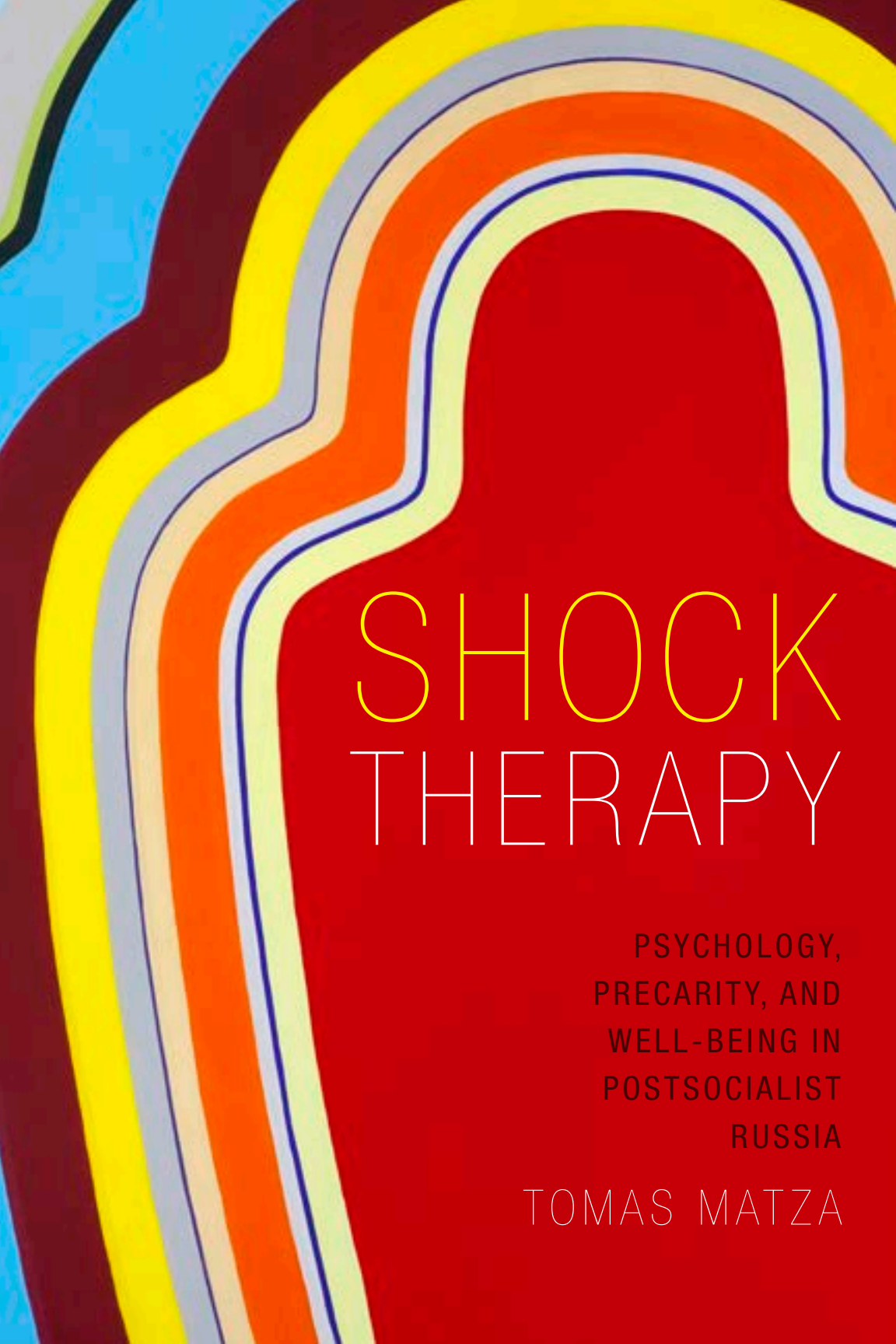

SHOCK
THERAPY
PSYCHOLOGY, PRECARITY, AND WELL-BEING IN POSTSOCIALIST RUSSIA
TOMAS MATZA

SHOCK THERAPY

SHOCK THERAPY

PSYCHOLOGY, PRECARITY, AND WELL-BEING IN POSTSOCIALIST RUSSIA

TOMAS MATZA

Duke University Press / Durham and London / 2018

Printed in the United States of America on acid-free paper ∞
Designed by Heather Hensley
Typeset in Arno Pro and Helvetica Neue by
Westchester Publishing Services

Library of Congress Cataloging-in-Publication Data
Names: Matza, Tomas Antero, [date] author.
Title: Shock therapy : psychology, precarity, and well-being in postsocialist Russia / Tomas Antero Matza.
Description: Durham : Duke University Press, 2018. | Includes bibliographical references and index.
Identifiers: LCCN 2017049283 (print)
LCCN 2017056659 (ebook)
ISBN 9780822371953 (ebook)
ISBN 9780822370611 (hardcover : alk. paper)
ISBN 9780822370765 (pbk. : alk. paper)
Subjects: LCSH: Psychotherapy—Russia (Federation)—Saint Petersburg. | Psychotherapists—Russia (Federation)—Saint Petersburg. | Psychology—Russia (Federation)—Saint Petersburg. | Psychologists—Russia (Federation)—Saint Petersburg. | Post-communism—Social aspects—Russia (Federation)
Classification: LCC BF108.R8 (ebook) | LCC BF108.R8 M38 2018 (print) | DDC 150.947/21—dc23
LC record available at https://lccn.loc.gov/2017049283

Cover art: Pavel Pepperstein, *Matryoshka* (detail), 2010,
© Pavel Pepperstein, Courtesy Regina Gallery

We believe that changes in a small group of people can contribute to major shifts in a society. At the same time we view changes in a small group as connected to the individual changes of its members. We trust that psychotherapy is capable of enhancing all these changes. From this perspective of personal and social interconnectedness, therapy is not only a tool for psychological help and change, but is also instrumental in bringing about social transformations. We are aware of our professional potential as well as our personal responsibility to promote humanistic values and make our world a better place to live.

—Psychotherapy Institute website, Saint Petersburg, Russia

The first motto of any self-emancipation movement is always the struggle against "selfishness."

—Jacques Rancière, "Politics, Identification, and Subjectivization"

CONTENTS

Acknowledgments ix

Prelude: Bury That Part of Oneself xvii

Introduction: And Yet . . . 1

PART I / **BIOPOLITICUS INTERRUPTUS** / 31

Interlude: Russian Shoes 33

1. "Tears of Bitterness and Joy": The Haunting Subject in Soviet Biopolitics 37

PART II / **(IN)COMMENSURABILITY** / 67

Interlude: Family Problems 69

2. "Wait, and the Train Will Have Left": The Success Complex and Psychological Difference 71

3. "Now, Finally, We Are Starting to Relax": On Civilizing Missions and Democratic Desire 104

4. "What Do We Have the Right to Do?" Tactical Guidance at a Social Margin 133

PART III / **IN SEARCH OF A POLITICS** / 165

Interlude: Public Spaces 167

5. "I Can Feel His Tears": Psychosociality under Putin 171

6. “Hello, Lena, You Are on the Air”: Talk-Show Selves and the Dream of Public Intimacy 197

Postlude: Subjects of Freedom 225

Conclusion: And Yet . . . So What? 227

Notes 243
References 275
Index 295

ACKNOWLEDGMENTS

Acknowledgments tell so many stories. They offer the genealogy of an idea. They indicate the intellectual community from which that idea emerged, and the institutional pathways it traveled on the way. They reflect a practice of gratitude. And they are passageways backward in time. These acknowledgments have been a pleasure to write, carrying me past the sequence of lovely and familiar faces that shaped my own development as the researcher and helped transform a nascent idea into the book you now hold in your hands.

I offer my deepest gratitude to the psychologists, psychotherapists, social workers, and coaches who invited me into their lives in Saint Petersburg. Without their willingness to take my calls, meet with me, help me make contacts, and open up their worlds to me, this book would not have been possible. I am humbled and touched by their generosity. I thank the psychologists of the organization I call ReGeneration for allowing me to take part in

their work. I thank, especially, the people whom I call Tamara Grigorievna, Zhenya, and Aleksandr for inviting me to sit in on their trainings with children and for their friendship. I thank Vitya Markov for giving me so much of his time and helping me to understand what it might have been like to practice psychiatry in the late-Soviet period. I thank the psychologists of the Psychopedagogical Medico-social Center in X Region—especially the director, Tatiana Fedorovna, and the specialists Anna Andreevna and Vera. Each helped me better understand the nature of public psychological assistance and the challenges of that work. And I thank Zoya, who allowed me to quote from her reminiscences of work at the center. I am also grateful to the psychiatrists at the Psychoneurological Clinic in X Region for teaching me about how non-biomedical approaches have been incorporated into settings formerly dominated by psychiatry. Special thanks are due to Evgeny, who tragically passed away some years ago, for involving me in aspects of the daily life of the clinic, and to Olya, who allowed me to participate in her body-oriented therapy sessions and who sat down with me for many frank conversations. A special deep thanks to my friend Vera, who gave me insight into not just the Psychoneurological Clinic and the experience of being a patient there, but also her life in Russia as a musician, a daughter, and a sister. I am very grateful to Nikolai and Olessia at Verity for their hospitality and openness. They told me so many valuable things about their experiences in founding a psychological consulting company. To all of my Russian colleagues: I hope that I have captured faithfully the animating desire behind, and the struggles within, providing care to others.

Brilliant and wonderful mentors have nourished this project. I thank, foremost, James Ferguson, whose arrival at Stanford in 2004 could not have come at a better time for me. The lucidity of his thought, his monumental contributions to the discipline, and his kindness continue to represent for me what being a great scholar and mentor means. Jim also taught me to read theory closely and painstakingly, to attend to argument, and to approach what I write as if it will have effects in the world (even if it may not). I also owe much to Anne Allison, who became a spectacular mentor, co-instructor, inspiration, and friend during my three years at Duke. Many of the most mature arguments in this book benefited from exhilarating conversations with her while we were co-teaching the graduate seminar Precarity and Affect. But Anne's enviable attention to form and affect through writing were also guiding lights. Finally (and it may surprise her), I thank Caryl Emerson, my undergradu-

ate thesis advisor at Princeton. She opened my eyes to the excitement of the interpretive act, the allure of theory, and the miracle of the written word.

Several others at Stanford University were crucial mentors at key junctures. I thank Matthew Korhman for orienting the project toward medical anthropology, for continually pressing me for argument, and for reminding me not to become overly enamored with theoretical paradigms. I thank Grisha Freidin for giving me the confidence to write about as complicated a place as Russia, and also for reminding me that the subjects of critical anthropology are, after all, people working on their own projects in the world. I thank Alexei Yurchak, whose postsocialism seminar at the University of California, Berkeley, was nothing short of an intellectual journey. The influence of Alexei's work in the field should be apparent in this book. I thank Sylvia Yanagisako for teaching me, just before fieldwork, that ethnography is the point of it all, and for encouraging me to push beyond theory. Finally, I thank Monika Greenleaf for her creative engagements with my project. Conversations with Monika reminded me to attend to the curious sides of social life, to moments of play, and to the things that don't fit.

Several other professors at Stanford were particularly supportive. Liisa Malkki has been a wonderful mentor and colleague over the years. I am so grateful for the many kinds of support she has given me, and for her reminder that fieldwork is life. I thank David Palumbo-Liu for his mentorship in Stanford's Program in Modern Thought and Literature (MTL), Akhil Gupta for his early mentoring and wonderful course on political economy, Sepp Gumbrecht for his receptivity to experiment, and Tanya Luhrmann for her constructively critical questions about my project. A big thanks also to two wonderful language teachers, Eugenia Khassina and Anna Muza, who together rejuvenated my love for Russian and helped me make some important breakthroughs. Finally, I thank Monica Moore—MTL's miracle worker, graduate-student ally, and holder of all keys to the castle.

It was a pleasure to have been trained in the Bay Area, a place so rich with anthropologists. I am particularly grateful to Li Zhang, Lisa Rofel, Lissa Caldwell, and Vincanne Adams for their collegiality and feedback, and for the invitations they extended me to share my work in their departments.

Graduate school was kept both sane and enjoyable by a collection of fantastic fellow students. I am so glad to have been a part of Stanford's MTL program with Nirvana Tanoukhi, Steven Lee, and Ulka Anjaria. Each of them taught me about committed, rigorous scholarship. Stanford's Department

of Anthropology (once upon a time "CASA") was a warm and fuzzy second home. Numerous cohorts welcomed me as if I were one of their own. I am especially grateful to Tania Ahmad, Lalaie Ameeriar, Nikhil Anand, Hannah Appel, Elif Babul, Mun Young Cho, Jocelyn Chua, Maura Finkelstein, Ramah McKay, Zhanara Nauruzbayeva, Bruce O'Neill, Kevin Lewis O'Neill, Natalia Roudakova, Robert Samet, Rania Sweiss, and Thet Win for their ongoing friendship, humor, and creativity. I also thank Dace Dzenovska and Larisa Kurtovic at the University of California, Berkeley. Finally, I thank John Modern, Mark Elmore, Jon Platt, and Emily Newman, fantastic colleagues and dear friends: this book was made so much more possible with them in my life.

