Between vulnerability and resistance: How a woman copes with dramatic implications of COVID-19 in Russia

Lea Katharina Reiss1 | Andrew Kozhevnikov2 | Sara Louise Muhr3

1Department of Management, WU Vienna, Vienna, Austria
2Faculty of Management, Law and Social Sciences, School of Management, University of Bradford, Bradford, UK
3Department of Organization, Copenhagen Business School, Frederiksberg, Denmark

Abstract

During the summer of 2020, a woman in Russia not only contracted COVID-19 herself but also lost her husband to virus-related health complications and, later, lost her job. This article is based on interviews with her about vulnerability and ways of coping with the pandemic’s effects as the sole caregiver and breadwinner for her 4-year-old child. Her ways of dealing with this chain of severe, life-changing events inspired us to analyze her case through Judith Butler’s feminist lens of vulnerability, conceptualized as the very source of resistance. The results of the analysis illustrate vulnerability and emergent modes of resistance as gendered responsibilities of giving and receiving care, as well as the power of solidarity. Furthermore, the study shows how the political, social, and economic context of Russia shapes gendered experiences of vulnerability and possibilities for resistance.

KEYWORDS

care, COVID-19, resistance, Russia, vulnerability

1 | INTRODUCTION

Current discourses about the gendered aspects of the COVID-19 pandemic draw attention to women’s vulnerability, especially the ways in which the pandemic has affected their roles as primary care-givers in families, at work and in society (e.g., C. Collins et al., 2020; McLaren et al., 2020). Because some supporting infrastructure, such as schools and offices, have been periodically closed due to regulations aimed at preventing the dissemination of the virus, balancing work and family spheres, caring for others and caring for oneself have become more difficult for women, placing them in an even more vulnerable and dependent position (Clavijo, 2020). Undeniably, it is important
to acknowledge the special ways in which women have been severely affected. At the same time, the claim that women are especially vulnerable has certain consequences in the light of prevalent conceptions of vulnerability associated both with femininity and with weakness and dependency (Cunniff Gilson, 2016). Such predominant associations may, intentionally or not, lead to perceptions of women primarily as powerless, without agency and in need of paternalistic forms of power and protection (D'Cruze & Rao, 2004).

In contrast to notions of passive victimization, this study aims to examine more powerful modes of coping with vulnerability by drawing on Judith Butler's reconceptualization of vulnerability as a part of resistance (Butler, 2016). Thus, with the aim of highlighting the female agent's vulnerability from a perspective of emergent resistance and agency, the guiding research question of this study is as follows: how can gendered vulnerability, in times of crisis, be transformed into resistance?

This approach posits vulnerability as a source of inherent power and necessary condition for active resistance. The human body is understood as being dependent on social and material relationships, meaning that our possibilities for action depend on supportive conditions that enable our action. In this relationship, vulnerability is conceived of as an exposure to power that, at the same time, can be part of the very meaning of resistance, as a form of embodied enactment. Suggesting that the relationship between our environment and ourselves determines vulnerability opens up a space for receptivity and responsiveness, which may become a powerful basis for mobilizing vulnerability. Hence, when vulnerability is converted into agency, it does not need to be overcome. Rather, it can be assumed to remain in place in a different form, that of modes of resistance. Consequently, enactments of resistance need not stand in opposition to vulnerability, according to Butler's reconceptualization. Resistance can be part of vulnerability, and the undoing of this binary of opposition can be considered a feminist act. Thus far, active reactions to vulnerability in the form of resistance have mainly been researched in terms of forms of collective political action (e.g., Durbin et al., 2017). From an individual perspective, however, research on resistance due to vulnerability is rare. This study takes an individual perspective by exploring vulnerability and emerging forms of resistance in a woman dealing with an extreme case of vulnerability during the COVID-19 pandemic in Russia.

The vulnerability of women has traditionally been portrayed in the form of aggravated responsibilities regarding both paid and unpaid care work (Nash & Churchill, 2020). Because women are overrepresented in professions in which they care for others, as well as in unpaid care for their families, discourses about care are often framed as women's issues (Thomason & Macias-Alonso, 2020). However, during the pandemic, the fundamental importance of care work for the functioning of societies and economies has become more visible (Bahn et al., 2020). Framing care in terms of joint vulnerability may, thus, be a theoretically powerful way of highlighting spaces for agency and strengthening the justification for a responsibility to care (Engster, 2019). Seeing vulnerability as a constant and universal feature of human existence and care work as a response to it, then, paves the way for justified collective action. Thereby, care work cannot be ignored or shunted into the private realm. Rather, it is a central fact of the human condition and one of the primary reasons human beings create political institutions. In fact, responses to vulnerability enacted in forms of responsibility are considered to be the core of care ethics (S. Collins, 2015). According to Tronto (1993), caring is an action that is comprised of everything that people do to maintain, continue, and repair their "world" (including our bodies, ourselves, and our environment) in order to live in it as well as possible.

