

THE IDEA OF HEALTHY WAY OF LIFE AND ITS TRANSFORMATION INTO LIFESTYLE ORIENTATIONS AND PRACTICES IN POST-SOVIET CONDITIONS

Olga Paholok

Institute of Sociology of an Academy of Sciences of Ukraine.

The major subject matter of the proposed article is the transition of socialistic healthy way of life ideology into its modern counterpart. The article also addresses the notion of health-oriented lifestyle in frames of the vision and reality and portrays an evident discord between the high value of health and its practical incorporation into daily activities of concrete individuals in post-soviet conditions. The article gives the empirical evidence on the prevalence of destructive practices among the population of post-soviet area.

Key words: Healthy way of life ideology, logic of practice, practical logic, health-oriented lifestyle.

The diversity of social change post-socialist societies has proven to be dramatic. The whole world underwent crucial alterations during past 20 years, with countries presenting the post-soviet camp showing, probably, most propitious ground for social change. Social, economic, political systems gained their unprecedented forms, being accompanied with deep changes of individual's mental dispositions and attitudes. A huge package of values had to be reconsidered and revised. Even the attitudes towards so called temporal values underwent considerable revision. The values of life, personal development and prospect, individual health etc. turned out to face new environment – both structural and ideological. Notwithstanding the fact that the value of health in its temporal meaning is general high in any kind of society, and some researchers even tend to treat health as natural, absolute and perpetual life value" [Internet-conference "Health care: organization, management and levels of responsibility", 2007], individual behaviour related to health inevitable had to suffer a defiance bidden by social change.

We are not going to deny the fact of generally high value of health in the Soviet Union. Socialistic ideology with respect to health promotion was too specific but it existed and worked. And after the collapse of the whole social structure of socialism, it had to face the same fate as the whole system by losing its legitimacy. Thus, the problem of anomia (in Dukrheimian sense) touched the culture of health and individuals' health behaviour. The literature on social transformations impact upon population health often accentuates that social crisis leads to multidimensional changes in population lifestyles, however it does not present any traits of stable unite behavioural system, being at that an eclectic set of patterns, standards and behavioural styles inherited or borrowed from different historical systems and cultures and hardly capable of being joined organically. Besides, social changes cause homeostasis disturbance and are attended by social change as well as psychological stress, which calls upon adaptation skills and practices [Nilov, 2008: p.10-11]. Under such kind of circumstances it is clear that health resources tend to be rather squandered than augmented, which leads to the higher risk of discrepancy between the value of health and the actual health care behaviour. Aiming at achieving certain kinds of vital goods and not having means for that, people find themselves in the situation of their health being one of the few available resources that can be converted (not always consciously) into other goods. For instance, the research carried in Russian Federation showed that only 27% of population would refuse to work under conditions of "hazardous employment" and more than a half of respondents stated that they would keep on working on hazardous employment enterprises until their health would let them do so and even in case of illness provided that they would have the possibility "to get an apartment, exhibition in retired pay etc". Moreover, answering the question "Do you go to work when you are feeling ill?", 30% of respondents said "yes, often" and more 59% declared "yes, sometimes" [Zhuravleva, 2006]. The data presented indicates that gaining material goods often may be more prioritized in comparison to strategic management of personal health resources.

Taking all the said above into consideration, health-oriented lifestyle can be luxurious for many people of post-socialist environment. Using Maslow terminology, orientation on health as a state of complete physical, psychological and mental wellbeing is one of the highest needs in general human needs hierarchy, and its fulfilment requires additional resources. Above that those who managed to be more adaptive to contemporary socio-economic conditions tend to be more inclined to incorporate such need into their daily life. Indeed, one cannot misjudge the significance of structural factors (such as inequality and general quality of life during the transitional post-socialistic period). Useless to think that one will concentrate his/her powers on making responsible long-term life decisions before having a decent level of life.

Socialistic leadership showed some really mighty ideological impulses towards healthy way of life promotion. It may be hard to refrain from judging them from the standpoint of contemporary worldview, nevertheless, they were decent products of the system which brought them to life, and in certain sense they really worked. The pictures below illustrate socialistic striving for building the healthy nation.