I am grateful to have spent time at the University of Cambridge's social anthropology department to further develop my research in the company of cultural anthropology's close British cousin. Special thanks are for Henrietta Moore, Nicholas Long, Caroline Humphrey, and Alexander Etkind for their engagement with my work and ideas.

For three exciting years I joined Duke's cultural anthropology department as an ACLS-Mellon New Faculty Fellow. The department and the university hosted a parade of amazing scholars and conferences, and I am fortunate to have spent time there. I am especially grateful to Orin Starn, who worked very hard to make me feel at home at Duke. Thanks also to Beth Holmgren, Ralph Litzinger, Anne-Maria Makhulu, Randy Matory, Laurie Macintosh, Louise Meintjes, Diane Nelson, Charlie Piot, and Naomi Quinn for an always exciting and generous exchange of ideas. In Durham I also benefited from reading the work of, and getting feedback from, Mara Buchbinder, Jocelyn Chua, Lauren Fordyce, Nadia El-Shaarawi, and Saiba Varma. Finally, extraspecial thanks go (again) to Anne Allison, as well as Harris Solomon, Rebecca Stein, and, at the University of North Carolina, Michele Rivkin-Fish. Each of them became especially close confidants, colleagues, and readers of my work.

Over the years I have had several amazing collaborators. I wish to thank Colin Koopman, whose Foucault across the Disciplines reading group at UCSC was a wonderful cross-pollination, and whose influence on my thinking with and through the work of Michel Foucault has been significant. Kevin Lewis O'Neill has been an incredible friend and collaborator and continues to amaze me with his willingness to pull me (and many others) into his magic. Kevin initiated a wonderful workshop on "the will" at the University of Toronto, and eventually a special issue that he and I coedited for *Social Text.* (I am also grateful to the Canadian Social Sciences and Humanities Research Council for funding the workshop, and to the participants in the workshop—

in particular, Tania Li, Mariana Valverde, Andrea Muehlebach, Naisargi Dave, Peter Benson, Daromir Rudnyckyj, Bethany Moreton, Katherine Lofton, John Modern, and Laurence Ralph. The feedback they offered at the workshop had an important impact on this book.) Finally, I thank Harris Solomon for his collaborative work on the *Somatosphere* project, "Commonplaces." I learned a tremendous amount from Harris's creative, groundbreaking approach to medical anthropology and his sharp eye for writing. On that score, thanks also to Eugene Raikhel for making space for that project in his journal, and for the many conversations about Russia that have surrounded it.

My years at the University of Pittsburgh have been incredibly fruitful. I owe a huge debt to Gabriella Lukacs for her insightful readings of late drafts of this book. I also wish to thank my colleagues Joseph Alter, Laura Brown, Heath Cabot, Nicole Constable, Bryan Hanks, Robert Hayden, Phillip Kao, Kathleen Musante, Andrew Strathern, Emily Wanderer, and Gabby Yearwood for making Pittsburgh a truly wonderful place to have completed this book.

Students at Stanford, Duke, and Pittsburgh have had a very significant impact on this book. Their questions about and interest in Russia and/or the politics of mental health have helped me to think more deeply about how to make arguments that both matter and remain accessible. Several seminar groups deserve special mention: postsocialism seminars at Stanford (2009) and Duke (2011, 2012) and the Culture and Politics of Mental Health seminar at Duke (2014) and the University of Pittsburgh (2015, 2016, 2017).

A number of organizations provided generous and crucial funding in support of this project: the Fulbright-Hays Doctoral Dissertation Research Award, the Social Science Research Council's International Dissertation Research Fellowship, and the Stanford Center for Russian, East European and Eurasian Studies. I also wish to acknowledge Stanford's Introduction to the Humanities program for postdoctoral support and, finally, the American Council of Learned Societies and the Mellon Foundation for the opportunity provided by the New Faculty Fellows Program. I would also like to thank the fabulous Center for Independent Social Research in Saint Petersburg, and especially Viktor Voronkov and Oksana Karpenko for their assistance.

Portions of this work were presented to some amazing audiences, including those at the University of Pittsburgh's Anthropology Department; the Institute of Sociology in Saint Petersburg; the University of Chicago's Center for East European, Russian and Eurasian Studies; Bard College's Program in Anthropology; Duke University's Global Health Institute; Harvard University's

Department of Anthropology; Duke University's Department of Cultural Anthropology; the University of California–Santa Cruz's Department of Anthropology; the University of California–Davis's Department of Sociocultural Anthropology; Stanford University's Center for Russian, East European and Eurasian Studies; and the University of Cambridge's Department of Social Anthropology. Thanks to the wonderfully engaged audiences at each of these places.

Several parts of this book appeared in journals and benefited from the close readings of reviewers. I wish to thank *Social Text* for allowing me to reprint portions of chapter 4, *American Ethnologist* for allowing me to reprint portions of chapters 2 and 3, and *Cultural Anthropology* for allowing me to reprint chapter 6.

Very special thanks are owed to Ken Wissoker, my editor at Duke University Press, for his steady hand in guiding this project toward completion, and for his faith that the end result would be a book worth publishing. I am also immensely grateful to the two anonymous reviewers whose comments provided such helpful guidance for refining the manuscript. I also thank Elizabeth Ault and the staff at Duke University Press for their invaluable assistance with all aspects of book production.

Finally, I wish to thank my family for their collective support of the dream to research and write. I thank, first, my amazing parents, Ike and Eila Matza, for teaching me about creativity and for never doubting my intuition that the life of the mind is worth trying to build a career around. Their love and confidence in me have been a steady and powerful force, and it has made all the difference. I thank my brother, Stefan Matza, for reminding me that there is a world beyond the book—a world of physical being. I thank my grandfather, Aarno Aaltonen, now long gone, whose memory is a powerful reminder that inquisitiveness, curiosity, and a sense of humor should be lifelong practices. I thank my father-in-law, Thomas Heller, who has shaped my thinking in so many profound ways, and my mother-in-law, Barbara Heller, whose practical knowledge of psychotherapy was as vital to this project as was her loving support. I thank Matt, Sharon, Amelia, and Zachary Heller for countless summers of inspiration away from research. I also thank my extended family, John and Libby Modern—two people who, I hope, will bring the joyful thought for the rest of my life.

I owe my deepest gratitude to my partner, Nicole Heller, and our two wonderful children, Aarno and Lilja. I have been so lucky to be able to turn from these pages into a world with them in it. They make life vibrate, they

make me laugh, they never fail to lift my spirits, and they also keep me on solid ground. Nicole has not just read this project but lived it along with me, from prefield conceptualization, to fieldwork in a place cold and dark, to the many years of anxious writing that followed. Most important, she has shared the times that frame, and now exceed, the book. These pages are for you, my love.

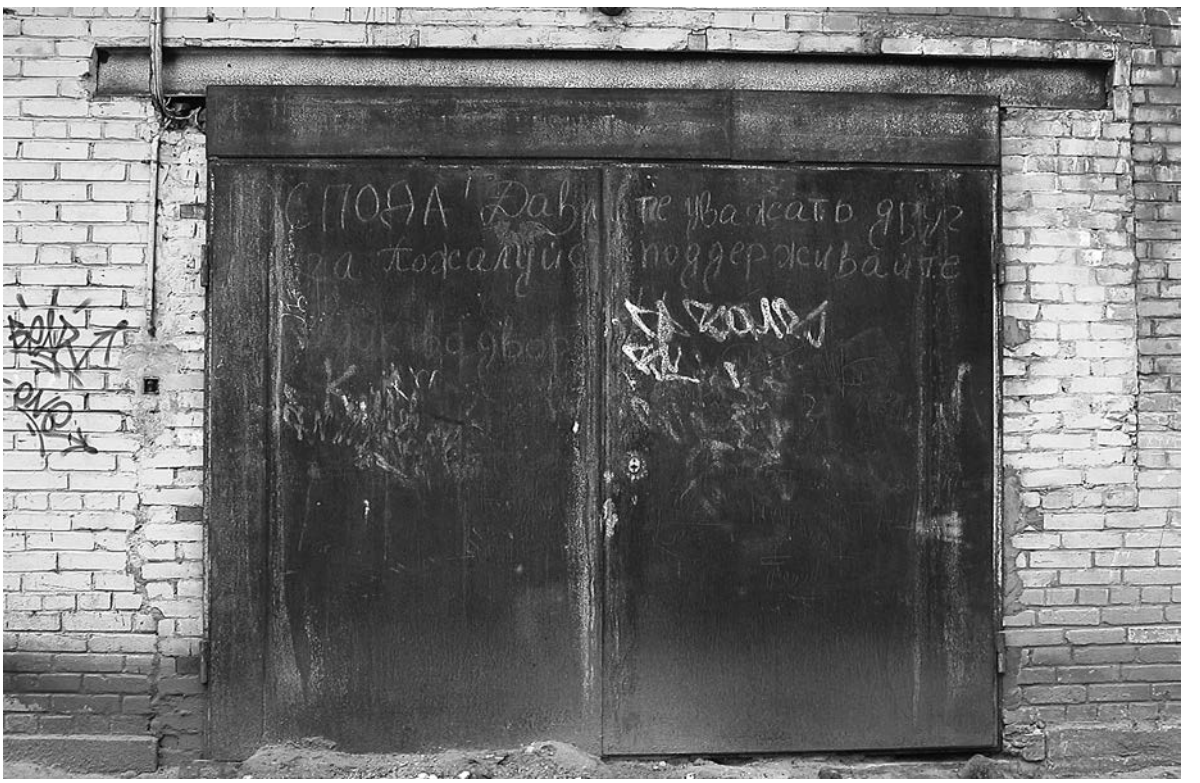


FIGURE PRELUDE.1. "PEOPLE! Let's respect one another, please, and support [unreadable] . . ." Photo by the author.

PRELUDE

Bury That Part of Oneself

"It is windy. A blindfolded person is brought to a precipice accompanied by rhythmic blows on a tambourine. The rhythm quickens, and then stops. A command is given, and with a wild cry the person leaps down like a bird."

So began an article, entitled "From the Precipice into the Grave and Back," that ran in the newspaper Argumenty i Fakty *(2001) (Arguments and Facts), which described a live-burial ritual known as "extreme training."*

The article continued, quoting the coordinator, Aleksandr Savkin: "It's all very simple—in any situation a person is controlled by two forces. One [force] says, 'You are young, strong, beautiful—go ahead and jump, and everything will work out for you.' The other mutters, 'You are a bit old, you have no connections and very little money. What the hell do you need this for?' The question is, which force will win out? That's how it is. They bring you to the precipice and say, 'Change your breathing, change your consciousness, jump.' And in that moment there is an internal struggle: 'Oh God, I have a newborn daughter, a handicapped mother. What am I doing? Why do I need this nonsense?' On the one hand, it's intriguing; on the other, it's horrifying. But the person jumps, and at that moment something actually changes inside. What it is, exactly, is impossible to describe; nevertheless, some have

described it as a bit like sex. This feeling is recorded somewhere internally, on the physical level. And then every problem is resolved by remembering the jump. We have been leading people to the precipice for three years. They always jump."

Savkin asserts, however, that true self-knowledge comes in the grave, in that "last refuge." As an air duct is installed, the person can "comfortably think," eventually falling asleep to the rhythmic drumming of the tambourine. On coming into contact with the "energetic body of the earth" through the grave, the person is given the strength to commune with himself or herself. The ultimate goal is to "bury that part of yourself that disturbs your ability to live, to love and be loved." Through the ritual, "the person is reborn to a new and better life."

/ / /

The term *post-Soviet* invokes death and rebirth.[1] It marks a threshold and a kind of jump—from one system into another, from one life into another. Viewing 1991 as an opportunity to drive the final stake through the heart of communism, Western nations and international aid agencies made loans and grants of billions of dollars to help along economic restructuring in the 1990s. In accordance with the Washington Consensus, it was thought that marketization would naturally lead to democratic institutions and the growth of civil society (a view that proved to be wrong). Under Boris Yeltsin, reformers implemented "shock therapy," swiftly privatizing state assets at bargain-basement prices and enacting a variety of austerity measures, including reduction of budget deficits, the elimination of subsidies, price liberalization, and tightening of the credit supply, to free the economy from state control (Wedel 1998, 45–82). The reforms sent Russia lurching through a series of sharp turns. While some got rich quickly, many were left extremely vulnerable to massive inflation and diminishing savings, shrinking entitlements, currency devaluation, recession, and joblessness. As analysts put it sardonically after Russia's 1998 recession, the reforms turned out to be "too much shock, too little therapy" (Ledeneva 2006, 10).

