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THE AFTERLIFE OF SOVIET BODIES: AUTHORITARIAN BODY POLITICS AND THE REGULATION OF MARGINAL LIVES IN CENTRAL ASIA

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Abstract: This article examines how Soviet and post-Soviet body regimes continue to shape the regulation of marginal bodies in Central Asia. Drawing on long-term ethnographic work, autoethnographic reflections, and other non-academic engagement in post-Soviet countries I place two sites in conversation namely isolated disabled family members in a rural multi-*kelin* household context and forced incarceration of sex workers in veneralogical clinics by police in capital cities. This article contributes to the anthropology of carceral care by showing how care becomes coercive not only in prisons, detention centres or formal institutions, but also across the intimate spaces of the household, clinic, and street in post-Soviet countries. It develops the concept *of carceral aesthetics of care* to analyse how bodies are made visible as risk, shame or disorder, and then hidden, corrected, detained or domesticated in the name of family respectability, public health, and national order. It contributes to anthropology of the body, medical anthropology, post-socialist studies, and debates on everyday justice by asking how care, visibility, and risk are distributed across differently valued bodies.

Keywords*: body politics; Central Asia; Soviet legacies; disability; sex work; everyday justice.*

Vignettes

We arrived around noon at a house in a small village in Central Asia. The family elders, the grandfather and his eldest sons, greeted us on arrival. The household included the elderly couple, four sons, and two daughters, both married and unmarried. The daughters were already married and lived in the houses of their husbands in the same village. They visited their parents on holidays and family events, or when they were ill and needed the care of their mother or the *kelins* of the house. *Ke-*

lins are the wives of sons who live in the same household with their parents-in-law. Two *kelins* were present when we arrived; two younger sons were still unmarried.

Because the family knew we would arrive at noon, plov had been prepared in our honour and bread was being baked fresh in the *tandyr*, a hand-built clay oven. Everybody was busy, either preparing the table for us or helping outside in the garden, where children were playing. As a young woman, after greeting the elders, it was natural for me to join the women in the kitchen and near the oven. I started talking to both *kelins* and asked whose child was whose. I also asked about Maftuna, who I had heard was disabled. They did not want to talk about her. I insisted that I would like to greet her too. I was taken to a far room at the end of the corridor.

Maftuna was sitting in the left corner of the room. She had no pampers because they were too expensive. The room smelled, although it looked cleaned, and a very thin carpet-like textile lay under her. There was nothing else in the room. She had no wheelchair. Her mother, an older *kelin*, told me that she had carried her until Maftuna became too heavy. Maftuna's hair was almost bald from constant pulling, and no one seemed to know how to prevent this. The family was struggling, living from hand to mouth, and there were no financial means to do anything more for her. I was told that she was entitled to a small disability pension, approximately one hundred euros, and that otherwise no support was available or accessible. When I asked about her daily schedule, I was told that she was only taken care of to stay alive. She received food, and her mother took care of hygiene, toileting and cleaning. Maftuna's mother was a *kelin* of the house, which meant that she had limited rights and many of the normal duties in the rural household such as cleaning, cooking, serving her parents-in-law and brothers-in-law, and sharing the domestic work with the other *kelin*. This domestic work was combined with work in the fields growing rice, cotton, vegetables, and raising cattle and chickens. In rural context, such work is not exceptional but part of everyday survival and also part of household work shared among all the members.

We left the room and returned to the guest room, where the table was set for lunch. I knew this family through my own family, and only when I came as a researcher did I realise that Maftuna had been living in the same house all along. I left the room with bad feelings, not only because I had not known about her, but because Maftuna had been made invisible in the middle of a living household. The only person who cared for her in practice was her mother. Maftuna died not long ago.

Let me now move to a capital city in Central Asia.

Sex Workers

During the period when I worked on fundraising for a local NGO in a big city we also carried out background studies for project proposals. I conducted a pilot study on sex work for an internationaly funded project which was assessing HIV prevalence in Central Asia. In capital cities in sex work is organised around so-called

tochki a word for street-side standing points from Russian which shifted according to policing, season, and demand. Through NGO outreach and a small mapping exercise, we learned that *tochki* were stratified by age, phenotype, physical appearance and perceived desirability. Younger women who were read as European-looking and tall tended to cluster in better-lit, higher-status zones near prestigious roads. Older workers, or those seen as less fitting dominant beauty ideals, were more often found near markets, feeder roads, or the edges of the city. This moral geography mirrored broader hierarchies of body standards in the urban landscape. Where a woman could stand, and at what price, depended on how her body was classified within local aesthetics and racialised imaginaries. Taxi drivers, security guards and informal fixers formed a moving interface between clients and *tochki*. They warned of police presence, brokered prices, and sometimes claimed a cut. This layer of mediation kept women visible enough for commerce but exposed enough for discipline. Across conversations, women described periodic police raids on streets, apartments, short-stay hotels and brothel-like spaces. These raids occurred without prior notice and often without showing a court order, especially in private flats. They were described as seasonal and event-driven, intensifying before official visits, holidays or public gatherings, but also routine, part of the background rhythm of urban governance.