It is clearly seen even on the pictures that the general purpose of being healthy and leading the healthy way of life is very specific: everything aims at the common weal of the state. Nevertheless, they contain direct instructions for action; they demand something from ordinary people on behalf of their responsibility to take care of theirs and others health. With this respect, socialistic legacy can be viewed as considerably strong advocator of health behaviour. However, in consideration of the fact that socialistic system collapsed, its whole ideology became reluctant. Researchers even introduced the term “Homo Sovieticus,” which is defined as a person with a collectivist orientation who does not like to assume any individual responsibilities [Cohn, 1988]. As some analysts claim, Soviet-style socialism had the potential to induce passivity on the part of many individuals toward health promotion; and those in favour of returning to socialism would be especially passive with respect to positive health lifestyles [Cockerham, Snead, DeWaal, p.3].

Before making any interpretations considering the “post-soviet mentality” as a factor undermining the vitality of healthy behaviour concept, let’s be consistent by analyzing properly each element of the problem separately. The logic of our cogitations will be as followed. First of all, we are going to distinguish between “the logic of practice” and “the practical logic” of health culture in post-socialist societies. The logic of practice is understood as condition of operation and principle of structuring the practical logic; and practical logic enables the actors to perceive the logics of practice, to judge and to act [Schäfer, 2009: c.3]. As far as lifestyles are sets of practices and attitudes which make sense in certain contexts [Chaney, 1996: c.5], we are going to discuss the context of health practices and after that – the practices themselves. In respect to our subject area, the healthy way of living will stand for the logic of practice while health-oriented lifestyle will represent the practical logic (in two dimensions – visionary and real).

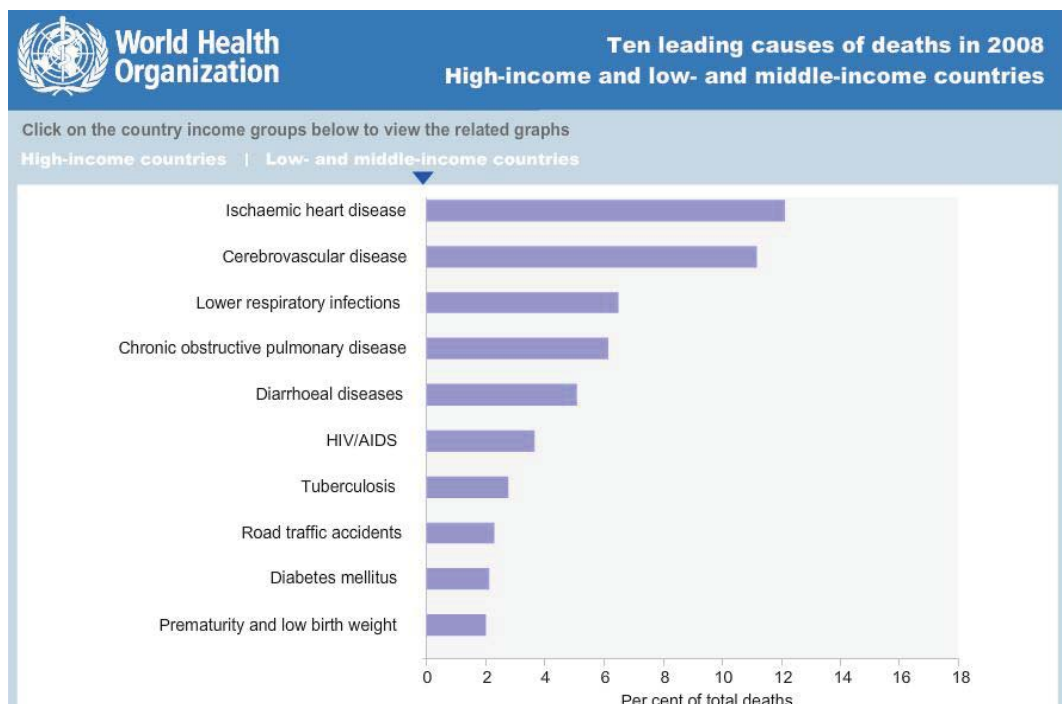
Generally, the major distinction between healthy way of living and health-oriented lifestyle is quite transparent – that is the distinction between idea and its practical embodiment. Nevertheless, it is important to explain more sophisticated and deep root for differentiation between these concepts. For this sake we are going to analyze “pure” concepts which are “the way of life” and “the lifestyle”. In order not to make this distinction look like an empty academic formality accompanied with a common confusion and discordant game of terminological definitions, let us point out its general purpose. The thing is that in common-sense as well as in scientific use these concepts often are placed as synonyms. However, our task is to show that they are enriched in meaningfully different ways. The terms “way” and “style” point out at variant aspects of the characterized phenomenon: “the way” stipulates a certain process and answers the question “how?”; meanwhile, “the style” leads us to the notion of form and allows for the possibility of variations in parameters, including in frames of the way. Thus, the way of life category reflects the power character of sociocultural field, expressing the social structure as a scope of necessary and typical individual practices [Il’in, 2003]. The way of life is usually associated with more or less stable community and finds its manifestation in its common patterns such as norms, rituals, forms of the social order as well as specific dialects or languages; its ground lies beneath the sociocultural forms such as profession, gender, ethnicity and age [Chaney, 1996: 92-93]. The way of life is a necessity, which can be overstepped only by abandoning the boundaries of the field, which brought the corresponding activity