During my fieldwork in 2005–13, the political order in Russia was still shaped by the legacy of the neoliberal reforms of the 1990s. In particular, the vast inequalities that emerged during privatization were still apparent. However, with the rise of Vladimir Putin in 1999–2000, a new political formation had also taken shape. Certain strategic industries, such as oil and gas, were pulled back into the state orbit. The oligarchy that had risen to power in the 1990s was entrenched and brought more closely into the fold of Russian state power.

The institutions with which people had contact, meanwhile (those dealing with housing, pensions, health care, and education), saw a new mixture of reforms that were not exactly neoliberal. Pensioner benefits were monetized in 2005; however, the cash payments were made by the state. Private insurance became more widespread; however, public health services, such as they were, remained available. Putin's merger of marketization with basic welfare support was accompanied by a more muscular discourse against the West; his popularity rose and has yet to wane. As I refine these pages, eighteen years after his rise to power, he remains in the Kremlin.

Russia's course from the Soviet collapse to the present is often discussed in these kinds of terms—that is, in terms of democratization, privatization, and liberalization—but it carved up lives, too. As Soviet life was "unmade" in the 1990s (Humphrey 2002), those reforms were projected into persons and communities, raising a series of fundamental questions about politics, the social order, and relationality in the context of a postsocialist market revolution. Those questions continued to be urgently present for those whom I met in the 2000s, who struggled both with what Russia no longer was and with what it could be under the Putin regime. *Shock Therapy* offers an account of some of the answers that people gave through an ethnographic inquiry into another fascinating post-Soviet phenomenon—the revitalization of psychologically oriented psychotherapies. In contrast to the biomedical materialist approach that had dominated Soviet psychiatry since the 1930s (Joravsky 1989), a psychology boom swept Russia in the 1990s, giving rise to new pop psychologies, markets for personal-growth seminars, and even publicly available mental health care.[2] A wide range of people found their way into psychological-service provision, and collectively their work spoke to new ways of understanding the self, the other, emotions, disorder, healing, and potential at a time when Russia was also transforming.

The title, *Shock Therapy*, is meant to be provocative. The therapeutic transformations I describe were not simply (or at least only) the neoliberal therapy that was said to be missing from the shock of rapid privatization. The variety of therapeutic practices that emerged in the 1990s and 2000s escape simple labeling; they were dynamic, eclectic practices that took shape in the context of the equally dynamic political conditions of the post-Soviet period, ranging from the wild capitalism of the 1990s and the unmaking of Soviet life, to the autocratic turn under Putin and the ongoing shocks of (un)employability, poverty, social risk, and rentier capitalism. I show how, in attending to the self in times of social change in Saint Petersburg in the 2000s, practitioners and

clients asked a series of vital questions: How should I love and labor? What do I owe others, and what am I owed? What should I expect of my child? Who am I? What is our future? Who are "we"? What is a good life? Should the jump, as it were, be made confidently or hesitantly? The answers they gave, shaped by new psychotherapeutic modalities, reimagined the self, as well as the terms of political and social life, and of success and failure, in a changing Russia.

INTRODUCTION

And Yet . . .

It was 2005. The autumn morning was gray and damp. I met Lena near Udel'naia, a metro stop in the suburbs of Saint Petersburg.[1] The normally bustling labyrinth of kiosks and open-market stalls by the station was closed. A woman wearing the orange vest of the *uborshchitsa*, or street cleaner, brushed the wet pavement with a broom of bundled twigs. We wandered into a Blin-Donald's fast-food restaurant in search of a place to sit and talk. The *okhrannik*, a uniformed security guard, glowered at us even though we had bought something. Lena was about thirty-five by my estimation, with shoulder-length hair and a kind, tired expression. Her psychotherapy teacher and therapist, Vitya Markov, had put us in touch. He had told me that she was an exemplary student at his institute and could help me understand some of the ways in which people in Russia come to psychotherapy—a practice that, before 1991, was rare.[2]

Lena was startlingly open—a common quality among the many psychotherapists I would meet. As she told me her story, she glanced out the window, looking at nothing in particular.

"Many things have happened to me that were quite difficult [*tiazhelo*]. There were times when I thought of suicide."

The suddenness and weight of the last word stopped me in my tracks. As would often happen doing fieldwork in and around personal life, I put the pen down and began to listen, only picking it up again to jot key phrases. I reconstructed her account at home. She explained that what allowed her to "save

herself" (*sebe spasti*) was a training course in psychotherapy that she "came across" (*stolknulas'*) and took for six months in 1997. It was an extremely significant experience. "It opened me up," she said. "It revealed me to myself. I began to experience changes that felt miraculous. My self-understanding changed so much I couldn't believe it. My family had difficulty accepting the changes." In 1998 she decided to study to become a psychotherapist. She thought, if she could change, then she might also be able to help others who are "suffering" (*v stradanii*). But later that year, her life changed once again. It was the time of the recession. She could no longer pay for school, and had to go to work. Soon afterward, she decided to travel with her son to the United States to get married. She had met a man. Lena left out the specifics of this decision, but at the time it was not uncommon for women to turn to international matchmaking services in search of romance, connections, and, often, a way out of Russia. I wondered whether this was the case for Lena.

Then came a tragic turn: the man she had met was killed in a car accident while she was in the United States. Devastated, Lena returned to Russia with her eight-year-old son. Her life's course seemed to have bounced, like a billiard ball, from one collision to another. Turning once again to psychotherapy, she resumed her studies at Vitya Markov's institute. This time she was especially struck by the human-potential writings of Carl Rogers and Rollo May, and the existential psychotherapy of Irvin Yalom.

"What was it that moved you?" I asked. I was interested in understanding how psychotherapeutic knowledge traveled in Russia.

She explained that what she liked most was the relationship between the client and the psychotherapist. She appreciated the fact that the interaction is situated "here and now" (*zdes' i seichas*), involving minimum questions, and that the therapist is only there "as support" (*kak podderzhka*), and to be completely open. I often heard the phrase *here and now* among psychotherapists and psychologists in Saint Petersburg. Associated with Carl Rogers, it signified a methodological rejection of Freudian approaches, which had sought the underlying causes of mental suffering not in the present but in the past and in the unconscious.

Lena gave me an example of one important insight. She said that at the start of her studies, she wanted to help people resolve their problems as quickly as possible, to tell them that they were not suffering alone. (It was an approach she attributed to her experience as an ER physician.) But when she tried to bring this approach to her psychotherapeutic work, she realized

that it was not possible to solve a person's problems that way. "You have to simply be next to them," she said. "It's difficult. You can't just make a quick change. Instead, therapy should involve shared responsibility [*razdelennaia otvetstvennost'*]."

Her phrase, *shared responsibility*, was interesting. The word *shared* comes from the verb *razdelit'*, which can mean "to divide or share." It suggested two people carrying a burden together. It also suggested that some things might lie beyond the therapist's reach and, perhaps, beyond language. How is the balance between sharing and dividing struck? What is shared, and what does shared responsibility look like? To whom is one responsible? How had this realization shaped her path beyond suffering? And how does what is off-limits become part of the therapeutic encounter? I had so many questions . . .

Lena and I would not meet a second time. As I attempted to track the expansion of psychologically oriented, as opposed to biomedically oriented, therapies in Saint Petersburg, my fieldwork pulled me into other orbits—psychological-education camps and municipal counseling services for children, adult trainings (*treningi*)[3] and personal growth (*lichnyi rost*) seminars, advertising promoting particular kinds of psychologically-inflected child-rearing, talk radio, and a psychoneurological outpatient clinic (*psikhonevrologicheskii dispanser*, or PND). Yet Lena's story of suffering and psychotherapeutic healing echoed in my head. Her words would eventually push my analysis in new directions.

I had expected to understand the psychotherapeutic turn in Russia as a symptom of neoliberal capitalism's arrival. This expectation was supported by an extensive literature that describes how the neoliberal reforms of privatization and marketization are not just accompanied by but in fact depend on the cultivation of particular kinds of citizens—namely, self-sufficient, individuated subjects of freedom able to survive austerity measures such as the withdrawal of state social programs (Rose 1996a, 1996b; Brown 2003; Cruikshank 1996). The neoliberal polity, as Margaret Thatcher (1987) famously argued, is not a "society" (for that "does not exist") but rather a collection of responsible individuals. This assemblage of government, subjectivity, and political economy has been called *neoliberal governmentality*, and Western psychotherapies have played an important role in assembling that political rationality. The intuitions, habits, and modes of self-relation of the neoliberal subject, it is argued, are promoted nowhere as deeply as inside the consulting room.[4] Actually, this analysis *does* have explanatory force in Russia. As

I elaborate in *Shock Therapy*, discourses of individualism, responsibility, and self-sufficiency were abundant in Russia as state socialism ended and state capitalism began. What's more, many of the economic reforms of the 1990s *were in fact neoliberal* (see Wedel 1998; S. Collier 2011). There is also a strong institutional link between the arrival of capitalism and Russia's psychotherapy boom: markets created the infrastructure for new forms of psychotherapeutic work through the creation of human-resource departments, trainings for success, and psychological-education courses for children. By teaching things like emotion management, psychotherapists promoted the soft skills valorized in late-capitalist labor environments. Indeed, the conclusion that the psychotherapy boom helped disseminate neoliberal capitalism in Russia, one self at a time, is well founded.

And yet, when I confronted Lena's story, this account appeared partial. Confident assertions about the functional links among political economy, government, and subjectivity obscured the meanings that therapy had for Lena, not to mention the experience of living through the Soviet collapse and the rise of Vladimir Putin. What other ways were there to hear Lena's story, and to narrate an ethnography set in the midst of the Putin period in Russia? In trying to answer this question both adequately and critically, life histories like Lena's became a guide. As I learned more about how and why people turned to psychotherapy, what it had done for them and their social relations, I saw that they experienced social transformation in Russia not as a global phenomenon but as the ending of a way of life, and the start of something new and unknown, and that psychotherapy was a medium through which they came to terms with this experience. It seems obvious in retrospect, but at the time I struggled under the weight of assumptions. The diffusionist account of neoliberalism (see Kipnis 2008) obscured what was distinctly postsocialist in their stories. "We fell out of socialism and couldn't get used to capitalism," as one radio-show caller put the dilemma in 2005. While the analytic of neoliberal governmentality captured the effects implied in this statement, the nitty-gritty of "getting used to" something was more elusive. Ambivalence and contradiction rather than celebration or lament framed people's attempts to figure out how to live decently in precarious times.

Svetlana Alexievich's literary-ethnographic account of post-Soviet afterlives nicely captures the kinds of precarity that are specific to Russia: "My comrades met various fates [after the collapse]," says Elena Yurievna S., the former third secretary of the communist district party committee, who is quoted by Alexievich.

> One of our Party instructors killed himself. . . . The director of the Party bureau had a nervous breakdown and spent a long time in the hospital recovering. Some went into business. . . . The second secretary runs a movie theater. One district committee instructor became a priest. I met with him recently and we talked for a long time. He's living a second life. It made me jealous. I remembered . . . I was at an art gallery. One of the paintings had all this light in it and a woman standing on a bridge. Gazing off into the distance. . . . There was so much light. . . . I couldn't look away. I'd leave and come back, I was so drawn to it. *Maybe I too could have had another life. I just don't know what it would have been like.* (Alexievich 2016, 72; emphasis mine)

Collapse and the accumulation of conditionality—*maybe*, *could*, *would*. How should one respond to a world's unraveling? What could be, after all? At what point is it too late to change? These are practical questions, and as many people I met suggested, political collapse and the open horizon brought tantalizing but also terrifying possibility. Some found solace in religion or the bottle, some in entrepreneurship. Lena and others found psychotherapy. For them it offered mooring and, eventually, a professional identity.

This book, then, asks, how have those who turned to psychotherapy responded to the events in the decades following 1991? What does the psychotherapeutic turn—in the marketplace, the mass media, and state institutions—suggest about the renegotiation of key political coordinates, such as the individual, society, and well-being, as well as emergent political subjectivities? Finally, what does it reveal about political and existential conditions tied to the confounding promise of democracy?[5] To answer these questions, this book cuts a path through Saint Petersburg's "psy" landscape. I follow the movement of psychological knowledge from the Soviet period into institutions and bricks and mortar, over radio waves, and through minds and bodies. And I trace the new mental health assemblages and ways of thinking about selfhood, social relationships, and cultural understandings of success that emerged. Those ways of thinking, in turn, shaped the languages with which people worked to get along, and sometimes ahead. They also informed emergent configurations of the political.

