



I write this on the 347th day of the Russian Invasion on Ukraine, from neighbouring Romania. In between editing, I keep in touch with friends and colleagues across Eastern Europe: there is talk of a major Russian offensive this month and Moldova has, wisely and predictably, extended its state of emergency once more. On a national level the state medical system is plagued by yet another wave of cases of corruption brought to light, and no resolution is in sight. It is hard not to feel powerless in such times—but, for the past year, the medical humanities have surpassed former professional delineations and become a lifeline, one that provides myself and others a clear purpose and hope for the future. Furthermore, I argue that highlighting Eastern European perspectives is, at this point, vital to achieving both the inclusivity and the outreach that the critical medical humanities aim to promote.

After the collapse of the Soviet bloc in the late 1980s, the East-West academic divide continued to dominate the European academic scene. The flight of human capital, unequal access to resources and networking, as well as methodological and ethical disagreements led to the persistence of two distinct research landscapes. With the end of the Cold War, Eastern European studies became “non-strategic” (Cavanagh, 1-4) and often underfunded. My fellow researchers share news of exhibits, articles and donation drives. Just like our colleagues from “the West”, we are affected, perhaps more than ever, by precarity and career uncertainty. We live in greying societies in urgent need of comprehensive solutions concerning the care of the aged, the disabled, the chronically ill, the presently displaced (both individuals and families), the victims of war and conflict. We discuss Western projects and public approaches that are neither easily accessible nor easily

implementable. Such limitations do, however, also offer the chance to embark upon creative methodologies and experimental practices.

Yet there is a spectre always looming, a silent entity that has at once both bound us together and driven us apart: from Bucharest to Debrecen and Poznań, we are still entangled by the threads of our joint communist past. Former borders and borderlands, revolutions, velvet-soft or studded-in bullets are all embedded in our cultural imaginary. The Eastern Bloc body, if we are to imagine one larger than life, is marked by overgrown scars that start to throb under a piercing gaze. Some are worn as a badge of honour, others hidden in plain sight. The turmoil of the 1990s has left its own defacements, even harder to explain. Thus it remains, first and foremost, *body-political*. Its exposure to the medical gaze reveals hidden entanglements that may be adequately and compassionately approached inside the framework of a truly global critical medical humanities.

Petra Kuppers describes how the scar “mediates between the outside and the inside, but it also materially produces, changes, and overwrites its site” (Kuppers, 1). Both familiar and unsettling, it invites its bearer both to caress and to recoil. Self-exploration becomes an integral part in coming to terms with a new bodily reality. Simply put, “the scar incites the look, invites the narrative, fuels the story, and anchors it back into (some version of) bodies, time, and space.” (1) Kuppers engages in productive destabilization, a research modus that may bring further insights as it creates “creates a tension, a desire toward those who might have been excluded—this is not a general vibrational destabilization of everything, but apolitical rhetoric.” (2)

Artistic representations of the Soviet and post-Soviet body have long functioned as a meeting point for Eastern and Western discourse, one I find particularly promising for interdisciplinary cross-pollination. Polish art critic Agata Pyzik has highlighted that “socialist realism remains possibly the most rejected period of Soviet art, identified with pernicious politics and backwards aesthetics” (“Get real”). Previously, Joseph Bakshtein praised the hidden meanings to be found in the absurdities of it, as “in the Soviet Union, art was doubly real precisely because it had no relation to reality.” (322)

To understand Soviet art, one must delve into its mythical origins. Lenin had famously proclaimed that: “Art belongs to the people. It must leave its deepest roots in the very thick of the working masses. It should be understood by those masses and loved by them. It must unite the feelings, thoughts and the will of the masses and raise them. It should awaken in them artists and develop them” (“Reminiscences of Lenin”). Under directives from the Central Committee of the Communist Party independent artistic groups and organisations would begin to be disbanded and reconstituted as unified associations. The creation of the Artists’ Union of the USSR in 1932 marked the era of socialist realism as the de facto art style of member countries.

Stalin had deemed artists as engineers of the human soul: yet they too came to function in large part as state workers with enforced quotas, producing idealised depictions of Soviet life and values. Acting as head of the Narkompros, the People’s Commissariat for Education, between 1917 and 1929, Anatoly Lunacharsky established policies that publicly reinforced his beliefs that “the

sight of a healthy body, intelligent face or friendly smile was essentially life-enhancing” (Ellis, 21). The New Soviet Man and Woman were to be a model of good health. Not only would they be able to cultivate their physique and athletic skills but they would be attended by skilled healthcare professionals throughout their lives, receiving prophylactic care and swift treatment designated to keep them as able-bodied *tovarisch*, fully integrated in the work-force and able to maintain their societal and familial duties. Public health campaigns and educational materials enclosed depictions of dedicated doctors and nurses, along with gleaming new facilities.

Following WW2 this was adopted by the new Soviet republics and Eastern bloc satellite states. The passing of the years also saw an increasing number of artists who were involved in what was called *underground art* or *soviet nonconformist art*. They favoured a multitude of approaches, engaging in conceptual and performance art, setting private showings and events, some of which were shut down by the authorities in less than half an hour. Bakshtein summed up that “the goal of nonconformism in art was to challenge the status of official artistic reality, to question it, to treat it with irony” (332). The relaxation of attitudes towards nonconformist art by the mid-1970s signaled fundamental internal changes in the Soviet social landscape. With the policies brought on by Perestroika and Glasnost, the separation of conformist and nonconformist Soviet art gradually disappeared.

Pyzik deems that, for decades, socialist realism “was a ‘don’t touch’ moment of art history” (“Get real”). It is time to inspect the wounds, to get accustomed to their edges, to touch them. Then we must carefully turn our gaze towards the physician and the clinical establishment. The second article in this series will focus on the visual discourse of pre-1989 work and its integration to a visual medical humanities framework. There is no heat tonight in my communist-era flat, a common occurrence this winter. Re-reading my article, I reminisce about the CHCI Medical and Health Humanities Summer Institute I attended in June 2019 in sunny Paris. Its theme, “Health Beyond Borders”, has never been more pressing.

Image Credit: Rolf Dietrich Brecher, Surgery (soviet military hospital), 2018, File:Surgery (40751246091).jpg – Wikimedia Commons

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