forms to life, so long as the way of life induces a certain sociocultural identity upon individuals [Il'in, 2003]. In contrast to the way of life, the style points at steady forms of personal behaviour which are the result of free choice making in frames of field-dictated limits, it is «the personal way to realize social opportunities» [Anufrieva, 1982: p.62]. Lifestyle represents an absolutely modern form of status differentiation, which implies that status is derived not from the occupation or a certain set of individual privileges but from the way these privileges and resources are used individually. Many people, in particular, choose their occupation and the way of its organization based on its compatibility with their personal lifestyle values [Chaney, 1996: p.14-15]. Thus, we can assume that individual choice is the key aspect in conceptual reflection of lifestyle as a notion. Using Ionin's expression, "the style can exclusively be present only where the choice is present" [Ionin, 2000: c.195]. Consequently, the social role, or the free behaviour choice pattern, is the lifestyle's molecule. The style is a typical choice in frames of possible; the way of life reflects structural restrictions meanwhile the lifestyle, on the opposite, portrays the freedom of choice [Il'in, 2003].

So, having given quite deep, even semantic, differentiation between the way of life and the lifestyle, we can move closer to health phenomenon. As we already made it clear, we are going to analyze the healthy way of life as the logic of practice and a certain ideological field which offers its consumers a set of principles and directions toward practical actions with respect to their body and health. Let us consider it closer.

Healthy way of life ideology: politics, market and branding.

First of all it should be mentioned that healthy way of life ideology in its general global meaning is indeed formed under the dictation of real medical statistics: in contemporary world the main mortality factors are disorders associated with the way people live their lives. Thus, according to WHO data, 10 major mortality factors among world population are [WHO official site]¹⁴:



We can distinctly see that so called "civilization diseases" (chronic and degenerative disorders) start to fulfil the top places amongst human deaths factors. These diseases increasingly depend upon the lifestyle which one chooses, upon the quality of one's life as well as upon one's ability to use the available resources of own body strategically and demonstrate self-reliable orientation towards health during one's personal lifestyle.

In general, healthy way of life criteria are quite simple and exhaustive: the list of indicators to assess the level of personal deduction for everyday health care includes dietary inclinations, physical activity and unhealthy habits [Kinger, 2005: c.6-7]. In addition, workplace conditions public and domestic violence, reproductive behavior, etc. can be taken into account [Huss-Ashmore, Schall, 1992: c.7]. These are the basic healthy way of life principles, which can be found throughout the whole space of social interactions

¹⁴ Ukraine currently belongs to Lower-middle-income economies. Economies are divided according to 2011 GNI per capita, calculated using the World Bank Atlas method. The groups are: low income, \$1,025 or less; lower middle income, \$1,026 - \$4,035; upper middle income, \$4,036 - \$12,475; and high income, \$12,476 or more.