The chapters that follow draw on extensive ethnographic research conducted in 2005–6, with follow-up fieldwork in 2007, 2010, 2012, and 2013. I did my research in Russia's second-largest city, Saint Petersburg, which has about six million residents. Termed Russia's "window to the West" by its founder,

MAP 1. Saint Petersburg, Russia's "window to the West."

Peter the Great, Saint Petersburg sits astride the Neva River at the mouth of the Baltic Sea and is about 120 miles from the Finnish border (see map 1). The city features an intriguing mix of neoclassical architecture, complete with canals and palaces, and Soviet-era constructivism, as well as shiny post-Soviet apartment complexes (see figures Intro.1 and Intro.2). In my fieldwork I traversed the city nearly daily, spending most of my time in two organizations that offered psychological services to children in different parts of the city. One of these, which I call ReGeneration, is commercial and offered me insights into the marketization of upbringing. The other, which I simply call the Psycho-pedagogical Medico-social (PPMS) Center, is municipal and offered me insights into how psychotherapy entered state institutions in the post-Soviet period. (I term the municipal network of which the PPMS was a part the "PPMS system.") The book also draws on ethnography in personal growth seminars for adults and a PND, as well as sixty life-history interviews with psychotherapists, like Lena. To provide context for this ethnographic work, my research included methods that are less conventional in anthropology: a survey of the Cold War–era historiography of Soviet psychology, and discourse analyses of the advertising culture of domestic services (of which

FIGURES INTRO.1 AND INTRO.2. The streetscape of the urban core and the periphery. Photos by the author.

psychotherapists are a part) and of a call-in psychological-advice radio program called *For Adults about Adults*.[6]

I show how what was at stake for both men and women caught up in the psychotherapeutic turn was not so much the construction of the deep psychological self that scholars term *neoliberal subjectivity*, but a search for modes of truth telling about experience, emotional harm, or violence, and a pursuit of sociality in the privatized spaces of postsocialism.[7] If state socialism posited a set of ideals for Soviet citizens about who they were collectively and what they should strive for, psychotherapy provided tools for reinvention, for better and for worse. Some turned to its humanistic orientation to process traumatic social memory and reimagine a postsocialist society in which inner freedom would be differently validated. Others drew on psychotherapeutic forms of sociality to create new quasi-publics. The effects of this work were not always salutary. As commercial and municipal organizations took up psychological diagnostics and idioms, they also helped reinstantiate social inequalities by grounding various kinds of difference in psychological terms. I argue that these efforts amounted to a tentative politics in Russia in which psychotherapists have reached for self-emancipation and equality but have sometimes stumbled over profit-motives and biopolitical norms. To put this in Jacques Rancière's terms, the psychotherapeutic vibrated between "the political" (*le politique*), or a pursuit of equality, and "the police" (*la police*), the order of domination (Rancière 1992; see also Chambers 2011). That vibration ultimately indexes the interplay of political rationalities—neoliberal, liberal-democratic, conservative, socialist—at a time of increasing centralization under Putin. And that vibration also indexes the fact that, as Rancière puts it, "the first motto of any self-emancipation movement is always the struggle against 'selfishness'" (1992, 59). I show how psychotherapists grappled with the implications of a new, much more self-centered discourse and its effects on personhood and social relationships.

The psychotherapeutic turn in the post-Soviet period has compelled me to rethink the relationships among care, ethics, and biopolitics. In Russia, humanistically oriented talk therapies have certainly been novel biopolitical forms of care that have yoked affects to the blinking consumer and state messages of the post-Soviet period. These findings echo many excellent studies of the antipolitical effects of care more broadly, especially under late capitalism (e.g., Cruikshank 1999; Rose 1998; Ticktin 2011; Zigon 2011). And yet these same forms of care helped many I met address existential questions and rebuild worlds. If we conceive of care, as Lisa Stevenson recently has, as "the way

someone comes to matter and the corresponding ethics of attending to the other who matters" (2014, 3), then even within the confines of what she calls "bureaucratic care," care has ethical entailments. The practical ethics of care are thus not excluded from the biopolitical, nor are they simply derived from it. Care is a both-and proposition: it is internal to the government of populations, *and* it is a political and ethical practice. Care can either align with or diverge from biopolitical norms. In one instant, help can become harm. Care is precarious. In a similar key, Kathleen Stewart notes that precarity, written "as an emergent form, can raise the question of how to approach ordinary tactile composition, everyday worldings that matter in many ways beyond their status as representations or objects of moralizing" (2012, 519). This "mattering in many ways" is analytically vitalizing.

In the pages below, rather than seeking to elide the tensions among care, ethics, and biopolitics, I use the concepts of commensurability and incommensurability to describe the dynamics of those tensions. *Incommensurability* refers, in a Kuhnian sense, to the incompatibility of theories (Kuhn 1996; see also Halley 2006). But, in another sense, it identifies a moment before a radical world becomes domesticated, that is, made commensurate with hegemonic norms (Povinelli 2001; Dave 2011). This is the aspect of incommensurability that interests me. I suggest that the precariousness of care—the ways in which care oscillates between being commensurable and incommensurable with norms—is precisely the thing to analyze because it captures the ways in which those who give care struggle to do so under shifting and often difficult conditions. Michael Lambek's (2008) argument about the incommensurability of virtue and (economic) value is particularly useful here. He suggests that, in neoliberal times, a cornerstone of many of the governing projects social scientists have critiqued is making ethical and economic value—not to mention aesthetic or pedagogical value—commensurable. Concrete examples include the use of cost-benefit analyses and the creation of markets for the provision of public goods like education, health care, and welfare. It is the rendering of moral or ethical virtue in terms of economic value that leads to the demoralization of public life and, we might add, its depoliticization (Ferguson 2007). Tracing a lineage of resistance to such forms of rationalization through Georg Simmel, Karl Marx, and Max Weber, Lambek highlights a scholarly tradition of arguing *against* the commensurability of value and virtue, a kind of last stand against the grinding gears of capitalism. As Lambek puts it, "we must preserve another set of values or ideas about value with which to critically appraise the production and expansion of capitalist value" (2008, 135). Drawing

on the Aristotelian-Foucauldian tradition of practical ethics, Lambek suggests that one way to augment incommensurability is to place the accent on considering human actions in terms of not ends but means. This perspective distinguishes virtue from economic value as well as absolute measures of virtue and the good. It is also anthropologically worthwhile to investigate how ends and means are articulated in practice. What kinds of choices do people make, and on the basis of what kinds of considerations? When scholars do not keep these distinct, Lambek says, referring critically to Pierre Bourdieu, "ethical practice appears to get subsumed within an agonistics of honor or taste, and an ethical disposition—to do the right thing, to be a good person or to lead a good life—is replaced by narrower instrumental and competitive calculations—to get what one wants and to do so ahead of, or at the expense of others" (2008, 137).

My focus on the incommensurability of care and biopolitics is more than an analytic framework. As I hope to show in this book, this approach was born from my encounters with Saint Petersburg's psychologists and psychotherapists. Many psychologists worked to articulate a vision of care in the face of market logics and/or biopolitical norms, and the work that I observed was, if not virtuous, then at least anchored in a complex universe of social meaning and relationships. They did so while often having to express those projects in terms of other types of (market) value. *Shock Therapy* tries to not only analyze but also reflect psychotherapists' struggles between virtue and value. Just as they grappled with the encroachment of a commercial biopolitics into their ethical projects, so I, analytically, resist subsuming those projects into another story of capitalist individualism spread through a psychotherapeutic medium. What follows, then, is an ethnographic account of the experts at the heart of a biopolitical endeavor that is unfinalized. By *unfinalized* I mean a mode of analysis that defers analytic closure.[8] Approaching experts in this way can be tricky in anthropology, especially when it comes to those in compromised positions. Therapists are not involved in direct action. They are not marginal, nor are many of them vulnerable. Many desire what Mark Liechty (2003) calls middle-class respectability, while contributing to projects of government. They are thus not the usual ethnographic subjects in whose name anthropologists write against neoliberalism, exploitation, dispossession, or antipolitics. Yet what I have also noticed is that experts often appear in such accounts as a faceless monolith ("the state," "bureaucracy," or simply "expertise"). Here I try to disaggregate the category of the expert to shed light on the commitments, desires, aims, and relations to power that animate caregiving.[9] I term this the

politico-ethical face of care—a face that in Russia, looking Janus-like to the past and to the future, seeks the ground of healing and improvement. Seeing *that* face is crucial for attending to Lena's humanity, her struggle to locate the semblance of a life for herself and others, and also for understanding how people have responded to Russia's often-difficult post-Soviet decades.

In pursuing a different account of experts, I hope to contribute to a dynamic and important area of research engaged with care in its many institutional forms—humanitarian, medical/psychiatric, welfarist, developmental (see Ticktin 2011; Stevenson 2014; Davis 2012).

But do the "and yets" end? A critical anthropology premised on unfinalizability may seem lazy and dangerous. Many scholars have written with conviction against the obvious (and hidden) forms of oppression in the world. There should be nothing unfinalized about critiques of colonial domination, capitalist exploitation, slow death, racial and gender discrimination, or other systematic abuses. *Shock Therapy* draws intently from these critical traditions to discuss the regressive effects of the psychotherapeutic turn in Russia; however, it does so in a way that is also, I hope, productively "blasphemous."[10] For me, blasphemy is a rhetorical strategy that creates space in analytic fields. Care can be antipolitical. At its worst, care becomes dangerous and can harm. These are urgent, relevant insights; is this all there is to say?

Shock Therapy's organization relies on juxtaposition rather than neat resolution. Some parts explicate the link between talk therapy and the commercialization of upbringing. Other parts offer examples of how therapists linked their work to progressive political projects. Some parts analyze psychotherapy's antipolitical or regressive effects, demonstrating what Miriam Ticktin (2011, 223) terms care but not cure and a "medicalization of politics." Others focus on therapists' claims that their work on feelings and psychosociality was an important counter to forms of everyday brutality. My aim is for this account to be, much like the fieldwork that motivated it, alive to the social and political contours of psychotherapeutic care in Russia's second-largest city.

Precarious Care

Care, for Lena, began with herself but spiraled outward. In fact, many involved in talk therapy in Saint Petersburg associated their first encounters with social intimacy. They told me of thrilling stranger relations, and the new ideas about society that resulted. Six months after meeting Lena, I met Ira. At the time,

Ira was in her forties and was doing contract work as an "image maker" with a commercial psychological counseling organization I call Verity. We sat in the sun on a bench near St. Isaac's Cathedral in central Saint Petersburg, watching tourists pose for pictures, and Ira told me her story. When she graduated from Herzen Pedagogical University, her mother wanted her to become a teacher, but she had had such a bad experience in Soviet schools that the profession repulsed her. She complained that she was always made to feel like a black sheep. Instead, she got a job at an after-school program, and there her interest in psychology was sparked. She established close relations with the children and the parents, and she found that parents came to talk to her about their personal problems, something she said was rare at the time.

For a while, her therapeutic calling lay dormant. She was uninterested in Soviet psychology—it was "too theoretical" and not particularly focused on everyday problems. She put her interests aside and took time off work to help her husband with his burgeoning business in industrial supplies and to raise their child. By 1998, though, Ira felt she needed to do something for herself. She had stumbled on a psychology course in etiquette that also involved group therapy. *Etiquette* here meant not only a concern with propriety but an entirely new habitus. The idea was that low self-esteem could be boosted by bringing attention to one's self-image. Image making, Ira later reasoned, could be a useful thing to teach in Russia's emerging market society.

In the intervening years her husband's business took off, and he divorced her, leaving her with nothing. Letting out a sigh, she confessed that her work as a psychologist (*psikholog*) had since been sporadic. Few people were interested in what a middle-aged woman had to say about self-image. We turned and stared at the gold-domed church across the square.

"What was it like," I asked Ira, "in those first therapy sessions in the 1990s?"

She lit up. "It was a new way of thinking, a new point of view. We called each other by first name. It was a new social form. We used the informal 'you' [*my govorili na ty*]. I was crazy about it! I took all the psychology I could find. Sometimes without purpose. It was shocking how new it was. But I was ready. I felt very happy. I could be myself. It wasn't part of the Soviet system. It was for me."