Drawing on this broad definition of care, we consider the gendered implications of COVID-19 by addressing how gendered acts of giving and receiving care influence modes of resistance as responses to vulnerability. Seeing vulnerability as a starting point from which the power to resist can emerge implies an examination of care as both a source of vulnerability and a source of power and resistance. Hence, while acknowledging that vulnerability results from an overload of caring responsibilities, we also ask what follows when we conceive of various modes of resistance as drawing from vulnerability as a resource. This leads us to examine gendered perspectives on receiving care, caring for oneself and caring for others as both a source of vulnerability and a source of resistance. At the same time, we recognize that the context of Russia plays a major role in forms of vulnerability, modes of resistance, and care roles.
In our study, we focus on the story of a Russian woman, who we refer to as Marina. The pandemic crisis that began in 2020 led to a chain of life-changing events for Marina, which intensified her already disadvantaged position as a woman in Russia struggling for political, social, and economic equality. In the course of the pandemic, Marina contracted COVID-19 herself and lost her husband to virus-related health complications, which left her as a sole caregiver for her child and sole breadwinner for her family. On top of that, Marina loses her job after sexist harassment at work. These circumstances and events bring about an increased state of vulnerability that Marina struggles to cope with. However, at the same time, Marina's vulnerability becomes a source of inherent power and active resistance against her difficult fate and the multiple repercussions that she faces.

1.1 | Women and the COVID-19 situation in Russia

The experiences of Marina emerged as deeply rooted in political, social, and economic factors. Therefore, it is paramount to position our empirical data within the broader Russian context to develop a more nuanced and sophisticated appreciation of gendered experiences in the country in general and COVID-related experiences more specifically.

It is important to underscore the difficulty of discussing the world’s largest country as a homogenous unit of contextual analysis. With a territory almost twice as large as that of the United States and 70 times larger than that of the UK, Russia is comprised of a range of highly diverse regions, characterized by different levels of income and education, male-female ratios, labor market opportunities, dominant religions (from Christianity to Islam and Buddhism) and, consequently, attitudes toward gender roles and gender equality. It has also been observed that large cities, most notably Moscow and St. Petersburg, have moved closer to Western societies in their attitudes, whereas small towns and rural areas retain many of their communist preconceptions (White, 2005). However, certain trends are conspicuous and widespread in contemporary Russia. For example, a report by the World Economic Forum (2020) suggests that Russian women tend to be better educated than men, with 89% of females continuing their education beyond high-school level, as opposed to only 75% of men. Women are remarkably active on the labor market and, according to Ortiz-Ospina et al. (2018), the level of labor market participation among women aged 15 and above stands at 56.64% in Russia, which is higher than the numbers for the United States (55.74%) and the European Union (51.05%). Furthermore, women constitute the majority of 62.3% in professional and technical occupations and hold just under 42% of middle and senior management posts, which is on a par with Sweden and higher than in Norway (33%), Switzerland (32%), and Germany (29%) (World Economic Forum, 2020).

However, despite their access to education and employment, women encounter significant economic, political and social barriers. The Global Gender Gap Report (World Economic Forum, 2020) places Russia 81st out of 153 countries, between El Salvador and Ethiopia. Having finished in joint first place for both educational attainment and health and survival, Russia scored significantly lower for economic participation and opportunity (32nd) and especially for political empowerment (122nd). Zavyalova and Kosheleva (2010) identify two groups of factors that specifically contribute to discrimination against women in the labor market. One group refers to the notion of women as more expensive workers, reflecting the traditional gender role division, wherein women are still seen predominantly as "mothers" and "housekeepers," in contrast to male "breadwinners." Women in Russia are often expected to bear the brunt of domestic responsibilities, including childrearing—a situation referred to as "double employment" or a "double shift"—to such an extent that even working women are encouraged to prioritize their husbands' careers over their own. In the market economy, because government benefits shrank in the post-Soviet era, employers often refuse to hire women, especially those of a young age, assuming that these women will spend a great deal of time on costly maternity and sick leaves. Thus, it has been argued that the lack of state social support reinforces the pressure on Russian women to sacrifice their career ambitions (see Metcalfe & Afanassieva, 2005). The second cluster is comprised of essentialist views that portray men and women as

...
possessors of fundamentally different innate biological and psychological traits, such as confident, independent, and dominant men and emotional, dependent, and submissive women, which make them suitable for “male” and “female” occupations, respectively (see also White, 2005). Consequently, women in Russia often face the “glass ceiling” and remain underrepresented at the top levels of politics and business. For example, a mere 7% of board members are female (World Economic Forum, 2020), and many are confined to traditionally less influential business functions, such as human resource management and public relations. Women in top positions experience significant pressure to meet gendered esthetic standards and appear attractive and feminine (Metcalfe & Afanassieva, 2005). Furthermore, women’s advanced skills and qualifications are not adequately rewarded because society endorses different standards regarding what are considered to be good salaries for men and women (White, 2005). Indeed, the International Labour Organization (2018) reveals a 25% pay gap between men and women in Russia—one of the highest among developed countries. It has also been observed that women tend to be overrepresented in lower skilled and high-risk jobs and that this tendency may be on the increase (Zavyalova & Kosheleva, 2010).

Interestingly—and worryingly, we would add—despite slow changes in pre-existing conventions, the concept of feminism is still regarded with a great deal of caution in Russia, and even many women who advocate for equal rights shun being called feminists (see White, 2005). Because the ongoing COVID-19 pandemic has been very aptly labeled a crisis for feminism (see Yarrow & Pagan, 2020), exploring gendered experiences in Russia in the midst of the COVID-19 crisis offers a unique opportunity to further advance the debates about gender equality and gender roles with regard to care, vulnerability, and resistance.