– from school and university textbooks (in Valeology, Principles of personal and social safety etc.) to political programs.

Healthy way of life as a matter of social politics

The issue of health as a matter of state politics (biopolitics) can be effectively illustrated by means of Foucault's principle of state power efficacy, which is based on simultaneous generalization and individualization. It turns out that in general health is a personal decision of an individual, and at the same time it is the question of national importance. Thus, we can observe panopticon effect in action, when control over the members of society is very successfully implemented in a latent way, and to a large extent they act as controllers. To a large extent, the health care system becomes a religion of modern society. Through the establishment of "uncertain normality" discourse only few can be treated as healthy, and everyone, in fact, becomes a potential patient, which means entering the field of control, risk assessment and external (state) intervention [Kevin, 2007]. Some researchers go even further by stating that public health policy is actually a program of social control packaged in a wrapper of healthy life idea promotion, the idea of unprecedented self-control at the cost of provoking public excitement increasing and an effective system of individual behavior regulation [Fitzpatrick, 2001: c.1]. They even talk about contemporary death of humane medicine and the rise of coercive healthism [Fitzpatrick, 2001: c.84].

It is important to state that we are not giving here any assessments of healthy way of life ideology as a political issue. We are rather trying to find its place in frames of political system. Understandable that healthy way of life ideology does not exist as an independent database of health state factors and ways to maintain good health, it rather finds direct expression in state national legislation promoting everyday health-focused behaviors among general public. For instance, Article 32 of the Law of Ukraine "Basic Law of Ukraine on health care" proclaims the following:

«The State shall promote the establishment of healthy way of living by means of spreading scientific knowledge about health, medical, environmental and physical education organization, implementation of activities aimed at improving hygienic culture, creating the necessary conditions, including medical monitoring of physical training, recreation and tourism, development of medical and athletic facilities, dispensaries, recreation centers and other health facilities to combat health habits which are harmful for human, establishing a system of socio-economic incentives for individuals leading a healthy lifestyle.

Ukraine has made public policy limiting smoking and alcohol consumption.»

Ukrainian legislation, in general, requires from its citizens taking care of their personal health: the Article 11 of the Law of Ukraine on Health contains the following clause: "Citizens of Ukraine ought to take care of their health." The question of real force of this clause is just another question, as it is clear that no one (at least for now) recovers fines and puts behind bars for overeating, lack of sleep or lack of physical activity. However, in some Western countries the attempts to introduce a practice of tax upon unhealthy lifestyles already have been made. Italian Health Ministry wants to introduce a tax on soft drinks and alcohol [<http://ria.ru/world/20120829/732532571.html#ixzz25yyOVFe>], in England, it was proposed to make a tax on "junk" food [<http://life.comments.ua/2012/05/16/338778/anglii-predlozhili-vvesti.html>] and Arizona authorities want to tax smokers and obese people [<http://www.newsru.com/world/02apr2011/zd.html>]. Monique Currie, deputy director of the state Medicaid office in Arizona and one of the advocates of this initiative, said:

"If you do not want to change your life and take responsibility for your health, which ultimately leads to public spending, then you will have to participate in co-financing. You must take responsibility for the fact that your smoking costs us a round sum."

Moreover, WHO, as it is stated in the latest Watch Report on the 65th World Health Assembly, "should provide technical support and expert advice to member states on the implementation of fiscal, legislative and regulatory measures to improve food and nutrition. This should involve technical support to finance ministries on the administration of national food tax and regulatory systems and administration, as well as the production of manuals and toolkits" [WHO Watch Report on the 65th World Health Assembly, 2012: c.14].

At this point, as we already mentioned, we are going to refrain from evaluating political programs and social policies with regard to health behavior promotion at whole because our task here is to show the key role played by the healthy way of life phenomenon in modern socio-cultural discourse at the level of political organization.