The choreography was always the same, namely officers entered, lined people up, checked documents, sometimes confiscated phones, and transported those identified as sex workers to district precincts and then to venereological clinics. The line between public order policing and public health enforcement blurred in these moments. Women emphasised that they were not asked for consent and were not informed of legal rights or of the scope of medical procedures that awaited them. Women brought in police cars to the clinic were forced to stay at least one week for general check-ups. If laboratory tests indicated an infection, they were told they would be kept until treatment completion. Medical supplies had to be paid for by the women themselves. They were not offered independent legal counsel or a clear way to contest confinement.

I met Alina (a pseudonym), a woman in her mid-thirties who had worked the same stretch of road on and off for years. Sometimes she used a fixer to pre-screen clients. Other nights she worked alone and paid a taxi driver a protection fee. In early autumn, she was caught during those police raids and was forced into the venereological clinic. She described spending nine days inside, missing rent and childcare obligations. Family members believed that she was visiting relatives, a lie she crafted to avoid stigma. When she was discharged, she found that her place at the *tochka* had shifted: new workers had arrived, and the old broker demanded a higher cut to readmit her. Clinic time was therefore not only temporal captivity but also it reset her livelihood, tightened the grip of intermediaries, and lowered her bargaining power. She also spoke of heightened surveillance after release. Officers recognised her face and stopped her more quickly in subsequent weeks, a spiral that made her more likely to accept unsafe clients out of urgency. These coercive actions imposed by those who accuse Alina of spreading disease and who acted upon Alina's body

to "cleanse" it brought more trouble and more work for Alina. Her income was reduced, deepening dependencies and bringing other additional risks.

What do these two stories tell us about bodies, ideal bodies, and state politics towards other bodies? What genealogies of beauty and perfect bodies do they presuppose and reproduce? And what do they reveal about justice who is allowed to inhabit shared space as a full person, and who must remain invisible or confined so that others can appear normal, clean, and proper?

The observations from Central Asia presented above tell different stories about the same problem and about body politics in a setting where human voices and bodies are managed through family obligations, medical routines, and state power, without equal consideration of rights, dignity and care. Maftuna's life in a back room and Alina's confinement in a venereological clinic are not the same kind of violence. One unfolds through kinship, silence and household respectability whereas the other through police cars, clinic beds and public order campaigns. Yet both reveal a shared *body regime* that makes some bodies appear proper, healthy and morally acceptable, while other bodies are hidden, treated, corrected or moved away.

The central argument of this article is that body politics in Central Asia are governed by the afterlife of Soviet ideals of bodily perfection (*Homo Sovietikus*). The clean, healthy, disciplined, productive, working and useful Soviet body has not disappeared; it has been recombined with post-independence morality, family honour, Islamic reinterpretation, market beauty standards, and national expectations about gendered body practices. This produces a hierarchy of visibility. Bodies that fit the ideal may appear to be respectable, happy and socially valuable. Bodies that disturb it such as disabled women, sex workers, and others marked as improper, dirty, risky or failed and are made into objects of correction. They are hidden in households, removed from streets, sent to clinics, registered in files, or kept alive through minimal welfare, while being denied fuller social presence. This is what I call a *carceral aesthetics of care* which is a form of governance in which ideals of clean, proper, and perfect bodies turn care into confinement, correction and managed invisibility, care delivered through coercion, justified as protection of the family, the public or the nation (Fleetwood, 2020; Kelly, 2022). I use Kelly's reformulation of "carceral aesthetics" by Fleetwood (2020) as a starting point for thinking about how coercive arrangements are made sensible and acceptable through particular visual and moral orders (Kelly, 2022). I use the term "aesthetics" to describe the visual and moral ordering of bodies through ideals of cleanliness, beauty, health, respectability and bodily perfection. In this sense, aesthetics becomes carceral when bodies that disturb these ideals are hidden, corrected, confined, hospitalised or removed from public view. The disabled daughter must be kept away from the family frontstage so that the household can appear orderly and respectable. The sex worker must be removed from the street and sent to the clinic so that the city can appear clean, moral and healthy. Carceral aesthetics of care therefore names the process through which ideals of clean, proper and perfect bodies produce coercive forms of care. In my material, the carceral is not only a matter of imprisonment or formal detention. Care

becomes carceral when protection is organised through restriction, when treatment becomes custody, and when the body must be hidden, corrected, or administratively captured in order to be considered cared for. This is why the aesthetic dimension matters and coercion does not appear simply as violence, but as order, cleanliness, modesty, health, family honour or public calm.

At the same time, I do not use "carceral aesthetics of care" only to describe how bodies are seen. I use it to capture the sequence through which aesthetic judgement becomes affective and administrative governance. Certain bodies are read as improper, dirty, shameful, risky or failed according to ideas about perfect bodies stemming genealogically from Soviet perfect body ideals. These readings generate affective responses such as pity, shame, disgust, fear or moral concern, where the latter are translated into domestic and institutional practices such as seclusion, silence, clinic referral, police raids, forced hospitalisation, files, diagnoses and treatment regimes. In this sense, carceral aesthetics of care names not one institution but a wider body regime in which care and coercion, visibility and concealment, protection and punishment are braided together and where diverse actors, institutions, families, and others participate.