During the pandemic, Russia attracted significant scrutiny and criticism, both internationally and domestically, regarding the transparency of the publicly available data and the response to the crisis. While many European (and some other) countries classify deaths as caused by COVID-19 if the deceased tested positive, and some states, such as Belgium, go even further and record deaths when coronavirus was only suspected in the deceased, Russia takes a more conservative approach. The official figures include only those deaths that are confirmed, usually through autopsy, to be caused directly by COVID-19, thus separating deaths from coronavirus and deaths with coronavirus. The resulting numbers are, unsurprisingly, lower than in most Western countries and have often been used, in the rhetoric of Russian officials, to argue that Russia has been better at tackling the crisis than its “partners.” The aptness and accuracy of this method, however, has been called into question. Despite this and repeated assertions on the part of the Russian president and ministers that the crisis is “under control,” at the time this article was submitted (March 2021), Russia was among the countries worst hit by COVID-19, with over 4400,000 confirmed cases and more than 90,000 deaths.

Another point of criticism has been the limited support from the state and the reluctance of Russian officials to declare a nation-wide state of emergency, presumably to avoid the liabilities such measures would entail. For example, in spring of 2020, President Vladimir Putin declared an extended “national holiday,” during which citizens were barred from leaving their homes. Although many businesses were essentially closed for a few weeks, they were instructed to pay salaries in full, and government benefits were not made available until later in the year. On one hand, this bankrupted or nearly bankrupted many companies that had no financial means of surviving. On the other hand, many people experienced a dramatic drop in their incomes because of the common practice of hiring workers at the minimum wage (which employers continued to pay during the crisis), while paying the majority of the salaries with cash-in-hand (which was halted during the crisis). Arguably, women were particularly badly affected by the crisis because they tend to be represented in trade, hospitality, and catering and, therefore, were more likely to lose their jobs than men. As the number of single mothers has reached 5 million and almost one-third of all Russian households now have children (Bennetts, 2017), many women have found themselves in an even more difficult position during the pandemic because single mothers are particularly exposed to the risks of poverty (see Lokshin et al., 2000). This creates concerns about the susceptibility of women to exploitation by their employers. In addition, as in many other countries across the world, Russian women tend to engage in unpaid domestic labor, sometimes referred to as double employment or a second shift.
(see Zavyalova & Kosheleva, 2010), even more during the pandemic. In this situation, women are particularly likely to be familiar with vulnerability, and it becomes even more important to understand their experiences, as well as possibilities for resistance in the given context.

2 METHOD

The study presented in this article draws upon a single case study of a 33-year-old Russian woman from a large city in Central Russia, who we refer to as Marina. Marina was a long-time personal contact of one of the authors, who became aware of her story on a personal level first and then discussed the possibility of developing it into an article. She was very keen to have her story shared with the wider community and, later, described the process of participating in the research as “therapeutic.” In addition to the personal relief provided to Marina, we felt that her story presented a fascinating and instructive, if also distressing and extreme, case via which to examine the interplay of vulnerability and resistance in the midst of the COVID-19 pandemic.

The data were obtained from two in-depth semistructured interviews with our respondent. The research received ethical approval from our universities, and significant effort was made to ensure the respondent’s confidentiality, including changing her and her family members’ names and anonymizing some other personal information, such as the name of her husband and former employer. Both interviews were conducted in Russian via MS Teams video calls and then transcribed and translated by one of the authors. The first interview took place in August 2020 and lasted about 1 h. The first transcript was then shared with the remainder of the research team, and after a thorough review, a set of follow-up questions was agreed upon. The second interview, lasting about 45 min, was conducted in September 2020. Together, the interviews yielded 24 pages, or just under 12,000 words, of textual data.

Our main objectives were to gain an empirical insight into Marina's gendered experience of the crisis as a source of vulnerability and investigate her responses to that vulnerability as various modes of resistance (Butler et al., 2016). We sought to explore how her individual experiences of vulnerability were shaped by broader contextual factors, including care-giving responsibilities and care-receiving opportunities. Recognizing the intensity and difficulty of Marina’s struggles, we also sought to challenge the existing preconceptions of women as powerless victims of their circumstances by exhibiting and explaining the modes of resistance deployed by the respondent. We acknowledge that other women in similar situations may not be willing or able to address the crisis in the same ways and, therefore, do not assert that the results are readily generalizable. Instead, we treat them as an explanatory, context-specific, and highly reflective account that sheds light on the diverse nature of gendered vulnerability and resistance. During the interviews, the research objectives were made explicit to Marina, and in addition to answering our direct questions, she was invited to share any additional information she deemed germane to the study. The results of our analysis were also discussed with Marina. This was intended to balance the power between interviewer and interviewee by maximizing Marina’s chances to raise her voice and keeping her individual story in the center of our attention.

Our analytical approach was centered around the research objectives. We manually coded the data to explore the themes of vulnerability and resistance through a feminist lens, critically highlighting care work. By doing so, we adopted a subjective interpretivist perspective. The first round of coding led to a broad division between vulnerability and resistance. Subsequently, the second round classified different forms of vulnerability and resistance into different categories of care.