Healthy way of life as a matter of market strategy and branding

In frames of market economy we can consider health and healthy way of life as power brands and elements of an exceptional new philosophy which is sometimes called "wellness philosophy". According to expert estimations, the industry healthy lifestyle, which recently was just at the level of infancy, the next decade promises to be a new billionaire industry. Today, the wellness market is compared to the high-tech sector in terms of capital turnover. The worldwide annual turnover in the industry, according to the analysis of the famous American businessman and economist Paul Zane Pilzer, is about 425 billion dollars. The researcher notes that in 2000 Wellness industry in America has already been the one with

sales up to \$ 200 billion; and about a half of that amount (which is \$ 24 billion) was spent on sports clubs and 70 billion on vitamins and minerals [Pilzer, 2001].

Indeed, today's society market can be the first to react on public needs for meeting the aspirations to lead a healthy way of life. It makes a huge amount of package offers that can provide a person with a possibility to buy healthy (organic) food, visit gyms, health clubs, beauty salons, spas, etc. The proportion of people willing to make substantial investments in their health grows very fast. According to the German economic research institution "Global Insight", 47% of people aged from 20 to 30 suggests that they actively use the means to maintain personal health [Bayram, 2008: p.28].

Thus, the market eagerly turns the idea of healthy way of life into the industry of savory versions, a plethora of public and commercial broadcasting programs (and books) designed to make science, technology or philosophy of health accessible to the "average man" [Allen, Anderson, p.4]. That is an easy way to make healthy way of life a fashionable and stylish trend. In contemporary world everyone is in rush for health. The notion of healthy way of life has already gained the archetypical traits. Advertising companies use this widely to make different products more attractive to public. Below is the list of slogans, used in advertisements presented in post-socialist milieu. All of them tend to dramatize the health phenomenon.

<i>Trade offer</i>	<i>Slogan</i>
Chudo-yogurt	Assistant for your health .
Yogurt Danone	Danone. Magic taste of health .
Children's yogurt Rastyshka (Danone)	Rastishka. Grow in health .
Bio-kefyr Bio-Max	Easy cleaning - good health . Health - is beautiful!
Bio-yohurt Bio-Max 5 cereals	Health of the entire family.
Iodomarin (biologically active additive)	Yodomarin. Needed for the health every day.
Tsygapan (biologically active additive)	Tsygapan. For the health of the whole family!
Vektrum, vitamins	Vektrum. Vector of your health !
Sana Sol polivitamins	Sunny world of health ! Sana-Sol.
Duovit (KRKA), vitamins and minerals	Duovit. Health in red and blue (<i>the colors of the packaging speculated</i>)
Multivitamins Komplivit	Healthy mom, healthy baby! Health with distinction!
Centrum vitamins	Centrum. Focused on health .
Jungle, vitamins for children	Jungle. For children to be smart and healthy .
Toothpaste BlanX	BlanX. The country of health .
Shampoos and balsams Pantene Pro-V	Pantene Pro-V. Start with health and make a difference!
Shampoos Freederm	Friderm - healthy soil for your hair!