Justice is central to this argument. I do not approach justice here primarily as a matter of courts, rights claims or formal redress, but as the everyday distribution of care, visibility, space and risk across differently valued bodies. The question is not only whether the state violates rights, although it does, but also how families, clinics and police decide whose body may appear in shared space as a full person and whose body must be hidden, corrected or treated for the comfort of others. Justice, in this sense, is bodily and ordinary: it concerns who receives care without being captured by it, whose suffering becomes legible, and whose life is made bearable only through invisibility. I approach justice as the everyday distribution of care, visibility and risk across differently valued bodies.

The article draws on long-term ethnographic research in Central Asia from 2005 to the present, earlier NGO outreach work on sex work and trafficking, repeated engagement with rural multi-kelin households, autoethnographic reflection, and anonymised asylum and country-expert case materials concerning Central Asia, Russia, Caucasus and other post-Soviet countries. More systematic field research using ethnographic methods and interviews were conducted in 2021–2025 (twice a year for about 4–6-week stays each) in different capital cities in former Central Asia. All names are pseudonyms and identifying details of places, persons, villages, clinics, tochki and routes have been altered or blurred.

Body regimes: Disciplining, Correcting and Cleaning Bodies

The empirical material shows that bodies are governed not only through laws, institutions or official categories, but also through everyday judgements about appearance, cleanliness, modesty, shame and usefulness. A body becomes governable when it is made visible in a particular way such as dirty or clean, modest or

excesible, rehabilitable or hopeless, patient or danger, burden or moral stain. This is where discipline and biopolitics matter. Bodies are not only punished after they transgress, they are observed, classified, corrected and optimised in advance as part of broader projects of social order (Foucault, 1978; Rose, 2007). State legibility also matters, because people must be simplified into categories before they can be managed through files, diagnoses, pensions, registers, police routines or clinic referrals (Bowker & Star, 1999; Scott, 1998). Bowker and Star (1999) show that classifications are never neutral: they sort people, allocate resources, and produce consequences . Power also works through appearances, feelings and intimate judgements: whether a body looks clean or shameful, whether a woman appears modest or excessive, whether a disabled person is imagined as rehabilitable or hopeless, whether a sex worker is seen as a patient, a danger, or a moral stain. Yet these categories do not operate alone. They become powerful because they attach to intimate and sensory judgements namely how a body looks, smells, moves, speaks, dresses, desires and appears before others.

These practices and body ideologies are lived and governed within what I would call *body regime* linking registers of governance such as aesthetic governance, affective governance, and administrative governance. Aesthetic governance includes the ordering of bodies through surfaces, visibility, cleanliness, beauty, dress, movement and comportment. In the rural household, this appears in the effort to maintain a respectable family frontstage by keeping Maftuna out of ordinary social circulation. In a city, it appears in the policing of *tochki* and in the removal of women whose bodies are read as disturbing the visual order of a clean and respectable city. Affective governance is the organisation of feelings, desires and moral expectations. The proper *kelin* is expected to be patient and grateful; the disabled daughter is expected to be silent and dependent. The sex worker is expected to appear repentant or treatable. The family is expected to maintain honor, the public is invited to feel protected. Administrative governance includes the procedures through which these aesthetic and affective judgements are translated into action disability categories, pension decisions, welfare absence, family containment, police raids, clinic detention, hospital files and “protective” treatment.

These governance registers form a body regime that is a historically assembled apparatus in which care and control are braided together. A body is first read through aesthetic and moral signs, then surrounded by affective responses such as pity, shame, disgust or fear, and finally acted upon through domestic or institutional procedures. This is how care becomes carceral. It does not always appear as open violence. It may appear as family protection, medical treatment, public hygiene, moral order or national respectability. In real practice or as a result of such practices, which are largely understudied, these care regimes achieve restriction of movement, reduction of voices, and management of visibility; they make certain lives bearable only when they are hidden, disciplined or corrected.

There is a big difference if the carceration take place in a state institution or in family houses, but what unites the same practices of disciplining bodies, correcting,

hiding, cleaning, or making them invisible is that they are driven by the logic of perfect bodies and bodily ideals. However, even though there is architecture of body regime ruled through brutal body ideals, there is also compassion and care performed by the closest family members, such as mothers and sisters. Although ambivalent in character and following the same body ideals shared with others who participate in disciplining bodies, the small hope for humanity drives emotional care, creating some space for survival and hope for better a future. In Maftuna's case, this may be a sibling lingering at the doorway, a neighbour bringing food without naming it as help for her, or a moment when the door is left open longer than usual. Among sex workers, it may be the circulation of warnings about raids, pooled money for safer rooms, information about less dangerous clinicians, or the avoidance of clinics during police campaigns. These practices are not heroic resistance, and they do not undo the regime that makes them necessary. Sometimes they even make unbearable arrangements more bearable, and therefore more durable. Still, they matter analytically and ethically because they show where everyday justice is partially carried out not as formal redress, but as small redistributions of care, visibility and risk within a world that systematically denies them.