2.1 A chain of life-changing events

The year 2020 proved to be challenging for many people, but it was truly life changing for some. Early in that year, Marina began to have tensions with the proprietor of the organization she was working for, and she was
seriously considering quitting. However, she was reluctant to leave, because she had been working for the organization for more than 11 years, and with the COVID crisis impending, her husband persuaded her not to “betray” the company. By the end of March, the office was closed for quarantine, and all employees began working remotely. At the same time, kindergartens, schools, and most other institutions closed, and Marina stayed at home, together with her husband and their 4-year-old child. The family lived in a private house in the suburbs, and the child was out much of the time with little supervision because Marina and her husband were working very long hours, typically 7 a.m. to 8 p.m., Monday to Saturday, for the entire months of April and May. In June, Marina returned to the office and, due to the COVID virus, began working alternately in the office and from home every other week.

On the 16th of June, Marina had a work meeting. Three days later, she began feeling feverish, and the day after that, the person she had a meeting with was diagnosed with COVID and taken to the hospital. Immediately, Marina and her husband contacted the hospital, but the doctors apparently lacked knowledge about the virus and how to treat it. The hospitals were full and overcrowded. She was advised to stay at home because her symptoms did not seem to be too acute. A few days after, on June 22nd or 23rd, Marina’s husband became ill. He very quickly began to feel much worse, and on June 25th, Marina had to call an ambulance for him. At first, he was taken to a hospital built specifically for COVID patients, where significant lung damage of up to 45% was confirmed. He was then moved to intensive care, where a few days later, he suffered a stroke and was subsequently transported to another hospital specializing in neurology. In parallel with this situation, Marina nonetheless continued to work remotely. In spite of her own COVID diagnosis and the fact that her husband was very sick in the hospital, she was expected to keep working. On July 7th, Marina’s husband passed away.

Because of the COVID situation, the funeral was not attended by many people. Some people came, but many family members and friends decided to take care of themselves and their health. About 9 days later, Marina returned to work. The COVID crisis had significant implication for the business, and profit was below expectations set earlier in the year. Upon Marina’s return, the owner of the business began venting his spleen on the employees, particularly the women in the company. The incidents involved him screaming and yelling at his female subordinates, making insulting comments, and looking for scapegoats to blame for the worse-than-expected performance.

He used phrases such as “You were doing nothing in lockdown, just stayed at home twiddling your thumbs.” Perhaps, that was one of the most offensive phrases, because my kid was very much a mudlark [a child who spends most of the time on the street]. He was out all day long, wandering wherever he wished. And, then, I am accused of sitting at home idly and doing nothing. Had I known, I would have rather sat still doing nothing and caring for the kid.

After Marina’s husband passed away, her family was comprised of her father, who had recently lost his job; her retired mother; her younger full-time-student brother; and her son. Thus, Marina was left as the only family member in full-time employment and suddenly found herself the sole breadwinner. Marina’s boss was well aware of Marina’s circumstances, and at this moment, he decided to unfairly cut her and her female colleagues’ salaries. In addition, he began sending them insulting personal messages. The situation became unbearable, and Marina made the difficult decision to hand in her notice:

It seems that our proprietor decides that now it is possible to cut the salary. You know, first to oppress a person and then to reduce their salary so that they won't go anywhere. And so, he starts messaging [...] personal insults, non-work-related stuff. [...] From time to time, he has a drink in the evening, and these messages were written when he was drunk. They were written exclusively to three girls who have no husbands but have children, only them. [...] And it was written in such a manner, “You are not going anywhere. Anyway, you are going to work here, for me”. The following day, […] I
wrote a resignation letter. I worked two weeks, my legal notice period, and since the 20th of August, I have been officially jobless. Another girl is also leaving, but she is leaving on the 31st of August. The third does not know what to do. She wants to leave, but she is very scared to leave to nowhere. The fear is present.

2.2 Vulnerability

Marina’s story shows an extreme case of vulnerability resulting from different forms of dependence in social and material relations (Butler, 2016), which were intensified by the pandemic and its consequences. Because, during lockdown, she was working more-or-less nonstop to reach her targets, she had very little private time or space left. The fact that work and private space merged to such an extreme degree created an additional level of vulnerability for her. This was intensified by her boss’s demand for 24/7 availability now that she was working from home. For instance, she felt obliged to answer her boss’s unannounced video calls because it was expected of her to be at her workplace at any time, even outside her usual working hours.

Our production lines operate non-stop, 24 hours seven days a week. So [...] he did unannounced video checks, without letting you know. You are sitting at your computer, roughly speaking. I could be sitting in my sleepwear, and here he is, video-calling! I am undressed, uncombed, but whatever, I would just throw a robe and talk to him. They were not planned, scheduled meetings, just video calls out of the blue. You are at work. You must pick up, despite the fact we are at home and this is a private space.

Marina felt that these unannounced video calls were extremely inappropriate. Her boss felt a need to control her by demanding that she be available for work 24/7. Additionally, he chose to use video calls. As Marina explains, if this were not a deliberate attempt at harassment, he could have called her on the phone so as not to expose her within her private sphere. However, he insisted on his right to video calls and became very upset the few times she was either undressed or in the bathroom and did not answer his calls, even though she called him back after only 5–7 min.

For Maria, her vulnerability was intensified by the inability to care for herself. The conditions at Marina’s job, with the intensified working hours from home in the course of the lockdown, make it impossible for her to care for herself in a reasonable way. When Marina contracts the COVID-19 virus and falls sick, she is still expected to continue working from home. After her husband dies from COVID-related health complications, the unbearable situation at work is aggravated, and she is asked to return to work only a few days later. At the same time, Marina has almost no time to care for herself because she needs to take care of her child, organize her husband’s funeral, and ponder her financial situation, which has changed dramatically since she has become the sole breadwinner for her child and also needs to support her parents.