Psychotherapy for Ira, then, began as a social practice. Her words expressed a desire for a new kind of sociality rooted in shared vulnerability. And so it was for many others who came to the new forms of talk therapy. Organized around psychotherapeutic idioms, the groups offered intimate, informal ways of being with strangers that they felt had not existed before. I term this *psychosociality.*[11] Care, then, was not only a professional pursuit or instrument but

also an ethical practice aimed as much at the self as sociality. By *ethical* I have in mind Michel Foucault's late writings on the Hellenistic practices of the care of the self. Such practices, he notes, were ethical in the sense that they involved the everyday task of seeking well-being that aims at the good or the less harmful in ways that are not pure, nor perfect, nor overdetermined.[12] I draw on this conception of ethical practices to reframe caregiving.[13] Rather than operating within a total system in which actors play little to no role other than executing biopolitical plans, care unfolds in a social, biopolitical, economic, and cultural field.[14] Caring actions, while structured, are not necessarily scripted. Care does not spring forth, fully formed, from the head of Zeus, nor does it straightforwardly subjugate. Instead, care is an ethical practice with a politics through which people wrestle with social concerns, seek lines of flight, and, of course, sometimes marginalize others. Care is politico-ethical.

When it comes to approaching care in this way, context is crucial. In Russia, people's experiences with Soviet institutions—in particular psychiatric ones—deeply informed the ways in which they approached their work. For example, Lena's teacher, Vitya Markov, who cofounded one of the first psychotherapy institutes in Saint Petersburg, spoke to me at length about his experiences as a Soviet psychiatrist. To him, the abuses of Soviet medicine were a crucial part of his professional narrative. I finally heard that narrative one day in the spring of 2006, in his office. I had known Vitya for nearly eight months—I had been to his house for dinner, met his family, and had many discussions with him about the psychotherapy boom—but I had yet to hear his full story. I sat in the cushioned client's chair, and we laughed at the role reversal: this time he would do the talking. He told me that he had trained as a psychotherapist (*psikhoterapevt*) in the 1970s but was denied prestigious work because he was "Jewish by passport"; instead, he was placed in narcology, the Soviet psychiatric science dealing with alcoholism, which he described as a professional backwater. Scratching his salt-and-pepper beard, he told me about how Soviet medicine "broke the relations between patients and doctor":

> My director [at the narcology clinic] would tell me how terrible [the patients] were. She hated them. Soon I saw that the patients [also] hated the doctors. Each one lied to the other all the time, and projected onto one other. The doctors would say, "Alcoholics are liars," but the doctors also didn't tell them the truth. So it was mutual lying. There was a Soviet joke [*anekdot*] about labor that went something like, "We pretend we are working, and the government pretends to pay us." In the clinic it was like

that: one side pretends that they treat; the other side pretends that they get treatment. They were all playing a game. It was obvious. It was natural to want to stop it somehow, because it wasn't interesting to live that way. So I considered psychotherapy as a possible way of coming to something true.

Vitya and one of his colleagues would eventually reconceive therapy, at some risk to themselves. In their view, it should not be a "fight with alcoholism" (*borba s alkogolizmom*), as framed by the medical system, but a practice rooted in a "therapeutic community" (*terapefticheskoe obshchestvo*). By including patients, their doctors, and even the staff, this community ruptured the doctor-patient boundary. Speaking with enthusiasm about those early days, Vitya explained that they watched movies together and held gatherings in the evenings to discuss artists. "We basically looked at our patients as people who were going through difficulties, and whom we should help." Nevertheless, Vitya said, "I was called by my director once because the KGB said I mentioned Freud in one of these sessions." This was very concerning to him—not so much for his own safety but with regard to the integrity of the therapeutic space: "Should I really be exposing people to a situation in which one person could take what a person says and maybe tell someone about it?"

Whereas for Vitya the challenges of working within Soviet medicine were a crucial ethical pivot to his current work, others, like Nikolai Bazov, situated their therapeutic work in relation to the troubled present. I also got to know Nikolai well, eventually visiting his dacha, interviewing his wife (who was also a psychotherapist), and even helping him translate some of his writings into English. He was keen to know what people in the United States might think of his psychotherapeutic programs. A young psychotherapist focused on "harmonious relations" both inwardly and outwardly, Nikolai had co-founded Verity (the organization that at the time was sporadically employing the "image-maker" Ira) with his wife, Olessia. (I discuss their work in chapter 5.) In addition to leading personal-growth seminars, which I attended throughout 2005–6, Nikolai was also offering free trainings to public schoolteachers in an effort to address what he described as the legacy of an oppressive Soviet classroom environment.

We reconnected in 2007 in his office in the center of the city, and, over tea and crackers, our conversation veered to the fragmenting effects of Putin's authoritarianism. Citing the breakdown of the social fabric and the uptick in violence in Russia, Nikolai described his initial hope and eventual disappointment that psychotherapy could counter this brutality:

> Many of the people around me have experienced terrible violence and beatings without cause. A neighbor from the middle of Russia suffered a fractured skull and eye problems after a terrible beating that landed him in the hospital for three weeks. This was unmotivated. It's just a release of aggressive tendencies in society. In the countryside people don't necessarily understand the source of this violence consciously, but they see it in the actions of our politicians, who operate on the basis of widespread fear and violence. Twenty years ago [when I started my work], I thought I would do something in Russia for the future of my children, to do what I could to build a better society. Now I understand that there is nothing here. Russia's future is in smog. I am afraid when my sons go out. I would like to raise them elsewhere, but there are not really any good possibilities. . . . I don't see a real way out. Meanwhile, I think that things will just get worse.

As Ira's, Vitya's, and Nikolai's stories indicate, talk therapy is *postsocialist.* For Ira, the groups that formed around the practice met a need that was unmet in late socialism. For Vitya, the Soviet collapse had made possible more responsive therapeutic forms that had previously been risky. And, for Nikolai, psychological training signified—at least for a time—the possibility to help rebuild society in the postsocialist period. These late- and postsocialist reference points are fundamental to the politico-ethical face of care.

What kind of care is involved here? Lena, Ira, Vitya, and Nikolai each used slightly different terms for what they do—Lena and Vitya called it *psychotherapy*; Ira, *image making*; Nikolai, *psychological training*. And sometimes they used the same professional designation, but in different ways: Lena and Vitya both called themselves psychotherapists (psikhoterapevty), but she had completed only postgraduate training, whereas he had a degree in psychiatry. Ira and Nikolai were both conducting psychological trainings, but Ira had had some certification training in psychology, while Nikolai combined such training with a medical degree (thus, he added the prefix *vrach-*, or "doctor," calling himself a *vrach-psikhoterapevt*). What was at stake in these distinctions, and how did they relate to care as a practice? The mix of terms stemmed from a fundamental contestation between Soviet and post-Soviet professional discourses. In the Soviet Union, and still officially today, a *psikholog* (psychologist) is a person who lacks medical expertise and works in either research or applied fields (testing, career counseling, some consulting). A *psikhiatr* (psychiatrist) is a specialist with medical training; this field was shaped by Soviet science and its materialist orientation to mental illness. Finally, a *psikhoterapevt*

(psychotherapist) is a psikhiatr with additional training and is licensed to provide *psikhoterapiia* (psychotherapy).

Post-Soviet usage wreaks havoc on these distinctions. For ideological reasons that I detail in chapter 1, the sorts of talk therapy and self-help now popular in Russia were rare to nonexistent in the Union of Soviet Socialist Republics (USSR). As such, the psychotherapeutic turn has had an imported flavor, incorporating such concepts as *koyching* (coaching) and *Ia-kontseptsiia* (I-concept) (see Lerner 2015).[15] As Lena's, Ira's, and Nikolai's stories suggest, the rise of certificate training has democratized mental health expertise. Many people call themselves psikhologi, whether they have a degree or not. Some claim the title of psikhoterapevt even if they have not attended medical school. Another way to understand these differences is to map them onto a shift from more biologizing approaches to mental well-being under Soviet medicine to more psychologizing approaches. In that sense, when psychologically or psychodynamically oriented practitioners call themselves psikhoterapevty, they are appropriating a title that had been reserved for medical psychiatrists. Conversely, when psikhoterapevty deny another practitioner that designation, calling them, instead, a psikholog, they are seeking to reproduce a form of professional hierarchy established in the Soviet period.

The care I focus on, then, spans formal designations and spaces or practices (e.g., the clinic versus the consulting room versus someone's living room), but it shares one important thing: a talk-based, non-biomedicalized approach. In the pages that follow, I retain the transliterated emic distinctions for a person's professional positionality (i.e., the term each person uses to describe him/herself); otherwise, I use the *psychotherapeutic turn* to refer to the post-Soviet proliferation of talk-based forms, and *psychotherapy* and *talk therapy* as well as simply *care* to refer to the general talk-based approach.

Psychological Difference and Therapeutic Enunciation

In the ethnographic examples above, care was multiply precarious. It was provided to others living in precarious situations, and those who offered it did so under precarious material or political conditions. Seeing care as precarious illuminates its politico-ethical face as care takes shape in biopolitical schemes. *And yet:* care is also precarious in another sense. As many scholars have noted, its effects can flip between helpful and harmful; there is sometimes a great divide between intentions and results. As an organizing concept, *precarious care* also indexes psychotherapy's commensurability with social inequality,

a particular risk that emerges when psychotherapy becomes a commodity or a technology of government. At the time of my fieldwork, Russia had seen new wealth and opportunity accompanied by tremendous new inequality (FRED 2018). Its Gini coefficient, a measure of income inequality, was significantly greater than those of other countries in the Organisation for Economic Co-operation and Development (with the exception of the United States) (OECD 2018). Those in a position to do well after 1991 did so with abandon, taking on the pejorative name "New Russians" (see figures Intro.3 and Intro.4). Elena Yurievna S., the same party committee member quoted earlier, describes her views of the Soviet period to author Svetlana Alexievich:

> No one wore Versace suits or bought houses in Miami. My God! The leaders of the USSR lived like mid-level businessmen, they were nothing like today's oligarchs. Not one bit! They weren't building themselves yachts with champagne showers. Can you imagine! Right now, there's a commercial on TV for copper bathtubs that cost as much as a two-bedroom apartment. Could you explain to me exactly who they're for? . . . They're renaming the streets: Merchant, Middle Class, Nobleman Street—I've seen "Prince's salami" and "General's wine." A cult of money and success. The strong, with their iron biceps, are the ones who survive. But not everyone is capable of stopping at nothing to tear a piece of the pie out of somebody else's mouth. (2016, 51)

Not everyone has iron biceps. A vast number of poor live at the dim margins of the glittering renaissance, and the social effects of Russia's capitalist revolution have been severe—high rates of suicide, alcoholism, early death, and divorce, as well as precarious living conditions.[16] In my fieldwork in a municipal psychological-assistance organization for children, I was able to see how children's mental distress could be a by-product of some of these demographic trends.

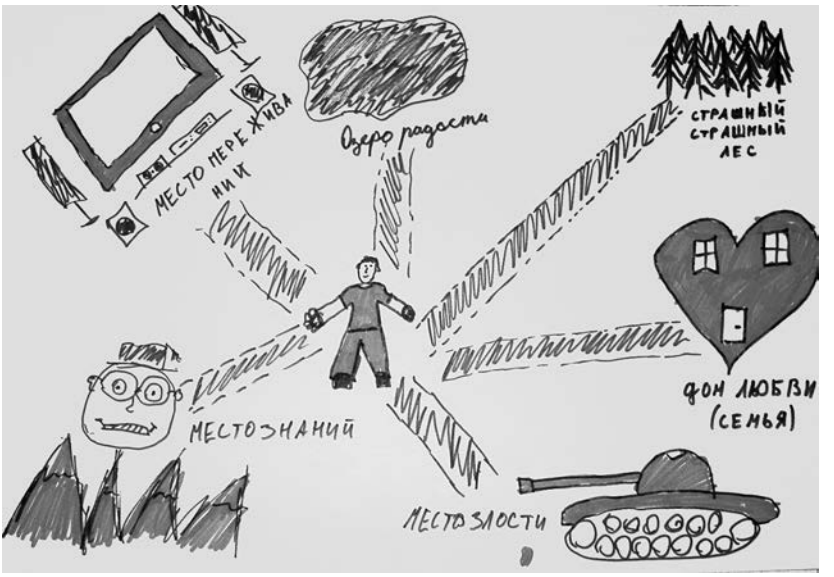
What is the politico-ethical face of care in these settings? A key finding is that, by pathologizing social suffering, the institutions providing psychotherapeutic care to the vulnerable tended to reinforce rather than mitigate social inequality. This was particularly surprising in light of the broader shift *away* from pathologization that the psychotherapy boom had brought about in Russia. As I discovered, the depathologizing forms of care focused on well-being were generally much more available to the better-off. Rather than pathology, these forms promoted highly market-oriented and gendered concepts of personal success and advancement.[17] The structuring of care also affected psychotherapists. Those working in municipal institutions, while

drawing much personal satisfaction from working with people that one social worker described as the ones "nobody needs" (*nikomu ne nuzhny*), struggled to do their work under more severe bureaucratic constraints and generally worked for much lower salaries. Those working in commercial contexts, by contrast, while able to develop a personal approach, were yoked to the logic of the therapeutic commodity. The mass of advertising materials in this context made clear that care became legible to others mainly as a lucrative endeavor. Care work also had an important gender component. There were disproportionately more women working in poorly paid municipal settings than in well-paid commercial settings.[18]

This distinction between kinds of care was not only a matter of professional structures. In fieldwork at two sites—a commercial organization (ReGeneration) and a municipal PPMS Center—I saw firsthand the ways in which social inequalities were recoded in expert languages to produce what I call *psycho-*

FIGURES INTRO.3 (opposite) AND INTRO.4. The fruits of (elite) labor and the ubiquitous cult of success. Photos by the author.

logical difference. For example, in January 2006 I spent a week participating in one of ReGeneration's psychological-education camps on the theme "controlling emotions and behavior" (*upravlenie emotsiiami i povedeniem*). ReGeneration served a largely elite clientele. This camp involved crossing the border to neighboring Finland for a mixture of a ski vacation and psychological lessons. I spent most of my days with eight adolescents in a small classroom at the camp compound for a several-hour-long *zaniatie* (lesson) led by Aleksandr and Zhenya, two young psychologists I got to know well. Each day, we moved through a workbook and different activities—emotional charades, sharing of our fears—meant to enhance self-regulation. In the activity I remember most vividly, we were asked to draw a map of our "internal emotional world." We worked on these for about thirty minutes, using large poster boards and colored pencils, and finally Aleksandr invited us to share. Gosha, age twelve, stopped playing with his cell phone and held up his internal world. He was the middle.