Anthropological work has long shown that justice and injustice are lived experiences of mingling within the bodily orders of who can appear in public, who receives attention, whose suffering becomes legible, and whose claims are translated into burden, shame or risk (Das, 2006; Fassin, 2011; Petryna, 2002; Ticktin, 2011; Tronto, 1993). In Maftuna's case, injustice is not only the lack of medical support, it is also being rendered socially absent in the middle of the house. In Alina's case, injustice is not forced hospitalisation but rather the conversion of health care into custody and moral display. Justice, in this sense, concerns the terms under which bodies are allowed to be present, disciplined, corrected, cleaned, cared for and heard. This is why the body cannot be treated as a mere object of policy or medicine. It is the very site where care, coercion, visibility and justice meet. The latter is best discussed and found in anthropological insights on bodies and bodily experiences throughout the globe.

Soviet Body Ideals: The Biopolitics of the Post-Socialist State

The anthropology of the body showed long ago that bodies are never merely biological objects and that bodies are rather lived, interpreted, classified and made available for intervention. Scheper-Hughes and Lock's formulation of the individual body, social body and body politic still remains useful because it shows how personal suffering, social meanings and state projects meet in bodily experience (Scheper-Hughes & Lock, 1987, p. 7). Csordas's concept of embodiment directs attention to the body as the ground of experience rather than simply an object upon which culture is written (Csordas, 1990, pp. 5–6). Martin's analysis of reproductive science further shows how gendered and moral assumptions can be naturalised

through the use of medical vocabulary (Martin, 1991, pp. 485–486, 493–497). Lock and Farquhar's work similarly insists that the "body proper" must be read beyond the idea of a discrete biological organism, as embodiment is shaped through practices, institutions, technologies, objects and forms of knowledge (Lock & Farquhar, 2007, pp. 1–16).

In the context of former Soviet countries, the body cannot be separated from socialism's visual, institutional and colonial ambitions to produce modern, healthy and cultured/civilised subjects. The Soviet project promoted and insisted on emancipation, literacy, hygiene and welfare, but it also forced a hierarchy of bodily forms and conditions. The Soviet project in the region cannot be reduced either to emancipation or repression, but must be read through its local colonial, gendered, and ideological formations (Mamedov & Shatalova, 2016). Through posters, public health campaigns, venereology, *fizkultura* (literally, from Russian "physical culture," meaning sports), mass sport, unveiling campaigns, schools, clinics, urban planning, censuses and ethnographic knowledge, Central Asian bodies were taught how to appear as modern Soviet subjects following the standard parameters of be/coming clean, sober, productive, disciplined, secular, heterosexual, able-bodied, sporty and publicly/collectively useful, where an image of both men and women as workers was used as the ideal body (Bernstein, 2007; Grant, 2013; Kamp, 2006; Northrop, 2004; Starks, 2008). There is scarce literature on the history of Soviet ideology-driven education focusing on mass physical training and sports. Asatova (2022) shows that sport and mass physical education were part of the early Soviet project of social-educational and ideological transformation in the Uzbek SSR (Babadzhanov, 1998). These projects were not only about health. They were moral technologies that linked cleanliness to progress, disorder to backwardness, and bodily discipline to the socialist future. In Central Asia, this project was inseparable from empire. Soviet modernisation did not enter an empty space. These policies had to supress Islamic, Turkic, local and other imperial formations reorganising them through institutions, categories and visual pedagogies of culturedness/civilisation (*zivilizirovanniy*), or *kulturnost*. Northrop and Kamp have shown how unveiling and the making of the new woman in Uzbekistan were central to Soviet rule and to gendered forms of colonial modernity (Kamp, 2006; Northrop, 2004; Turaeva, 2016). Khalid shows how the early Soviet making of Uzbekistan combined nation-building and imperial power, while Hirsch's work on Soviet ethnographic knowledge reminds us that classification itself was part of governing empire (Hirsch, 2005; Khalid, 2015).

Reading through Tlostanova's decolonial critique of the post-Soviet condition, this bodily project can be understood as one of the colonial afterlives of Soviet modernity. Central Asian subjects were included into Soviet universalism, but only through a hierarchy that marked some bodies, practices and ways of knowing as incomplete, traditional or in need of correction (Tlostanova, 2010, 2015, 2018).