In addition to not being able to care for herself, the inability to care for others intensifies her feeling of vulnerability. In the course of self-isolation, the kindergarten and office close, and homecare and remote work become the new unbearable norm. This reinforces Marina’s conflict between care and work responsibilities because she feels responsible for her 4-year-old child, who she cannot take care of, because of the immense workload placed on her by her employer. When her husband dies and she becomes the sole caregiver for her child, the feeling of not being able to sufficiently care for her son becomes stronger. In addition, as the sole breadwinner, Marina becomes more dependent on her job and cannot quit as easily, even when her boss is continually harassing her at work. Due to the pandemic crisis and worsening economic situation, searching for another job is rather difficult. The burden of caring for others and the difficulty of simultaneously caring for oneself are highly gendered issues that Marina recognizes as such, noting that her boss sends insulting, sometimes even drunken, messages only to women in the office:
His favourite saying is that the best worker is a single mother and, if she is in debt or has a mortgage, then she is an ideal employee who won’t go anywhere, who won’t fight back and will just labour and plug away because she has to provide for her child. [...] I think that my proprietor would not have dared to message a man because a man can, pardon my French, punch you for such words. A woman cannot. [...] Women cannot do that. They can only reply verbally, and yet, how do I say this, the upbringing doesn’t allow you to argue [...], and people take advantage of this.

The fact that, all of the sudden, Marina becomes a single mother reinforces her dependence on her job, which makes her more vulnerable to her boss’s aggressions and arbitrariness, for example, in the form of groundless salary cuts. In addition, her gendered upbringing as a woman in Russia keeps her from actively defending herself against such abusive behaviors and protecting and caring for herself. Indeed, the experiences of vulnerability with regard to the harassment that Marina and her female, single-mother colleagues experience at work are highly gendered. In fact, a literature review on sexual harassment concludes that compared to men, at 15%, approximately 42–52% of women experience some form of harassment at work during their lives (Charney & Russell, 1994). Furthermore, studies have shown that young single or divorced women are more likely to be harassed than married women (U.S. Merit Systems Protection Board, 1981).

Furthermore, vulnerability may sometimes feel immutable, especially when social, legal, or governmental support is missing. When Marina and her husband contracted the virus, they did not receive help from the state nor from the health services. The hospitals were overcrowded, and people did not receive treatment and had to look after themselves, consulting private clinics if such were financially accessible:

It was upsetting. You are at home, you are unwell, and nobody comes to see you. You cannot even be seen by a doctor because they say “there are no doctors. If you are poorly, call the ambulance.” But I am not that poorly, and yet, I would like to be seen by someone who can tell whether this is fine or not fine. [...] Finally, I had to do all the tests myself in a private hospital and then, with all the results, go to other doctors in a private clinic, and only there was I prescribed the treatment which I was meant to receive two weeks ago, which I spent quarantined.

Looking back, she is particularly frustrated by the government’s concealment of the pandemic and wonders what would have happened to her husband if the state had assessed and communicated regarding the COVID situation appropriately, providing support and care when they needed it.

When your husband is on the deathbed and, everywhere, you read that everything is okay, everything is under control, the pandemic is on its way out. But you can sense that nothing is on its way out, that more and more people are falling ill. Brazen falsification. [...] Perhaps, if there were easily accessible recommendations and so on, perhaps [name of husband] would still be alive. I don't rule this out. He simply started receiving the treatment too late. That's it.

In addition, the state supports that widows and single mothers are entitled to in Russia are not sufficient. As a result, Marina depends on her own salary and the savings her husband left her. In line with Marina’s narration that, as a single mother, she cannot rely on state support, a study on Russian single mothers has shown that most Russian women who raise their children without a father depend on substantive support from the children’s grandmothers (Utrata, 2011). In addition, a lack of emotional support, that is, care and care support, creates vulnerability. Since her husband’s death, Marina does not receive support from her employer and misses being treated with sympathy. In this regard, differences between men and women become especially visible because women are expected be able to care for their children on their own to a greater degree than men:
If I were a man and lost my wife, I would be treated with more sympathy at work. Because as a woman left alone with a child, it... it feels sometimes as if this is the norm. And if a man is left alone with a child, then he is a hero.

To sum up, vulnerability arises from inabilities to act due to a lack of support from contextual conditions, as well as inabilities to act upon that situation. The various forms of vulnerability constitute dependencies that result in an inability to take care of oneself and others, a view of care responsibilities as a burden, and a lack of care and care support. Marina’s words capture the essence of vulnerability:

I would call it a bottom because it felt as an attempt to sink me. All these situations, that my husband died, what my boss did to me, it really was sinking. [...] It felt like rock bottom in my life, like it cannot be worse. How could it be worse? Left without the man next to me, the lover who helped me and supported me, I expected to be able to deal with it myself. I still had myself, I had my job and, then, you get backstabbed.

At the same time, the relationship between the environment and the individual that determines vulnerability opens up a space for receptivity and responsiveness, which in Marina’s case, becomes a powerful basis for resistance.