FIGURES INTRO.5 AND INTRO.6. The internal worlds of Gosha (top) and Tolya (bottom). Photos by the author.

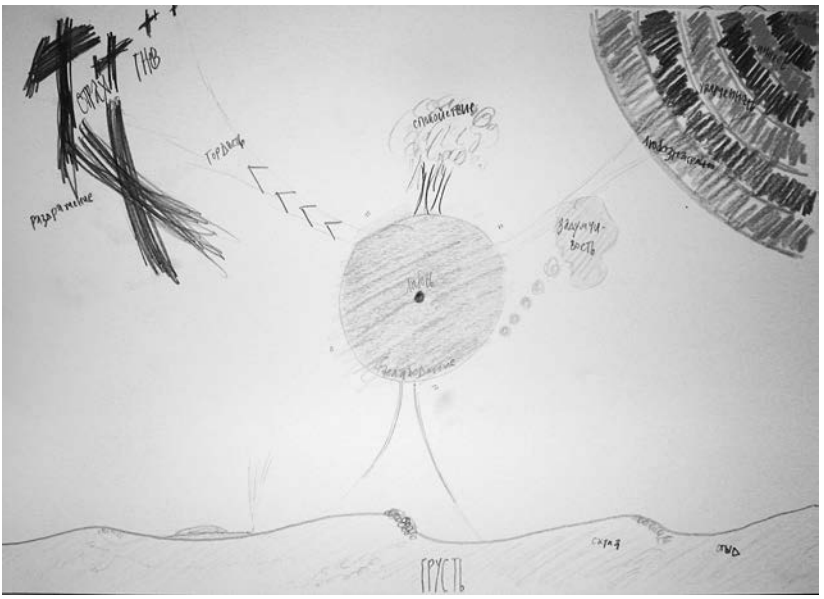


FIGURE INTRO.7. The internal world of the author. Photo by the author.

Lines led outward like spokes to different affectively charged locales, including "the lake of joy," "the scary, scary forest," "the place of emotional experience" (a home-entertainment system with a flat-screen TV), and "the place of knowledge" (with Tolya's bespectacled head skewered atop a mountain). I noticed that Tolya was sinking lower in his seat. He had folded his map into a square and had begun to tear it in half. Zhenya, the other psychologist, intervened, touching his arm. He refused to share, and only later did Zhenya show it to me. It was frantically drawn and divided into two halves. The top represented "reverie," but its pinks, greens, and blues drawn with erratic pen strokes suggested unease, or perhaps irony. Gray rivers turned blood-red in the lower, "dark" half and flowed into a red lake with black shores surrounded by jagged, cloud-enshrouded mountains. Two black towers loomed, one crowned with a brain sitting inside a movie camera, the other with a giant yellow eye surveying the landscape.

What I found interesting was that Aleksandr and Zhenya were not particularly interested in exploring the differences *between* our drawings. They did not focus, for example, on the fact that my internal world featured a sunlike object, whereas Gosha's did not. Nor were they particularly concerned with Tolya's complex representations (see figures Intro.5, Intro.6, and Intro.7). Instead, they were interested in self-knowledge and self-management as a means

to success—psychology here was a tool for cultivating a particular habitus (Bourdieu 1984). Their promotional materials stated, "Knowledge is power. To be successful in life, a person has to understand himself, to know his plusses and minuses."[19] This is "the first step on the path to self-perfection [*samosovershenstvovanie*]. [Yet] knowledge alone cannot guarantee progress if it's not embodied in real results. And it's precisely through self-management that everything that a person knows about himself appears and is used."

Psychological difference played differently at the municipal PPMS Center. The center served "problem children," some of whom were living in precarious circumstances involving absent and sometimes disappeared parents, substance abuse, and so on. The center was staffed mostly by women between forty and sixty who were psychologists, educators, and speech therapists. Unlike at ReGeneration's camp, the child-client was off-limits to me. Not long after my trip to Finland with ReGeneration, I began attending PPMS Center's weekly meeting, or *konsilium.* One day, as snow covered the mud outside, Evgeniia Antatolievna, the psychotherapist overseeing the meeting, invited someone to share a case for review and discussion. As usual, there was a long, uncomfortable silence, a fear, perhaps, of the heated exchanges that could take place if a breach of protocol were accidentally revealed. Finally, Natalia Konstantinovna began to talk. A child's drawings circled the room. She offered a punctuated case history: "A boy, twelve years in age. First came into the center on a crisis call from his grandmother. He is unwilling to go to school and has nightmares. His father has left the family, and God knows what mother is doing. Binet test and Hand Test were administered, showing no psychiatric problems; however, on the drawing test he showed some abnormality, representing the leaves of trees with magical letters."[20] As for many of the cases I would hear, the specialists raised the specter of abnormality, with the drawings prompting further inquiry, further analysis, and a single clinical question: should the child be seen by a psychiatrist?

These two examples illustrate some of the ways in which psychological difference was produced in care contexts. As a start, ReGeneration worked primarily with the children of the elite, the PPMS Center with children living in difficult circumstances. Their therapeutic practices need not have been distinct, yet they were: while both were concerned with children's interiorities (in this case revealed through drawing tests), ReGeneration addressed the results in terms of potential, taking less interest in the particulars, and the PPMS Center brought the concerned language of (ab)normality to bear on the drawing. ReGeneration provided tools to a client; the PPMS Center used tools

on a client. In fieldwork in these two organizations, which I discuss in chapters 3 and 4, I witnessed the powerful ways that practitioners could constitute psychological difference among children through therapeutic enunciation—that is, through attaching ideas about achievement or failure to psychological concepts. This, in turn, shaped institutional assumptions about ability and disability, capacity and incapacity, potency and impotency.[21] This articulation of psychological difference brought class and gender formations into being in the most intimate sites of interiority—the modes of knowing oneself—with the effect of turning some into potential immaterial laborers (Lazzarato 1996; Hardt 1999; Negri 1999), and others into risk factors.[22] How and why had the conditions of psychotherapeutic care come to intersect so neatly with social inequality?

Tactics and (In)Commensurability

Several structural factors oriented care toward managing population risk (delinquency, addiction, "asocial behavior") and harnessing human capital. As I detail in chapter 2, Putin's modernization policies, pronatalism, and the market logics of competitive advantage played a key role in making some kinds of care more practicable than others.[23] For instance, over the course of six months at the PPMS Center, I saw how dramatically modernization policies could affect the scope of care as the staff prepared to undergo *attestatsiia*, a periodic inspection of their services. Modernization, there, produced a wicked combination of decreased funding and audits. This combination hamstrung the psychologists and psychotherapists. As the attestatsiia dragged on, bureaucratic matters loomed ever larger, and the time available to provide care was diminished; the impulse to go above and beyond the call of duty was disincentivized. Care was pitched toward either highly abbreviated "correction" (*korrektsiia*) or a clearance approach—pathologizing difficult cases and referring them on to psychiatric services.

What theoretical concepts are appropriate for describing the structuring of care? Is this the symptom of an ideological formation whereby therapy extends the capitalist logics of austerity into the population? Are practitioners who try to work within these structures exhibiting false consciousness? Is this an instance of discipline whereby psychological expertise forms subjects of power through discursive incitement? Or perhaps, following Louis Althusser (1971), the relation between what psychologists do and the circumstances in which they work is one of overdetermination—a term that Kaushik Sunder

Rajan (2006, 6) usefully specifies as "contextual," not "causal." In fact, all of these are apt, but also partial. The concept I use to describe the relationship between biopolitics and care is commensurability. *Commensurability* refers to a process—commensuration—whereby particular sets of concerns or ethical practices are made commensurable with the world of norms. In contrast to overdetermination, commensuration is a subjective rather than a structural or determining concept. There is a dynamic at work, and it is a dynamic with potential effects. As Elizabeth Povinelli (2001) notes, commensuration, whether through "the efficiency of bureaucracies" or "economic transactions," domesticates and flattens difference. In the case of psychotherapeutic services for children, practitioners make care commensurate with the biopolitical economy by, for instance, framing their work as "improving human capital" (linking psychological *trening* to success) or, as at the PPMS Center, "managing social precarity and risk." Quantification and audits are thus instances of commensuration inasmuch as they render qualitative things (e.g., care, education, or student circumstances) on a spectrum of degree. Commensuration, as any ethnographer knows, frequently obfuscates the social and/or structural sources of suffering.

Concepts notwithstanding, how politically or socially salient is the politico-ethical face of care under such conditions? If my argument about incommensurability is to hold, the implicit and explicit claims about psychotherapy's moral legitimacy made by Vitya, Lena, and others ultimately have to be squared with the actual material effects of the work. That came with time in the field. In both contexts, therapists also deployed a range of counterhegemonic tactics (see Certeau 1988) against the biopolitical and/or economic norms governing their work.[24] At a basic level, psychotherapists across sites were acutely aware of the possible negative outcomes of their work. In the PPMS Center's konsilium, therapists frequently agonized over how an early-morning decision about a struggling child could move her to a special-needs school or place her *na uchet*—on the registry of psychiatric patients. They also frequently discussed the lasting consequences of being *na uchete* for the family and the child's development and peer socialization. In other words, the commensuration between children and the world of norms was made with eyes wide open.

There were also times when practitioners departed from the state mandate in order to provide what they viewed as better care, often at risk to their own livelihoods. In the PPMS Center, these tactics ranged from bureaucratic improvisation and working beneath the radar to ignoring specific aspects of the

PPMS network mandate overseen by state and municipal organizations. To give one brief example: Anna Andreyevna, a pedagogical psychologist (*pedagog psikholog*) at the PPMS Center, had invited me along on her school visits. These were meant to be rapid assessments of the children in each school, to identify children early on who might be showing signs of emotional distress or developmental delays. In the classroom I watched as she moved efficiently from desk to desk, administering various tests of memory, cognition, and emotion in search of potential problems. It was an exercise in bureaucratic quantification in which various diagnostics, including the Lüscher color test,[25] were used to collect data. There was something almost comical about how quickly she moved around the room with those color cards, dealing them out on each child's desk in three-minute bursts. But there was more to her work. Afterward, she invited me to lunch in the modest two-bedroom apartment where she lived with her husband and daughter. I spotted a copy of the Russian Federation's *Family Codex* (Russian Federation 2010) on the table. I remembered that in an earlier staff meeting she was exploring whether the PPMS Center could do anything more for a child than they were already doing, so I asked her about it. She told me that she was trying to reverse-engineer a legal justification for the extra work she was doing—work that she knew was outside the PPMS Center's mandate to "protect the rights of the child" because she was venturing into socially more capacious questions about the family. Later on, the director of the center would learn about Anna Andreyevna's tactic and berate her for it.

Tactics were evident in ReGeneration's daily work, too. There, practitioners spoke to me, not about promoting the success touted in their advertising materials, but about contributing to Russian democracy with a small *d*.[26] Their idea was that it might be possible to "civilize" the elite through reeducating their children outside the problematic forms of social reproduction inherited from the Soviet past.