The collapse of the Soviet Union did not dismantle Soviet body ideals. It reorganised them under national, religious and market conditions. The proper body is now judged through overlapping registers of Soviet hygiene, family respectability,

Islamic morality, consumer beauty, nationalist performance and new forms of gendered aspiration (Humphrey, 2002; Turaeva, 2016; Verdery, 1996; Yurchak, 2006). The Soviet project of bodily modernity was therefore not only visual or ideological, it was also administrative. The ideal body was produced through posters, schools, clinics and public campaigns, but also through systems of accounting, registration, surveillance and corrective intervention. In earlier work, Turaeva and Turaeva showed in their analysis of the *uchyot* regime to describe a Soviet and post-Soviet mode of governing populations through the control of both bodies and mobility (Turaeva & Turaeva, 2021). *Uchyot* does not mean registration in a merely technical sense. It refers to a wider regime of listing, monitoring and disciplining those marked as risky, unwanted or socially harmful: drug users, sex workers, HIV-positive persons, people with infectious diseases, migrants, and others who disturb the imagined health and order of society. I extend that argument here to show that Soviet-style body politics did not operate only through the positive image of the healthy, cultured and useful subject; it also operated through the administrative production of the "wrong"/unwanted body-the body that had to be listed, followed, treated, confined, corrected or removed from public space.

The *uchyot* regime works through blurred boundaries between medical, punitive, security and social institutions. Doctors, police, neighbourhood committees and other state-linked actors may participate in the same field of control, while anonymity, privacy and individual freedom are subordinated to the language of public health, collective risk and social order. In this sense, *uchyot* is one of the practical mechanisms through which biopolitics becomes everyday governance. It links the visual ideal of the proper body to the administrative management of those bodies that disturb this ideal. In Central Asia, this layered history means that bodies are read through several registers at once. A disabled young woman may be seen through kinship burden, medical deficit, marriage anxiety and family shame. A sex worker may be seen through public health risk, sexual immorality, urban disorder and police opportunity. In both cases, the ideal of the clean and proper body requires the management of bodies that disturb it. This is why the Soviet project of perfect bodies is not simply past. It is reanimated in domestic arrangements, police-clinic routines and everyday aesthetics of respectability.

Maftuna is not simply invisible to the state. She is partly visible through disability status and a small pension, but this recognition does not produce social presence, mobility or meaningful care. She is counted, but not included. Her care is displaced onto the household, where invisibility becomes the condition of family respectability. Sex workers in big cities are made visible differently. For them, invisibility is often a strategy of survival, because visibility exposes them to police raids, clinic detention and moral correction. Officers may justify raids through the language of public health and "cleaning the streets" (*ko'chalarimizni tozalaymiz*), but this administrative rationality turns unwanted bodies into objects of *uchyot* and control through the practices of unwanted bodies to be checked, transported, tested, detained and released back into precarious circuits. In both cases, visibility and invisibility are not oppo-

sites. A body may be administratively known and socially erased at the same time. The body first becomes marked as improper, risky or shameful, then this marking is translated into domestic or institutional action through hiding, surveillance, clinic detention, moral correction or minimal welfare recognition. The result is not care in the sense of enabling life, but a biopolitics of health management and body control regimes. As Turaeva and Turaeva argue, Soviet-style control regimes such as *uchyot* often push those they target into secrecy, informality and risky shadows rather than solving the problems they claim to manage (Turaeva & Turaeva, 2021). In the cases considered here, Maftuna's life is pushed into the hidden room, while sex workers are pushed into more precarious circuits of work, avoidance, and dependence.

Body Regimes: Aesthetic, Affective and Administrative Governance

Aesthetic governance concerns surfaces such as skin, hair, clothing, gait, smell, posture, bodily control and the visibility of impairment or sexuality. In the rural case, the household curated a clean frontstage for guests, including plov, fresh bread, an orderly courtyard, children playing, women working and the proper hospitality of a respectable family. Maftuna's room was part of the same house, yet it was spatially and socially offstage. Her body, smell, hair-pulling and immobility threatened the visible order of the household. Keeping her away from visitors allowed the household to appear "normal," like any other family with healthy children. The process of hiding is a spatial technique. The door, the corridor and the back room are devices of aesthetic management. The family does not deny that Maftuna exists, rather, it controls when and how she appears for whom. Her presence becomes a matter to be handled and controlled. In this sense, the rural household performs a domestic version of the same logic that public authorities use in the city to remove the non-ideal body from the field of ordinary visibility. These include also poor people or old people who beg in the streets who are then also removed and locked in some kind state controlled and closed institutions such as for adults who have no homes or families. All (those adults who are not able to lead independent lives) are locked in state controlled homes where minimal existence is provided as some of the disabled women retold in the interviews conducted in private homes funded from private initiatives in the capital cities.

At the city *tochki*, aesthetic governance works differently but with the same force is at work. Women are ranked by appearance, age, phenotype and perceived desirability. Beauty becomes both economic capital and exposure to risk. To be visible enough to attract clients is also to be visible enough to police. The better-lit and more prestigious streets are not only sites of higher prices but also of more intense ordering. The city reads bodies as signs of morality, danger and public image. The police raid becomes a visual act, bodies are lined up, counted, transported, and removed so that the street can appear clean again.