2.3 Resistance

Marina’s case vividly demonstrates how vulnerability can be transformed into action. These acts appear in various modes of resistance that involve caring for herself and others, setting boundaries and accepting care and care support. Primarily, vulnerability is transformed into resistance by taking care of oneself. Marina cares for herself by giving herself time to heal and treating herself. Assuming that she is probably also sick due to the virus after her husband becomes very sick and is hospitalized, she goes to a private hospital and begins treatment, independent of the state healthcare system that does not want to treat her because her symptoms are not severe enough. After her husband’s death and the loss of her job, she stays at home and decides to have a break and take some time off, allowing herself time to recover before starting a new job. She goes to the cemetery if she feels she needs it and leaves for vacation to the seaside with her child. Keeping herself busy, for example, with renovation projects, also helps her to not give in and keep doing. Left without her partner, who mostly took care of their financial situation, Marina also begins taking finances more seriously. In order to replace the missing income, Marina gets creative and attempts make some extra money using possessions that her husband left her. For instance, she begins selling children’s clothes instead of giving them away, sells one of their cars, and prepares to rent out the second flat that they own, thereby creating ways to generate additional income, work less and spend more time with her child. Finally, Marina allows herself to reconsider her life choices and priorities and to move on, potentially to a different career, by trying out something new that she likes:

Maybe, I will completely change my career. If, here, I was working with papers and figures, I don’t know, maybe I will try design or hairdressing or something, ballet maybe (laughs). That’s what I want to do.

Caring for others can also be a way to resist vulnerability. When her husband’s illness gets worse, Marina calls an ambulance and organizes his medical care. Furthermore, after receiving COVID treatment herself, Marina helps her parents and various friends, who also contract the virus, by looking after them and sending them contact information for good doctors, her own treatment plan and copies of her prescriptions. Because there is no adequate medical help from the state, people are thankful for her support and the information that she shares. By taking care of others, Marina feels less helpless and more powerful to resist the vulnerable situation she and her loved ones are
facing. Moreover, her child motivates her to move on and resist vulnerability because she wants to be there for her son, who “does not need a depressed mother.” Her son is also a source of energy in fighting her boss’s harassment:

Some will bend and break because of a child; I was the opposite. My son needs a healthy, sane mother who isn’t having her nerves ruined at work, who isn’t having nasty messages sent to her, who isn’t having a twitching eye. Up and go.

Likewise, the setting of boundaries is a powerful way of caring and thereby resisting vulnerability. For instance, Marina rejects any help that feels unwanted and like an intrusion into her private space:

I felt aggressive when people were too often... How do you say that... Not helping me but coming too close when I didn’t want them. People think that they want to help you, but they intrude into your private space, you know, give you unsolicited advice, that kind of thing. I probably responded quite aggressively when people were being pesky with their advice, with their suggestions, some silly help that wasn’t needed.

Excluding people and behaviors from her life that drain more energy than help is a way of recuperating in a situation of vulnerability. For instance, Marina eventually condemns her insulting boss’s behavior after receiving messages after her husband’s memorial service in which he accuses her of not inviting him to the funeral. From that moment on, she does not justify his behavior any longer and regards him as a traitor that bullies her even shortly after her husband’s death. By sharing her story with her colleagues, Marina points out her boundaries, sending print screens of the boss’s insulting messages to the other managers to defend herself and show how her boss treated her:

I was very angry. I just sent printscreens of his messages to all the other managers in the organisations, saying ‘Guys, he will be saying that he is all lily-white and we [she and other single mothers in the company who were bullied by him] are such scoundrels, deserted him and walked away. So be aware of what really happened.’

By resigning from her job, Marina further manages to evade her boss’s aggressive and harmful behaviors and thereby withstands the vulnerable situation, protecting herself and her child. The process of quitting is a severe decision accompanied by constant struggles. On one side, Marina feels attached to the organization and the people she worked with for many years. On the other side, the death of her partner, financial insecurity, and the COVID situation generate great fear concerning the consequences of quitting. Hence, the final decision to resign takes a great deal of courage and strength:

Without this COVID... You know, I was going to resign, but because of the lockdown and the uncertain economic situation, my husband discouraged me. And his reason was that, in such a difficult situation, it would be vile in relation to the owner for whom I had worked for 12 years. So, he [husband] simply told me, ‘This is disgraceful. When the situation is stable again, then you will leave.’

After making the decision to quit and handing in her resignation letter, she continues working for the remaining time but ignores his messages and aggression: “No ‘hi.’ No ‘bye.’ Nothing.” Even though her boss continues to bully her and send her insulting messages, it does not bother her any longer, because, by ignoring him and not responding in any way, she feels more protected. In addition, she decides to block his contact as soon as all legal business is completed.

Another form of resistance is requesting and accepting care and care support from others. Concerning psychological and emotional support, Marina receives and activates care from her environment. People who find out about her husband’s death reach out to her; for example, former classmates call and message to show their
solidarity. Her best girlfriends stand especially close by her side. For instance, they stay with her 2 or 3 days after her husband’s death, even though Marina may still be contagious from the COVID-19 infection. Furthermore, regular meetings with her girlfriends, on which they go out together at least once a month, help her to get through the difficult times. In addition, Marina consults a psychologist to talk about her situation and receive support with personal and work-related issues. Concerning financial support, she accepts financial help for the funeral from her husband’s friends, mutual friends, and other acquaintances, and her husband’s best friend offers to pay her son’s kindergarten fees for a year. Additionally, she informs herself about all options and financial benefits that she is entitled to and applies for state funds, that is, a survivor pension for herself and her child, unemployment benefits, and support for the funeral. With respect to care duties, her own family and her husband’s family support her steadily. For instance, when she falls sick, the grandparents take the child, and whenever she needs support in areas in which women typically are not trained, that is, when she has a problem with her car or house maintenance, she calls her father or brother. Regarding the organization of her husband’s funeral, her husband’s best friend and his nephew manage most of the administration, relieving her of these tasks:

He took the money and organised the funeral. This is also another thing I am very grateful for because he […] saved me from going to the funeral agency. All the bureaucracy, all the paperwork was dealt with by him. He simply video called me from the funeral parlor and showed – here are the coffins they have, here are the wreaths they have and so on. So, I wasn’t present there. I simply tapped the screen get this and that. That’s all. […] I don’t know how I could have arranged everything by myself. Emotionally, it’s very hard to run around, to decide everything. I wasn’t in the right state to… You know, to be on those premises. […] And when I have video calls… When I am sitting at home in my own comfortable home and I am simply shown that by video calls, that’s easier, emotionally easier.

In sum, vulnerability is converted into agency and active resistance. Marina not only transforms her own vulnerability into resistance but also the vulnerability of her child and loved ones in order to protect them. Concisely, Marina explains how she finds strength in coping with the difficult situation:

All of it [life] has burned down, and now, I’m resurrecting like a phoenix. That’s really about me because I have practically nothing left from my previous life, apart from the material values […] there are no links tying me to the past. Everything has been incinerated. Nothing and no one is left; maybe, it’s for the best. Maybe, I’ll have a different life. […] I never knew how strong I could be and how brave I could be. I really didn’t know that. And I always used to think that I was a coward. And really, I don’t like changes. […] But now, I have found out that, first of all, I’m very strong, and I’m very brave, and I can endure all of that.

3 | CONCLUSION

Marina’s story presents a dramatic case of a woman who must deal with severe implications of the COVID-19 crisis. The analysis of Marina’s case provides insights into the various ways in which an extreme situation of vulnerability can be dealt with in a way that mobilizes vulnerability and converts it into various modes of resistance. In Marina’s case, enactments of resistance do not stand in opposition to vulnerability, but vulnerability opens up possibilities for responding in a powerful way. Marina deals with her vulnerability by caring for herself and others, setting boundaries and accepting care and care support. In addition, our study shows that it is especially important to consider the conditions of individual environments, such as gendered structures and national specifics, in situations of vulnerability because the abilities to act and react depend on these contextual conditions.

With this in mind, it must be acknowledged that even though Marina’s case powerfully illustrates how vulnerability can be transformed into resistance, not every woman may have the ability and strength to mobilize vulnerability and convert it into agency. Hence, the fact that Butler’s (2016) conceptualization of resistance as an
inherent element of vulnerability puts pressure and responsibility on the vulnerable individual to be able and strong enough to embrace that transformation process should be clarified and problematized. If vulnerability and resistance are both understood as relational and social, dependency on personal capacities, which individuals must mobilize, raises the question of how and even whether resistance can ever be understood in individual terms. Assuming this crucial role on the part of contextual conditions may mean that resistance can only exist in collective forms, requiring awareness, effort, and solidarity of others.

Despite this undeniable interdependence of agency and structure, we appreciate Butler’s perspective as an encouraging and empowering lens through which to study possibilities for change, in which also we, as researchers, found strength during the process of writing this paper. By expressing and capturing vulnerability in a way that focuses on its inherent resistance, feminist writing about vulnerability became an act of resistance itself. During these pandemic times, filled with uncertainty and feminist backlash, an empowering research lens felt necessary to focus on possibilities for change rather than inabilities to act. In this paper, gendered vulnerability was recognized and manifested from a perspective of strength, which shed a new light on a concept previously associated with passivity and victimhood. By sharing and spreading Butler’s perspective, we hope to strengthen our understanding of vulnerability and resistance as concepts that are not opposite poles but interwoven and interconnected. We suggest that, if vulnerability is viewed as including pathways for resistance, this may mean, for feminist writing, that the exploration of agency in the realm of vulnerability represents a way to open up a powerful perspective on women’s stories.

While we acknowledge our privileged position as authors writing about another person’s vulnerability, Marina’s permission to listen to, write about, and interpret her story allowed her and us to highlight and discover emergent resistance and agency in her experiences. By not only engaging with the vulnerability that she experienced but also with the resistance that she developed, we shed light on her strength and the positive outcomes of her resistance. We are thankful to Marina for sharing her story with us, giving us the chance to explore what vulnerability can be and what it can do in relation to resistance and understand its interaction with contextual conditions and individual agency.

**DATA AVAILABILITY STATEMENT**

The data that support the findings of this study is available in anonymized form upon reasonable request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

**ORCID**

Sara Louise Muhr  
https://orcid.org/0000-0002-3198-9718

**REFERENCES**

Bahn, K., Cohen, J., & Meulen Rodgers, Y. (2020). A feminist perspective on COVID-19 and the value of care work globally. *Gender, Work and Organization, 27*, 695–699.

Bennetts M. (2017). Single mothers left in charge of 1 in 3 Russian households. *The Times*. https://www.thetimes.co.uk/article/single-mothers-left-in-charge-of-1-in-3-russian-households-dkmqbctdzClicktofollowlink

Butler, J. (2016). Rethinking vulnerability and resistance. In *Vulnerability in resistance* (pp. 12–27). Duke University Press.

