Cossack Rebellion under Catherine the Great, is reminded of his impending mortality, he recounts the story of an eagle and crow. The eagle asked, “Crow, isn’t it unjust somehow that you live three hundred years and I only thirty? Why is that?” The crow said, “Everything depends on diet, on food.” The eagle said he would feed on what the crow did and they flew off. The crow found a dead horse and pecked at the decaying flesh. The eagle pecked once, pecked twice, and spit it out, declaring, “It is better to live thirty years and feed on living blood, than to live three hundred on carrion.” This man then interpreted the story:

In that is the heart of the matter, of all stories about our men. At the heart of it we end our own lives, with our arrogance, our pretension, our drive somewhere, to certain heights. [. . .] And what is more, it is considered almost culture, if I want to weasel out of something, I must [. . .] sit a bit. Related to this, it isn’t a shot, a taste of whisky² for example, but by the glassful. We are avid smokers, all of us, and a multitude of other excesses.

Men “weasel out” of their responsibilities through drink. What is more, they transcend the banality of their everyday lives through drinking and other excesses. In their article using life stories to illustrate different patterns of drinking, Zdravomyslova and Chikadze write about one man who drank “to alleviate the unbearable boredom of his existence. He says, ‘All my adventures take place when I am drunk’” (2000, 46). Sokolov writes, “In Russian culture, intoxication is seen as a state that temporarily places individuals outside the moral boundaries of the moral community—and then admits them back in” (2006, 17–18). Individuals are able to maneuver between society’s conflicting claims and alternative moralities (Sokolov 2006; Koester 2003). Men, in particular, can feed on living flesh and never fully lose themselves.

Russian men crave the fresh, the real, and the spontaneous. Like the eagle feeding on living blood, Russian men would rather experience the thrills and extremes of life even if they die young. A Russian cardiologist told me that he had trouble convincing his male patients to take their medication. He tried to tell them that taking their medication would lengthen their lives. That did not move them. “Think of your grandchildren,” he would say. It did not seem to matter. Middle-aged men did not seem to care if they lived five more
years. They wanted to live life to the fullest and if that meant a shorter life, so be it. Drinking opens up space beyond mere existence.

At the same time, moments of release into this unbound space are ordinarily held in check by the very limits they flout. Order and responsibility demarcate space for spontaneity and excess, and even yield as men push against them, but they do not fully give way. In Soviet times, the drive to excess was limited, to greater or lesser degrees, by responsibility to family and state. As my landlord told me, if a man needed to work during the week, he better sober up after the weekend. On the other hand, if men lost their work or were idle at work, there was little reason to stop drinking come Monday. Over time, as Soviet ideology and state control waned, and work was no longer imbued with the same sense of significance, it no longer held men back. This may be why mortality started to increase in the 1960s.

In the early 1990s when the Soviet state was defunct and the contours of the new Russia still hazy, men’s risk taking was not sufficiently counterbalanced by any order. In the context of a failed state, drinking could spin out of control and become excessive. When the Soviet state fell, men turned to drink to experience a lost sense of social belonging, as well as a sense of power to push against what bound them. Unfortunately, not much bound them. Responsibilities that ordinarily served to limit excessive drinking were diminished. Men pushed further and further before finding limits. Working-class men suddenly rendered unneeded by the state would have been most at risk, especially if they were also unneeded at home. Feeling unneeded may even have led to increased negative effects from problematic drinking.

Drinking binds people together at the same time as it sets them free. Initially this seems contradictory—a paradox. But if we think of Vasili’s soul, the energetic envelope around the body, the soul allows the self to escape the atomism of the body and venture out into the spiritual space of society. Individuals can push against the borders of the envelope and, in so doing, enlarge their souls.

**REMEDY FOR THE SOUL**

Drinking in the early 1990s was a logical response to what one interviewee called the “death of society.” Russian drinking ties individuals together in soulful communion. It is true that drinking can also be destructive. Drinking among Russian men is often binge drinking, so even normal drinking behavior, if done frequently enough, will drive up death rates from alcohol
poisoning and cardiovascular deaths related to repeat binging, especially among men who are unneeded. Further, as men increasingly rely on drinking as one of a diminished set of social practices that are soulful—that is, social—drinking eventually turns on them to become a mark of soullessness and social isolation.

Kideckel’s (2008) ethnography of working-class Romanians describes drinking as part of identity, work-team solidarity, and masculinity. In post-socialist Romania more men drink alone. Furthermore, “stress-related drinking . . . magnifies alcohol’s negative effects on body, health, and spirit” (2008, 203). In Zdravomyslova and Chikadze’s article on drinking patterns, Vlad’s drinking “became excessive and self-destructive when other masculine characteristics, i.e. a well-paid job, independence, and a stable family life, deteriorated” (2000, 43). Sometimes, though, drinking among Russian men is facilitated by their work and workplace, “embedded in social norms related to particular industries and the reproduction of the masculine ‘worker’ identity” (Saburova et al. 2011, 8). As long as men remain employed, this may protect them to a degree by containing drink within a framework—giving drinking a space without letting it spin out of control.

Medical anthropologist Merrill Singer and colleagues’ article “Why Does Juan García Have a Drinking Problem?” illustrates how one man’s drinking problem bears the imprint of global political economy. Analysis that remains at the level of the individual is deeply misleading. In this case, expanding wage labor in Puerto Rico created a relationship between masculinity and alcohol, wherein alcohol was reward for labor. When Juan García immigrated to Brooklyn and subsequently lost his factory work there, “drinking was all that was left for Juan that was manly in his understanding” (Singer et al. 2010, 316). Similar historical analyses trace the effect of industrialization on masculinity and drinking in Russia (Hinote and Webber 2012; Transchel 2006).

Some epidemiologists dismiss the finding that alcohol use is associated with better indicators of reported health, calling it “not plausible” (Bobak et al. 1998). If drinking serves to connect individuals, repair a sense of need-edness, or reassert masculinity and social equality, this finding should be expected. In the early 1990s drinking provided Russian men a sense of being a part of something larger—society—at a time when society itself was in question. Alcohol use is not always associated with indicators of psycho-social stress because drinking is what real, soulful Russian men do. Drinking men are socially connected men with social status. Thus, drinking is often associated with better health.
Drinking in Russia during the early 1990s was not only an attempt to escape problems but perhaps primarily an attempt to address them, with sometimes tragic consequences. Alcohol in Russia improves men’s health—both perceived emotional and physical health—before it ever kills them. Much drinking in Russia is resilience, a culturally sanctioned means for men to express their masculinity, neededness, and social significance.

A focus on alcohol as a behavioral risk factor leads to a preoccupation with the individual and draws attention away from the larger political-economic context. Alcohol is part of the mortality crisis, but the behavior of individuals reflects broader social logics, themselves reflections of political economy at the local, national, and global levels. In its attempt to identify risk factors, epidemiology strips these factors of their cultural context.

So why were certain Russians more likely to die in the early 1990s? The destruction of the state and the socialist economy was also the destruction of certain Soviet social connections that granted Russians a limited means of control over their lives. Social connections and perceived control are known to be associated with cardiovascular health. Alcohol-related deaths are also related to the destruction of social connections. Russian men sought social connection through drink—the traditional means by which men bond. Coupled with Russian men’s predilection for extremes, men drank harder and more frequently. In Soviet times responsibilities to the state and family served to hold men back. With these defunct or diminished in the early 1990s, men ventured further away, losing themselves. It was the death of Soviet society and a sickness in the soul—that soul which lies between people—that made the individual body vulnerable. “The death of society is at first spiritual, then physical.”