Affective governance concerns how bodies are expected to feel and how others are expected to feel about them. In the rural household, a *kelin* is expected to be patient, hardworking, modest and grateful. A disabled daughter disrupts the script of reproductive promise and family happiness. Suyarkulova's formulation of *zhenskoe schastie* is important here because feminine happiness becomes a norm against which lives are judged (Suyarkulova, 2020). The problem is not only that Maftuna lacked services, it is that her desires, boredom, pain or refusal had almost no legitimate language. Her mother's exhaustion could also not easily become a public claim. It had to remain love, duty or patience.

Ahmed reminds us that happiness attaches to objects and life scripts, and that those who do not follow these scripts are often made into problems (Ahmed, 2010). In a rural household, the happy life is often imagined through marriage, reproduction, service and family respectability. Disability can then become not only an impairment but a threat to the marriage prospects of siblings and the moral reputation of the family. This is an injustice in which emotions such as shame, endurance, and gratitude are permitted, while anger, desire or complaint are made difficult to speak of.

For sex workers, affective governance takes the form of moral protection. Police and clinic staff may present confinement as necessary for the good of the woman, her family, or the public. Yet women described fear, humiliation, urgency and loss of control. They had to manage the emotions of several audiences at once, namely police, clinic staff, clients, brokers, landlords, and family members who must not know where they were. Alina's lie that she was visiting relatives was not a minor detail. It was an affective labour of survival, keeping shame away from her children and relatives while she endured custody.

Administrative governance is the translation of aesthetic and affective judgments into procedures. In Maftuna's case, this included disability entitlement, the small pension, the lack of accessible services, the absence of a wheelchair, and the household's anticipation of what institutions or neighbours might do if she became too visible. Her life was governed by a combination of state absence and state possibility; the state was not there as meaningful support, yet institutionalisation remained a horizon that shaped family decisions. Home-custody thus operated as an at-home counterpart to state custody.

In Alina's case, administrative governance was more direct. Police raids, document checks, transport to the precinct, venereological clinic confinement, laboratory tests and payment for supplies formed a chain. Health was not offered as confidential care but imposed as a public order measure. This is what Ticktin calls the trap of care, when humanitarian or medical attention is tied to deservingness and control (Ticktin, 2011). It is also close to Fassin's moral economy of lives, in which institutions decide whose suffering counts and under what moral conditions (Fassin, 2011). Body-fixing is therefore not one institution's action, it is an assemblage that links kinship, health, police, neighbours, welfare and gendered respectability.

Spaces of Resistance and the Politics of Invisibility

If aesthetic, affective and administrative governance work by making some bodies disappear and others exemplars of order, then resistance often takes the form of managing visibility rather than confronting authority directly. It unfolds in timing, tact and small solidarities. Scott calls such practices infrapolitics, and de Certeau theorises tactics as situated practices that poach on dominant structures without owning them (de Certeau, 1984; Scott, 1990). Following Das, these practices are not outside the state; they are woven through everyday life (Das, 2006). Following Butler, norms can be undone because they must be repeated and can therefore be repeated differently (Butler, 1993, 1997).

Maftuna's imposed invisibility could be partially reworked by kin who refused total erasure: a younger sibling lingering in the doorway, a neighbour bringing food for the whole household but leaving something extra near the inner room, or a door staying ajar a few minutes longer. These gestures do not transform the household order. They do not create formal rights. Yet they open pockets of sociality. Read with Mahmood's account of non-liberal agency and Mol's logic of care, these practices are neither liberal choice nor pure docility (Mahmood, 2005; Mol, 2008). They are small redistributions of attention, time and affect.

These redistributions are also small acts of justice. They move care towards someone whom the dominant body regime renders undeserving, burdensome or invisible. Tronto's argument that care is political is important here because care allocates labour, time, responsibility and recognition (Tronto, 1993). Still, the ambivalence must be kept. These acts reduce isolation but can also stabilise the arrangement they soften. Berlant's notion of cruel optimism is useful because a relation that makes life bearable can also keep people attached to conditions that injure them (Berlant, 2011).

At the city *tochki*, women cultivated collective literacies of risk, including small gestures when strangers watched, rotation of who stood closest to the curb, lists of drivers and clinicians considered less dangerous, pooled cash for a night's room, and temporary phone numbers for screening clients. During clinic detention, women negotiated micro-autonomies such as timing medication, sharing information about staff shifts, or securing a phone call to arrange childcare. None of this is emancipatory in a romantic sense. Abu-Lughod's critique of the romance of resistance is a warning against turning survival into celebration (Abu-Lughod, 1990). Yet these practices reroute power's effects and redistribute risk across time, bodies and spaces.

Opacity is central to these practices. Glissant's right to opacity resonates because visibility is not always liberation (Glissant, 1997). For Maftuna, visibility to the wrong people could mean gossip, shame or referral. For sex workers, visibility to the wrong people could mean raid, violence or confinement. Strategic opacity not saying everything, not appearing everywhere, using ambiguity, protects fragile solidarities from being converted into files, metrics or police knowledge. In the household, opacity is a door that does not quite close. In the city, it is a network that never fully reveals itself.