Butler, J., Gambetti, Z., & Sabsay, L. (2016). *Vulnerability in resistance*. Duke University Press.

Charney, D. A., & Russell, R. C. (1994). An overview of sexual harassment. *The American Journal of Psychiatry, 151*, 10–17.

Clavijo, N. (2020). Reflecting upon vulnerable and dependent bodies during the COVID-19 crisis. *Gender, Work and Organization, 27*, 700–704.

Collins, C., Landivar, L. C., Ruppanner, L., & Scarborough, W. J. (2020). COVID-19 and the gender gap in work hours. *Gender, Work and Organization, 28*(S1), 101–112.

Collins, S. (2015). *The core of care ethics*. Springer.

Cunniff Gilson, E. (2016). Vulnerability and victimization: Rethinking key concepts in feminist discourses on sexual violence. *Signs: Journal of Women in Culture and Society, 42*, 71–98.

D’Cruze, S., & Rao, A. (2004). Violence and the vulnerabilities of gender. *Gender & History, 16*, 495–512.

Durbin, S., Page, M., & Walby, S. (2017). Gender equality and ‘austerity’: Vulnerabilities, resistance and change. *Gender, Work and Organization, 24*, 1–6.

Engster, D. (2019). Care ethics, dependency, and vulnerability. *Ethics and Social Welfare, 13*, 100–114.

International Labour Organization. (2018). *Global wage report 2018/19: What lies behind gender pay gaps* [report]. http://www.ilo.org/global/publications/books/WCMS_650553/lang--en/index.htm
Lokshin, M., Harris, K. M., & Popkin, B. (2000). Single mothers in Russia: Household strategies for coping with poverty. Policy Research Working Paper, No. 2300. Washington, DC: World Bank.

Metcalf, B. D., & Afanassieva, M. (2005). The women question? Gender and management in the Russian Federation. Women in Management Review, 20, 429–445.

McLaren, H. J., Wong, K. R., Nguyen, K. N., & Mahamadachchi, K. N. D. (2020). Covid-19 and women's triple burden: Vignettes from Sri Lanka, Malaysia, Vietnam and Australia. Social Sciences, 9, 87.

Nash, M., & Churchill, B. (2020). Caring during COVID-19: A gendered analysis of Australian university responses to managing remote working and caring responsibilities. Gender, Work and Organization, 27, 833–846. https://doi.org/10.1111/gwao.12484

Ortiz-Ospina, E., Tzvetkova, S., & Roser, M. (2018). Women’s employment. Our World in Data. https://ourworldindata.org/female-labor-supply

Thomason, B., & Macias-Alonso, I. (2020). COVID-19 and raising the value of care. Gender, Work and Organization, 27, 705–708.

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

U.S. Merit Systems Protection Board. (1981). Sexual harassment in the federal workplace: Is it a problem?. US Government Printing Office.

Utrata, J. (2011). Youth privilege. Gender & Society, 25, 616–641.

White, A. (2005). Gender roles in contemporary Russia: Attitudes and expectations among women students. Europe-Asia Studies, 57, 429–455.

World Economic Forum. (2020). Data explorer: Ranking by Global Gender Gap Index. https://wef.ch/2sChMBp

Yarrow, E., & Pagan, V. (2020). Reflections on front-line medical work during COVID-19 and the embodiment of risk. Gender, Work and Organization, 28, 89–100. https://doi.org/10.1111/gwao.12505

Zavyalova, E. K., & Kosheleva, S. V. (2010). Gender stereotyping and its impact on human capital development in contemporary Russia. Human Resource Development International, 13, 341–349.

AUTHOR BIOGRAPHIES

Lea Katharina Reiss is a Research and Teaching Associate at the Interdisciplinary Institute for Management and Organizational Behavior at Vienna University of Economics and Business. She graduated from Copenhagen Business School with a Master in Business, Language, and Culture, and specialized in change and diversity management. Since 2019, she has been working toward her PhD degree in Economics and Social Sciences. Her research focuses on social inequality issues including sexism, heterosexism, and classism in the context of work and society. In her dissertation, she brings attention to how the interplay of gender and social class origin shapes biographies and possibilities for class mobility.

Andrew Kozhevnikov is a Lecturer in HRM/OB at the University of Bradford (UK). His research interests revolve around various career issues and realist social theory. He is particularly interested in exploring careers as context-specific and reflexive social phenomenon. His research has appeared in Human Relations and has been presented at various international and domestic conferences.

Sara Louise Muhr is a Professor at Copenhagen Business School. She is also the Academic Director of the CBS Business in Society Platform “Diversity and Difference.” Her research focuses on critical perspectives on managerial identity and HRM, especially in relation to issues around coping with diversity and expectations in modern, flexible ways of working. Following this broader aim, she has worked with various empirical settings such as management consultancy, prisons, the military and police force, pole dance studios, and executive networks where she has engaged with issues such as power, culture, emotional labor, gender, ethnicity, migration, leadership, and work-life balance.

How to cite this article: Reiss, L. K., Kozhevnikov, A., & Muhr, S. L. (2021). Between vulnerability and resistance: How a woman copes with dramatic implications of COVID-19 in Russia. Gender, Work & Organization, 28(S2), 574–586. https://doi.org/10.1111/gwao.12695