Care practices, then, are contingent and may become *in*commensurable with biopolitical norms. *Incommensurability* here means providing forms of care that are, from the point of view of biopolitical and economic imperatives, off-kilter, even illegible. The PPMS Center's tactics opened up a gap between state policies (transmitted through the director's agenda) and children's needs as perceived by the practitioners. ReGeneration's tactics put psychologists at a distance from parents and the prevailing discourse of market success. At issue in each case was a struggle around how to understand social problems and provide care in the face of constraints.

Incommensurability also has an *affective* dimension. A mystery lurks at the heart of the biopolitical: any psychotherapeutic session hovers above the deep fissure between self and other. How certain can anyone be of the effects of any practice of care when knowing one another, and indeed ourselves, can be so elusive? This elusiveness resembles Elizabeth Anne Davis's (2012) insight about deception in clinical encounters, where misreadings can be abundant. The affective incommensurability I highlight here is also a kind of misunderstanding, but it stems not from deceit but from an intersubjective epistemic murk (Taussig 1987). Something dwells in the gap between what is shared and what is not shareable. It relates to the line that Lena described to me on that day in the BlinDonald's. I came to terms with affective incommensurability routinely as I subjected myself to the therapies about which I was writing. A particularly clear example came in a group therapy series I attended at the PND where I did some fieldwork. I had been invited there by Olya, a social worker, who had arranged a trening in what she called "body-oriented therapy" (*telesno-orientirovannaia terapiia*). By working in this way, Olya was injecting something new into the biomedically dominated practices of the PND, and her work was thus of interest to my project. Halfway through the trening, I found myself seated in a chair opposite my friend Vera, holding hands gently, if a bit awkwardly. Vera was a thirty-something patient at the clinic and was being treated for anxiety, depression, and other symptoms after being attacked by two men in a dark *podezd*, or underpass. Yet I knew Vera as a young composer who on occasion helped me with my Russian. Olya explained that our task was to make "hand sculptures": with our eyes closed, we would use our hands to make the shape of whatever emotion Olya requested. The therapeutic task was to find consensus and work together to make a good shape.

We sculpted words like *gratitude*, *comradeship*, *friendship*, *equality*, *jealousy*, *anger*, *woe*, *happiness*, *disbelief*, and *insult*. Some came extremely easily, such as *friendship*; others with much more difficulty, like *woe*. With each sculpture, Olya commented on our social-behavioral tendencies, putting me (at least) in a self-reflexive labyrinth from which there seemed to be no escape. Every successive move was pinned down by Olya's ongoing commentary. "Look at how Vera tends to withdraw from conflict. Look at how passive she is," Olya observed. In the next exercise, for *jealousy*, Vera responded by moving her other hand toward mine more deliberately. "Oh," Olya observed, "but she's very forceful when it comes to jealousy!"

Olya offered us our last word: *scandal*. Our hands began scanning one another's, mostly in confusion. Thoughts flickered past. "Does someone need to

take the initiative? Should it be me or Vera? How should initiative be signaled? Is there such a thing as excessive assertiveness? What are the gendered dimensions of this exercise? What is Vera experiencing? Her hands feel tentative and stiff." Suddenly, out of the blue, there was direction. Vera slapped my hand as if to say, "Bad boy!," at which point I took the cue to play the role of the chastised offender, withdrawing in shame. After we opened our eyes, hands withdrawn, Olya asked me whether I often reacted to scandal this way—by retreating in shame. I answered no and suggested that I was responding in this way only in this instance, yet when I returned home to write my field notes, I wondered whether Olya was onto something. A certain affect from the session echoed beyond the moment of encounter.

This vignette gets at some of the murk involved in the clinical encounter. Olya could not be certain of the meaning of our actions; she could only gesture, as it were, with provocations. I did not really know what Vera was doing, and why; and vice versa. Nor was I even sure of the meanings of my own reactions. Therapeutic encounters, then, may well have effects, but those effects take shape within a wooly space in which people, feelings, multiple loops of self-reflection, and relations of force are brought into contact. Just as with its politico-ethical face, the murkiness of care has implications for the daily life of biopolitics. If one is not even sure of what happens in care encounters, then the biopolitical enterprise is destabilized, uncertain, perhaps also precarious.[27]

A Social in Search of a Politics

I have discussed how therapists used psychotherapeutic idioms to critique dominant orders in the socialist and postsocialist periods (albeit always within these orders' terms). In that sense, their practices were political, even if in a limited sense. But how is the political manifested *beyond* the confines of the consulting room or the training? What does that beyond suggest about emergent political subjectivities in contemporary Russia?

Recall Ira's and Vitya's rationales for pursuing therapy: they were both running from something—a felt lack of relations between doctors and patients, or between teachers and students, in Soviet times. But what they were running toward was less clearly formulated. Theirs was a politics in search of the social, and also the social in search of a politics. I found a similar impulse, or intuition, among other therapists and clients, who came together in search of an alternative kind of social experience. These *psychosocialities*, as I call them,

were rooted in a heightened and excited form of togetherness. Sessions, I was told, sometimes delivered that experience and sometimes did not, but for the therapeutic community (or, rather, the community in therapy), a key appeal of any therapeutic encounter was that it always had the potential for such a heightened experience.

Psychosociality is a form of "social proxying," where imagined intimate stranger relations in public are mimicked in therapeutically attuned settings. What is essential to psychosociality is that participants feel the freedom to say things about themselves *as if* they were with intimate friends, but who are, in fact, in a room of people they may have just met. Another essential ingredient is that the others present pursue the same kinds of openness. Psychosociality, then, is a kind of togetherness through which people can enact forms of public intimacy that are otherwise rare. In Saint Petersburg, people involved in talk therapy were particularly keen for these kinds of social experiences. For example, psychosocialities were at play in psychological trainings for adults, such as the sessions offered by Nikolai (who previously spoke of his pessimism about Russia) and his wife, Olessia. Together they had founded an organization, Verity, which offered a variety of trainings in personal growth for adults—a project that stemmed, for them, from their own earlier experiences in group therapies. Olessia's work was particularly striking. At the time I met her, she was offering seminars in "systemic constellation" (*sistemnaia rastanovka*), in which she brought clients together to draw on an unseen *energiia*, or energy, as a guide to their problems. Their work summoned particular kinds of sociality (kin relationships, stranger intimacy) to help people navigate personal problems and even past political traumas.

I also found evidence of psychosociality in a virtual space: the liberal radio station Echo of Moscow (Ekho Moskvy). The station aired a weekly show called *For Adults about Adults* where the psychologist-host, Mikhail Labkovsky, offered on-the-air, live consultation. People from all across Russia could call in, share their problems, and enter the media stream. I tuned in whenever I could. Fascinatingly, Labkovsky was offering not just advice on personal problems but also a normative vision of how personal concerns should foster a new kind of public civility in Russia. Drawing on idioms like *self-esteem* (*samootsenka*), Labkovsky criticized the culture of corruption, selfishness, and indifference under Putin and advocated new political subjectivities and socialities rooted in psychological knowledge.

In the case of both Verity and *For Adults about Adults*, psychosociality was, indeed, only loosely political. Yet that is not the same as saying it was apoliti-

cal. I saw how different therapists used psychological idioms to articulate a postsocialist social body. It was a Frankenstein-like social body comprised of sewn-together parts—neoliberal emphases on self-esteem and responsibility (see Cruikshank 1999), consumerist emphases on lifestyle and affect (Patico 2008; see also Lukacs 2010), socialist ideals of intimate togetherness (see Yurchak 2006), liberal political ideals linking participatory democracy to public intimacy, and spiritual-cum-nationalist discourses that connected the soul to the motherland (*rodina*). But it was a social body nonetheless.

In the end, the political traction of these forms of coping and aspiration remains to be determined. But they were, for me, ethnographically important because they pointed to very real personal-qua-political dilemmas—between doing good and selling out, between being competitive and being socially caring, between being focused on oneself and being politically active—that are still being actively navigated in care work in Russia. Such tensions also point to the complexity of care as practice, including its historicity, its (in)commensurability with biopolitics and inequality, its affective and ethical excess.

As psychologists and psychotherapists have sought to care for (and in) Russia, then, they highlight some of the potentials, limits, and contradictions of a politics shaped by psychotherapeutics. They have helped clients locate self-esteem, empathy, and internal reserves in the face of a wide range of personal challenges and tragedies, including depression, low self-confidence, and social dissolution. By fostering psychosociality, they created connection in times of political isolation and anomie. Yet the promotion of self-esteem, empathy, and freedom had also been worked into the post-Soviet proliferation of market-based and instrumental understandings of self and other, producing forms of psychological difference among clients. Through the patrolling and management of affect, these very projects of freedom were simultaneously projects of constraint.

Thinking beyond the specifics of the psychotherapy boom in Russia, this study points to an emergent politics of the social—that is, a set of practical, everyday inquiries into postsocialist collectivity that, in this case, were articulated in psychological terms. What forms of togetherness were appropriate to the times, and how does one effect them in the presence of the money form and the biopolitical norm? These were by no means straightforward issues, and in my fieldwork in Russia I saw how they were contested, debated, and struggled over. What could supplement that lost ideal and counter the widespread perception of Russia as a carcass on which highly vulgar individuals preyed, while the rest, those who had a moral compass, were pushed aside

to watch? How should individuality be respected in ways that retain a social valence? Care was not just a work of individual selves but also of a social body in which relationships were renegotiated under the shifting terms of post-socialism and state capitalism. As of 2013, when my formal research for this book ended, this was a complex field of practice, desire, and discussion with implications for what both care and the political could look like.

/ / /

By inviting me into their worlds, the psychotherapists I got to know in Saint Petersburg certainly gave me a great gift. Yet, as Mary Douglas reminds us, "there are no free gifts" (Douglas 1990). Is the spirit of the gift operating in this book? Perhaps. But my task is to demonstrate how ethnography, like the many years of teaching that have grown from out of this research, is a practice that forces our paradigms into contact with the basic concerns of living and being with others. The message of *Shock Therapy* is one I learned from Lena: care—whether a therapeutic intervention or a writing of books—is precarious. It is perched between that which is divided and that which is shared, between closing down and opening up, between the normative and the potential, and between the reproduction of social hierarchies and their disruption. Starting with that acknowledgment opens a space for understanding, social connection, and yet also critique in precarious times.

NOTES

PRELUDE

1. Soon after this study began in 2005–6, anthropologists argued that the post-Soviet was a "vanishing referent" (Boyer and Yurchak 2008) and did not resonate with those who had come of age after the collapse (Thelen 2011). My research, however, suggests that the Soviet Union remains an important referent in public discourse in Russia.

2. For fascinating parallel cases of psychologization, see Kleinman and Kleinman (1985) and Zhang (2017) on China, and Kitanaka (2011) on Japan.

INTRODUCTION

1. Throughout this book I use pseudonyms to ensure confidentiality and protect people's identities. I also observe the Russian custom of using the first name and patronymic in formal relationships marked by social distance (e.g., Tamara Grigorievna), and the first name only, sometimes in diminutive form, in more intimate relations (e.g., Aleksandr, or Sasha). These pseudonyms reflect my actual relations in the field, as well as the types of formality and informality I had to observe in different institutional spaces and encounters. Finally, I have used the real names of those few figures described in the media; they are identified by their first and last names (without the patronymic).

2. As I discuss in chapter 1, there are important political and ideological reasons for the near absence in the USSR of a psychotherapy habit similar to that found in the United States. In the 1930s, psychology's "bourgeois" heritage, its vulnerability to the

charge of subjectivist idealism, and its unpalatable research results put it under increasing ideological pressure. Applied work was especially severely curtailed and began to reappear only in the 1970s.

3. At the time of my fieldwork, various psychotherapeutic practices for groups were called "*trening*" (plural: *treningi*), which translates as "training." The term summons similar phenomena in Russian as in English, merging physical exercises with ethical or ideological types of self-work. This latter meaning was particularly in evidence during the Soviet period (see Hellbeck 2006). Throughout the text I use the direct English translation "training(s)," and sometimes the transliterated "trening(i)," to preserve these meanings.

4. For key examples and perspectives in this literature, see Foucault (1991), Ferguson and Gupta (2002), Kipnis (2008), Ong (2006), and Rose (1990, 1996a).