Discussion and Conclusion: Everyday Justice in the Afterlife of Soviet Bodies

This article has traced how a post-Soviet repertoire, forged through hygiene campaigns, physical culture, venereology, culturedness and aesthetic discipline, persists not as a relic but as a flexible set of techniques for making bodies legible, governable and morally useful. Across the two cases the rural home-custody of Maftuna and the clinic-police detention of sex workers in cities the same modalities recur: aesthetic governance, affective governance and administrative governance. Read through biopolitics, these are ordinary ways of managing life (Foucault, 1978). Read through debility as governance, they are infrastructures that produce dependency and then rationalise supervision (Livingston, 2005). Read through anthropology of justice, they are distributions of care, visibility and risk that decide who can appear as a full person and who must live offstage.

Placed side by side, the cases reveal one logic of visibility. In the household, disability is backstaged so the family appears clean. In the city, sex work is backstaged in wards so the street appears clean. Both are justified as protection of relatives, of the public, of the nation. Both rely on epistemic manoeuvres that strip claims of legitimacy. At home, Maftuna's needs are translated into burden, hygiene or survival. At the clinic, Alina becomes a public health object rather than a rights-bearing patient.

The article also shows that these regimes are not seamless. Counter-infrastructures exist in both sites, quiet encroachments, counter-conducts, tactics, mutual aid and strategic opacity (Bayat, 2010; de Certeau, 1984; Foucault, 2003; Glissant, 1997; Scott, 1990). These practices do not overthrow the body regime. Some may even soften and thereby stabilise it. But they show how everyday justice is partially made in small acts of redistribution, in who receives time, who is warned, who is fed, who is allowed to remain unnamed, who is protected from being seized by visibility. Justice here is not an abstract norm but a fragile practice of making life possible under conditions where formal care often arrives as coercion.

The places and people where Soviet ideals are still influencing body politics and body regime offer both empirical and theoretical contribution to the analysis of body regimes and anthropology of body. In Central Asia, where new ideologies replaced a Soviet past now stitched to nationalist morality, Islamic revival, and market economies, additional registers are added to the views about ideal bodies. Venereological dispensaries, campaign logics and performance indicators meet frontstage ideals of tidy courtyards, modest *kelins* and clean streets. Here affect is an instrument of rule. Happiness, modesty, gratitude and shame calibrate who must feel how and when. Household and clinic are not completely different spaces where bodies are disciplined and made clean. Domestic curation and institutional custody mutually authorise each other, forming a circulating regime of visibility rather than a simple private-public contrast.

In this sense, a decolonial anthropology of the body is not merely additive. It provincialises theory by showing how biopolitical templates are reassembled in Central

Asian moral economies and how care travels with surveillance and shame (Chakrabarty, 2000). The afterlife of Soviet bodies is not a historical curiosity. It is a present tense in which beauty, health and happiness become techniques of governance. To reclaim the lived body here is not to celebrate autonomy against structure but to diagnose the structure and design care that protects rather than performs. It is seeing household and clinic together, seeing aesthetics with affect and administration, seeing coercion with the counter-infrastructures that blunt it which needs a more systematic gaze to understand similar conditions and life paths of unwanted not correct or not "beautiful" bodies.

References

Abu-Lughod, L. (1990). The romance of resistance: Tracing transformations of power through Bedouin women. *American Ethnologist*, 17(1), 41–55. https://doi.org/10.1525/ae.1990.17.1.02a00030

Ahmed, S. (2010). *The promise of happiness*. Duke University Press.

Asatova, G. R. (2022). Problemy fizicheskoi kul'tury i sporta Uzbekistana v mezhvoennyi period (1920–1930 gg.) [Problems of physical culture and sport in Uzbekistan in the interwar period (1920–1930s)]. *Society and Innovations*, 3(2/S), 342–355.

Babadzhanov, A. K. (1998). *Istoriia fizicheskoi kul'tury i sporta v Tadzhikistane, 1917–1997 gg. [History of physical culture and sport in Tajikistan, 1917–1997]* [Abstract of doctoral dissertation in historical sciences]. Tadzhikskii gosudarstvennyi natsional'nyi universitet.

Bayat, A. (2010). *Life as politics: How ordinary people change the Middle East*. Stanford University Press.

Berlant, L. (2011). *Cruel optimism*. Duke University Press.

Bernstein, F. L. (2007). *The dictatorship of sex: Lifestyle advice for the Soviet masses*. Northern Illinois University Press.

Bowker, G. C., & Star, S. L. (1999). *Sorting things out: Classification and its consequences*. MIT Press.

Butler, J. (1993). *Bodies that matter: On the discursive limits of sex*. Routledge.

Butler, J. (1997). *The psychic life of power: Theories in subjection*. Stanford University Press.

Chakrabarty, D. (2000). *Provincializing Europe: Postcolonial thought and historical difference*. Princeton University Press.

Csordas, T. J. (1990). Embodiment as a paradigm for anthropology. *Ethos*, 18(1), 5–47. https://doi.org/10.1525/eth.1990.18.1.02a00010

Das, V. (2006). *Life and words: Violence and the descent into the ordinary*. University of California Press.

de Certeau, M. (1984). *The practice of everyday life* (S. Rendall, Trans.). University of California Press.