5. I am grateful to one of Duke Press's anonymous reviewers for this elegant phrasing.

6. My fieldwork focused most closely on commercial and state-municipal work with children. In commercial services, I worked in one children's organization and participated in its long-term trainings (treningi), which lasted from several days to two weeks. I also worked in one of the city's regional Psycho-pedagogical Medico-social (PPMS) Centers, where I interviewed the staff, attended meetings, and attended therapy sessions for both staff and local teachers. Unlike in the commercial sector, their work with children was off-limits to me. I supplemented this fieldwork with interviews with sixty different practitioners in commercial, public, and nongovernmental services in which I explored the history and status of applied psychology, and collected life histories. I also conducted fieldwork in adult-oriented group therapy settings as well as in a Psychoneurological Clinic (PND). To come to grips with psychology's popular forms, I collected printed materials (popular self-help books, glossy psychology magazines, brochures promoting self-work, website materials), analyzed TV and radio programs, and visited a product expo on childhood as a strategy to assess the broader market ecology in which children's psychological services were situated. I also attended local conferences on psychology and conflict resolution. Finally, I collected materials at the Library of the Academic Sciences in Saint Petersburg. These were primarily Soviet-era documents, conference proceedings on pedagogy and psychology, and dissertations on the history of psychology. I have used these materials to supplement my interviews on Soviet psychotherapeutic practice. I combined this work with extensive secondary-source reading on the historiography of Soviet psychology, psychiatry and psychotherapy, as well as follow-up trips in 2007, 2010, 2012, and 2013. The result is a broad and yet also ethnographically grounded transect through the psychotherapeutic turn in Saint Petersburg beginning with Putin's second term and extending through to 2013. The conclusion to this book provides some updates in the period from 2013 to 2015.

7. I draw inspiration from Mariana Valverde's work. Writing on the bourgeois tinge of confessional practices in women's consciousness-raising groups, Valverde argues that such practices are not necessarily purely psychological and therefore antipolitical: "A woman can also proceed to unburdening herself in ways that construct a sociolog-

ical or economic cause of the violent situation rather than one rooted in some deep psychological truth" (2004, 83). In other words, people may engage in them for a variety of reasons, including political ones.

8. I find Mikhail Bakhtin's notion of unfinalizability (*nezavershennost'*) helpful here. Literally translated as "not completed, finished, ended or finalized," the concept describes the complexity and open-endedness of events, acts, and the most basic of encounters—the dialogue. Bakhtin writes evocatively, "Nothing conclusive has yet taken place in the world, the ultimate word of the world and about the world has not yet been spoken, the world is open and free, everything is still in the future and will always be in the future" (1984, 166). As an analytic, this is paradoxical. As Morson and Emerson note (1990, 6), Bakhtin's concept is "a highly rational attempt to imagine the world as incommensurate with systems." But the paradox is also what makes it fruitful for a critical anthropology. *Unfinalizability* names a productive tension between systematization and the everyday, and between theory and ethnography. Theorization totalizes; ethnography unravels.

9. Liisa Malkki writes in this spirit, noting that for people involved in humanitarian work, "it was not as 'global citizens,' 'worldly nomads,' or 'cosmopolitans' but as specific social persons with homegrown needs, vulnerabilities, desires, and multiple professional responsibilities that people sought to be a part of something greater than themselves, to help, to be actors in the lively world" (2015, 4). My account differs from Malkki's in the sense that she asks, *who* is the humanitarian? My question is, *how* do care providers negotiate conflicting commitments in their work?

10. "Blasphemy," writes Donna Haraway, "has always seemed to require taking things very seriously. I know no better stance to adopt from within the secular-religious, evangelical traditions of US politics, including the politics of socialist-feminism. Blasphemy protects one from the moral majority within, while still insisting on the need for community. Blasphemy is not apostasy. Irony is about contradictions that do not resolve into larger wholes, even dialectically, about the tension of holding incompatible things together because both or all are necessary and true. Irony is about humor and serious play. It is also a rhetorical strategy and a political method, one I would like to see more honoured within socialist-feminism" (1991, 149).

11. See Rabinow (1996) for a discussion of biosociality. To borrow the words of Anne Allison, psychosociality effected a "revaluing of life as wealth of a different kind, based on the humanness of a shared precariousness and shared efforts to do something about it" (2013, 179).

12. In contrast with Kantian ethics as a system of norms, "practical ethics" follows an Aristotelian vein. In relation to the care of the self, Foucault distinguishes between practices that seek to discover an authentic content or self-identity, which he compares to "mortification" (2000a, 311), and practices that aim to *create* a self-content (2005, 56–57). It is these latter practices that Foucault affiliates with the practice of freedom—a freedom that does not simply resist, but takes shape in and through power relations where the care of the self "is a way of limiting and controlling power" (1997a, 288). Scholars have wondered whether Foucault's turn to ethics and the care of the self betrays his

earlier work on discipline and power/knowledge. But Foucault consistently saw these inquiries as related. The study of discipline was a study of the structures of coercion and domination—an approach that bracketed the question of practices—and his later work was an attempt to think the question of practices and subjectivity alongside his earlier insights about capillary power. See Foucault (2000b, 1994), as well as Povinelli (2012), Koopman and Matza (2013).

13. See Mahmood (2005), Laidlaw (2002), Faubion (2011), and Lambek (2010). In the anthropology of Russia, see D. Rogers (2009) and Zigon (2011).

14. Joel Robbins (2013) and Sherry B. Ortner (2016) identify a tension in anthropology between the "suffering slot" and the anthropology of the good (Robbins), and between "dark anthropology" and the anthropology of ethics (Ortner). This study walks the line between these analytic practices.

15. Several historical factors contributed to this shift, including exchanges with Eastern European psychologists following World War II (Vasilyeva 2005; Elena Kazakova, personal communication, October 12, 2007); "citizen diplomats," including psychotherapists and psychologists, who visited the Soviet Union in the 1970s and 1980s (see Hassard 1990); and perestroika-era liberalization. As scholars have pointed out, popular psychology in Russia has been a site of hybridization, merging American and European strands of psychotherapy with the emotional styles (Lerner 2011) and socialities (Leykin 2015) of postsocialism.

16. Even at the height of Russia's oil boom in the early 2000s, 20 million people, or 15 percent of the population, were considered poor, living on less than 5,083 rubles ($169) a month, and another 25 percent were considered vulnerable to poverty, hovering just above the poverty line (World Bank 2009b, 17–18).

17. One of the interesting features of success is its uneasy fit with other, historically sedimented categories of social distinction in Russia, particularly those tied to the liberal intelligentsia, such as *kul'turnost'* (culturedness) and *intelligentnost'* (intelligence or good upbringing). On intelligentsia class discourses, see Rivkin-Fish (2009) and Patico (2005). For studies that merge a Marxian attention to structural position with a Weberian focus on status and symbolic production, see, for example, Bourdieu (1984), Willis (1977), Frykman and Löfgren (1987), and Ortner (2006).

18. This pattern recapitulates a broad, perhaps even global trend, whereby unremunerated or poorly remunerated affective labor is also feminized. On the normative gendering of the workplace, marriage, and family life in Russia, see, for example, Zdravomyslova (2010); Rotkirch, Temkina, and Zdravomyslova (2007); Zdravomyslova and Temkina 2003; and Rivkin-Fish (2010).

19. In this and other translations in this book, the use of the pronoun "himself" reflects common usage in Russian, whereby the masculine pronoun, he (*ego*), is used as a universal, standing for both men and women. In other instances, such as the common phrase "New Soviet Man" (*Novyi Sovetskii Chelovek*), I translate the word *chelovek* (also *person*) as "man" in order to reflect the gendering of personhood that typified Soviet discourses and that is still quite common in Russia today. Finally, in instances where I am, myself, referring to the broad category of persons, I use the phrase *he or she* to counter androcentric discourses.

20. The tests mentioned refer, respectively, to the Stanford-Binet Intelligence Scales, which test intellectual and developmental delays in children, and the Hand Test, which is used to forecast aggressive behavior.

21. On the productive power of discourse, see Foucault (1990a, 1995). On the relevance of these arguments to the psychological expertise, see Rose (1996b) and Hacking (1995).

22. This bifurcation of care is part of a global phenomenon whereby the management (and production) of affect has become a crucial site for the circulation of capital. The service industry, branding, and the mantra "have a nice day" are emblematic of contemporary efforts to harness affect for the ends of accumulation. Often termed *immaterial* or *affective labor* (Lazzarato 1996; Hardt 1999; Negri 1999), the forms of work that have arisen around affect channel interiority toward ever more sensuous capitalist experiences (Gill and Pratt 2008). In Russia this is seen in the importance placed on soft skills in customer service, and the role of psychologists in helping develop these and other skills. Psychological education in the commercial sector thus draws clients into new forms of immaterial labor by teaching them to convert affect into capital. But its contrasting forms—in municipal services—also indicate the social limits of the affect economy.

23. *Modernization* refers to a set of reforms undertaken by Putin that began in his first term and have been directed at social and political institutions. For an overview of Putin's "conservative modernization" (and a comparison with the competing "liberal modernization") in Russia, see Urnov (2012).

24. These tactics are the small maneuvers of making do with what has been given (see Caldwell 2004), a kind of "escape without leaving" (Farquhar and Zhang 2005) not unlike the politics of *vnye,* of living simultaneously inside and outside, that Alexei Yurchak (2006) describes in late socialism. This analytic language supports inquiries that avoid reducing *being* a subject to undergoing processes of subjectification—in Michel de Certeau's (1988) language, confusing *production* with *use.*

25. During the Lüscher color test, subjects are presented with cards consisting of a range of colors and asked to choose the favorite, until none are left. The test is used to assess personality types on the basis of particular assumptions about how color preference, presumed to be unconscious, correlates with personality.

26. Discussions of democracy in postsocialist contexts are vexed and crowded, both in the more prescriptive social science fields and in anthropology. Chris Hann, Caroline Humphrey, and Katherine Verdery (2002; see also Hann and Dunn 1996) and Michael Burawoy and Katherine Verdery (1999) have noted a tendency among political scientists to let normative assumptions drive analyses of Russia, leading in some cases to echoes of Francis Fukuyama's (1992) "end of history" and the triumph of liberal capitalism. In contrast, anthropologists working in postsocialist and postcolonial contexts have been critical of the liberal triumphalism that has been promoted in Russia and elsewhere. Critiques have been leveled at the reform policies' lack of fit with cultural or institutional conditions, the cynical use of democratic rhetoric to secure an entrenched elite's hegemony (Paley 2001), and the paradoxical silencing effects of certain liberal politics and their invocations of freedom, equality, and human

rights (see Spivak 1988; Said 1994; Mahmood 2005; Englund 2006). When it comes to Russia, this polarized field obscures as much as it reveals about the complexities of post-Soviet transformation.

27. In making these arguments, I join other recent anthropologies about therapeutics, which take us helpfully through, and also beyond, the biopolitical's "remedial institutions" (Favret-Saada 1989). E. Summerson Carr (2011) discusses how many self-help practices involve clients learning certain metalinguistic practices to remake themselves. Yet Carr argues that while such practices take place within specific discursive and institutional contexts, clients often "flip the script" in their favor. Rebecca J. Lester's (2007) work poses the therapeutic as a rite of passage by which clients are moved (or move themselves) to an institutionally more desirable state of being grounded in "values deemed important to recovery (such as personal responsibility)" and "specific practices (such as requiring clients to make the bed each morning)" (370). Again, though, as a ritual practice the therapeutic also entails a *reconfiguration* of cultural proscriptions—a "critical therapeutics" that decomposes the therapeutic in ways not unlike critical analytics. Finally, Angela Garcia (2010) underscores the sociality of care: it rests on both intimate interrelations and a felt dependence between people rooted in broader understandings of responsibility. Viewed as a dependency, care can lead one person, along with another, into harm's way (as with intergenerational drug use). But dependency can also be an engine of mutual responsibility that sustains sociality.

1. THE HAUNTING SUBJECT IN SOVIET BIOPOLITICS

1. The research context for Bauer's work is important, especially since his book (based on his doctoral thesis) has influenced subsequent histories. Bauer, a social psychologist and historian, was a researcher in the Harvard Project for the Study of Soviet Society (HPSSS), helmed by Clyde Kluckholn and undertaken in cooperation with the US Air Force in the 1950s. Bauer gathered most of his materials via interviews with Soviet refugees in the 1950s. At the time, the functionalist theories of Talcott Parsons, who trained Kluckholn and whose Harvard center may have also influenced the scope and methodology of the HPSSS, were an influential social science paradigm. This may explain part of the rationale for focusing so much on the functional relationships among philosophical debates, ideology, and party decisions—an approach appropriate to certain kinds of research interests and topics but not others. (I am indebted to Sylvia Yanagisako for making this point.) Another reason was certainly the paucity of available sources. In the course of the project, Bauer interviewed many psychologists, psychiatrists, and doctors, who supplied him with materials for his history of Soviet psychology. These transcripts, now available online through Harvard's Davis Center, show that Bauer was keenly interested in finding support for his theory that the debates in philosophical Marxism in the late 1920s and 1930s were the central driver of psychological theory and practice. Generally, his respondents confirmed this view, strengthening his claim that these fields were politicized because they touched on politically sensitive issues such as the relationship of human capacity to socialist environments, the tension between social position and nationality, and also the relationship of theory and practice.