Fassin, D. (2011). *Humanitarian reason: A moral history of the present*. University of California Press.

Foucault, M. (1977). *Discipline and punish: The birth of the prison* (A. Sheridan, Trans.). Pantheon Books.

Foucault, M. (1978). *The history of sexuality: Volume 1, An introduction* (R. Hurley, Trans.). Pantheon Books.

Foucault, M. (2003). *Society must be defended: Lectures at the Collège de France, 1975–1976* (D. Macey, Trans.). Picador.

Glissant, É. (1997). *Poetics of relation* (B. Wing, Trans.). University of Michigan Press.

Grant, S. (2013). *Physical culture and sport in Soviet society: Propaganda, acculturation, and transformation in the 1920s and 1930s*. Routledge. https://doi.org/10.4324/9780203105191

Hirsch, F. (2005). *Empire of nations: Ethnographic knowledge and the making of the Soviet Union*. Cornell University Press.

Humphrey, C. (2002). *The unmaking of Soviet life: Everyday economies after socialism*. Cornell University Press.

Kamp, M. (2006). *The new woman in Uzbekistan: Islam, modernity, and unveiling under communism*. University of Washington Press.

Kelly, M. (2022). Carceral aesthetics justified. *African American Review*, 55(4), 287–301.

Khalid, A. (2015). *Making Uzbekistan: Nation, empire, and revolution in the early USSR*. Cornell University Press.

Livingston, J. (2005). *Debility and the moral imagination in Botswana*. Indiana University Press.

Lock, M., & Farquhar, J. (Eds.). (2007). *Beyond the body proper: Reading the anthropology of material life*. Duke University Press.

Mamedov, G., & Shatalova, O. (Eds.). (2016). *Poniatiia o sovetskom v Tsentral'noi Azii: Al'manakh Shtaba No. 2 [Concepts of the Soviet in Central Asia: Shtab Almanac No. 2]*. Shtab-Press.

Mahmood, S. (2005). *Politics of piety: The Islamic revival and the feminist subject*. Princeton University Press.

Martin, E. (1991). The egg and the sperm: How science has constructed a romance based on stereotypical male-female roles. *Signs*, 16(3), 485–501. https://doi.org/10.1086/494680

Mol, A. (2008). *The logic of care: Health and the problem of patient choice*. Routledge.

Northrop, D. (2004). *Veiled empire: Gender and power in Stalinist Central Asia*. Cornell University Press.

Petryna, A. (2002). *Life exposed: Biological citizens after Chernobyl*. Princeton University Press.

Rose, N. (2007). *The politics of life itself: Biomedicine, power, and subjectivity in the twenty-first century*. Princeton University Press.

Scheper-Hughes, N., & Lock, M. M. (1987). The mindful body: A prolegomenon to future work in medical anthropology. *Medical Anthropology Quarterly*, 1(1), 6–41. https://doi.org/10.1525/maq.1987.1.1.02a00020

Scott, J. C. (1990). *Domination and the arts of resistance: Hidden transcripts*. Yale University Press.

Scott, J. C. (1998). *Seeing like a state: How certain schemes to improve the human condition have failed*. Yale University Press.

Starks, T. (2008). *The body Soviet: Propaganda, hygiene, and the revolutionary state*. University of Wisconsin Press.

Suyarkulova, M. (2020). Nobody is going to want her like this: Disability, sexuality, and un/happiness in Kyrgyzstan. *Kohl: A Journal for Body and Gender Research*, 6(2), 187–200. https://doi.org/10.36583/2020060206

Ticktin, M. (2011). *Casualties of care: Immigration and the politics of humanitarianism in France*. University of California Press.

Tlostanova, M. (2010). *Gender epistemologies and Eurasian borderlands*. Palgrave Macmillan. https://doi.org/10.1057/9780230113923

Tlostanova, M. (2015). Can the post-Soviet think? On coloniality of knowledge, external imperial and double colonial difference. *Intersections: East European Journal of Society and Politics*, 1(2), 38–58. https://doi.org/10.17356/ieejsp.v1i2.38

Tlostanova, M. (2018). *What does it mean to be post-Soviet? Decolonial art from the ruins of the Soviet empire*. Duke University Press.

Tronto, J. C. (1993). *Moral boundaries: A political argument for an ethic of care*. Routledge.

Turaeva, R. (2016). *Migration and identity in Central Asia: The Uzbek experience*. Routledge. https://doi.org/10.4324/9781315691428

Turaeva, R., & Turaeva, M. (2021). Uchyot and Foucault: Drug users and migrants in post-Soviet Central Asia and Russia. *Central Asian Affairs*, 8(1), 83–98. https://doi.org/10.30965/22142290-BJA10014

Verdery, K. (1996). *What was socialism, and what comes next?*. Princeton University Press.

Yurchak, A. (2006). *Everything was forever, until it was no more: The last Soviet generation*. Princeton University Press.

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