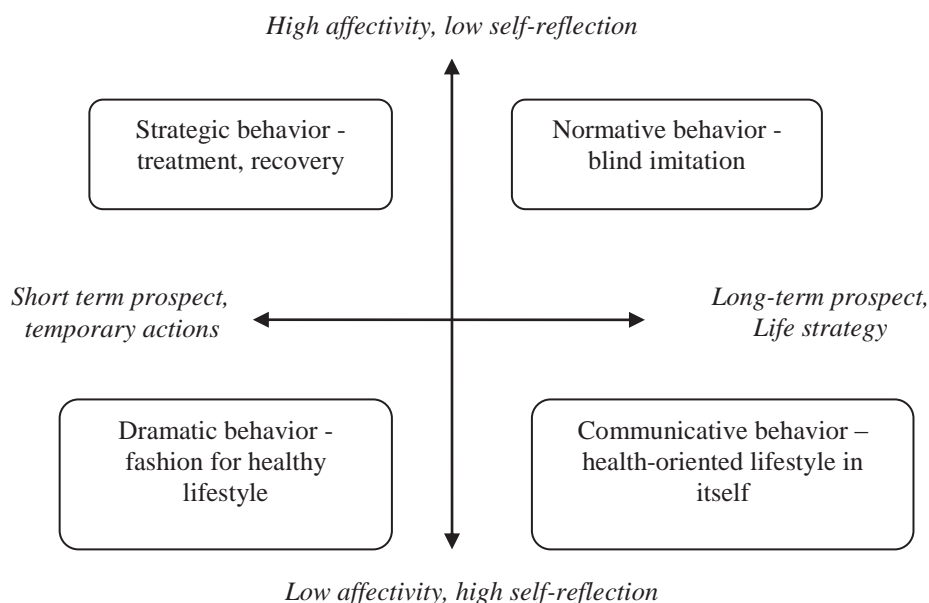
Health-oriented lifestyle

So, we have shown that the healthy way of life is an ideology which is the general logic of practice that is open for various kinds of practical embodiment. Now we can go further to the analysis of the practical logic itself. According to the sequence of our thoughts here it is presented by health-oriented lifestyle. At that, we are going to split our analysis into two parts. The first one will consider visionary (ideal) health-oriented lifestyle meanwhile the second will trace the reality of concrete practices.

First of all, when talking about health-oriented lifestyle, especially in its ideal form, we should mention the aspect of personal choice embedded into actions which constitute it. This leads us to recognizing it in frames of intentionality. This means that health-oriented action can be broadly defined as the intentional and reflective activity which has been consciously thought out and aimed at a specific target [Verlen, 2001: c.40-41]. Of course, in most general understanding, this target is health as such. Taking this intentionality aspect into consideration, we may typify health-oriented lifestyle as a recommended act (as opposed to those allowed and forbidden) [Sorokin, 1992]. Indeed, health orientation in everyday practices is often viewed as a kind of above-normal activity which is not demanded although very desirable. Such behavior is certainly frowned upon and, moreover, may be seen as a feat. An individual showing focusing his/her lifestyle on health may be perceived as being largely self-limiting, abstaining from various "unhealthy temptations" and getting a reward for it in a form of certain positive image in public eyes. Health-oriented lifestyle choice entails a number of "awards" upon its bearer. Except the health itself, an individual following healthy lifestyle is seen as a model of organization, discipline, purposefulness, responsibility, strong will and even more. He/she is capable of making an effort, consciously "signing" under the constant hard work upon him(her)self.

Our understanding of the sense hidden under the concept of health-oriented lifestyle can be widened by means of involving some ideas initially proposed by Habermas in frames of his social action theory. Thus, according to him, there are four types of social action: strategic (utilitarian), normative (similar to Weber's value-rational action), dramatic and communicative action [Habermas, 1984]. If we analyze the various types of relation to health and corresponding actions determined by it, we can talk about the following. Strategic behavior towards health stands for the egocentric not too far-sighted actions of

individuals aimed at getting fast results (when people become concerned about health in terms of short-term profit which is, in fact, a symptomatic treatment not reaching the essentially of the problem). To some extent, this type of action is purely technical and temporary, not related to an attempt to implement a comprehensive revision of the general life strategy behavior; when health is really threatened, the person is ready to take care of it in disciplined and responsible manner, but when health is normal, the need for daily (prophylactic) reproduction of health depreciates sharply, health resources start to be confined, yielding in a hierarchy of motives to other factors such a getting pleasure, building a successful career, etc. Normative action reflects non-internalized attitudes, which means that under another social circumstances, such as the absence of coercion or other external influence, a person would not adhere to certain principles of a healthy lifestyle. A striking example of such kind of activity is the way of life of many children and teenagers. Until they are under elder control, they are normally feed, they follow optimal sleep and rest regime, and generally do not resort to bad habits, but in case of the absence of control they willingly violate basic principles of healthy lifestyle. Such kind of behavior is inherently infantile because, as it desperately lacks self-reflection. This means that a person imitates a lifestyle imposed on him/her by someone else, and, accordingly, would not necessarily adhere to it in other context. Dramatic action, in this context, expresses human desire of self-representation, the will to be in the center of the most fashionable trends in regard to healthy lifestyle (fashion for physical activity, organic food, natural personal hygiene and household products, etc.). The actual health-oriented lifestyle, to our opinion, is the one representing communicative activity which is the one associated with high level of self-reflection and long term prospect; lifestyle-oriented health, in other words, is a life-long strategy. Depending on the length of individual's life perspective in relation to own health, and also on the type of emotional commitment, all types of actions can be placed on an integrated axis of coordinate:



The visionary aspect of health-oriented lifestyle can be brightly illustrated by Piaget theory of cognitive development. Health-oriented lifestyle may be regarded to as a kind of final stage (the highest point) of individual development representing a well-established striving to a steady state of dynamic equilibrium. At the "sensorimotor" stage a person learns to read the signals own body and during this period the main type of activity is strategic which is reducing unpleasant (painful) sensations and maximization of pleasures. "Preoperative stage" corresponds to normative behavior. At this stage, a person has to take certain patterns of behavior for granted not passing them through his/her own conscious mind. "Operational Stage" turns on self-reflection process in a person, but it does not awaken awareness of the importance of certain actions in the long term prospect. And finally, the "stage of formal operations" person develops a rational structure of thinking, giving the person an opportunity to understand the symbolic value, use abstract strategies to understand the hidden meanings and make general conclusions in the context of the development strategy of their own lives in terms of health.

Thus, we are talking about health-oriented lifestyle as a daily production of individuals' health. This means that virtually any person's activity of everyday is being correlated with its possible effect on health. That is what may be referred to as type of self-sufficient type of health orientation [Bredikhina, 2006: c.21], when a person operates with a sufficient knowledge about health and actively implements the principles of healthy lifestyle ideology in his/her everyday practices. Self-sufficiency in health orientation is the grounding principle health-orientation lifestyle formation. Its basic principle is preventive character of actions related to health. That is reflected in the idea of a strategic management of health as a finite

resource accompanied with individual orientation towards long-term outlook and total vitality aspects correlation with the possible health risks.

Another important dimension of health-oriented lifestyle is the matter of conscious lifestyle choice. Otherwise, the whole idea would be a substitute, mere fashion following, a forced temporary measure, a compromise with oneself on the basis of self-deception etc. Actually, we are talking about the health-oriented lifestyle choice as “the heroic pass”, provided with a high level of awareness and responsibility, as well as making a constant daily choice whilst fighting with two basic neurotic obsessions of mankind which are laziness and fear [Kozlovsky, 2011: c.237].

Admittedly, health-oriented lifestyle, generally evaluating, is not very enjoyable way of existence, which is not surprising, as “any kind of awareness multiplies suffering” [Kozlovsky, 2011: c.242]. It is much easier to go with the flow, putting the whole set of responsibility for one’s own health upon poor heredity, environmental pollution, bad healthcare and living condition, promoting the enjoyment motto is “we all are doing to be there sooner or later”. Opposed to that, acquiring the properties needed for adherence to health-oriented lifestyle is about self-improvement and it demands a huge set of efforts (on paie de sa personne in French). This involves investment of time as well as socially constructed forms of attraction with all the conjugated limitations, self-denial and self-sacrifice [Bourdieu, 2002: c.61].

Doubtlessly, that is what constitutes the ideal (visionary) practical logic. It is hardly that much commonplace when we shift our attention to empirical reality. The latest usually dazzles with a vast range of destructive practices of all kinds and forms – from poor eating habits to high levels of alcohol and drugs consumption. For example, the health lifestyle literature on Russia specifically describes an entrenched pattern of excessive alcohol consumption, heavy smoking, high fat diet, and lack of health-promoting exercise. These lifestyle practices are especially characteristic of middle-age, working-class males, whose high mortality rates from heart disease, alcohol poisoning, and alcohol-related accidents are largely responsible for the decline in male longevity [Cockerham, Snead, DeWaal, c.3]. Cohn, who is a famous Russian scholar and scientist, even wrote about the phenomenon of male hyper-mortality, which spread through some countries of post-socialist space [Cohn, 2008]. Western sources, for instance, point out that alcohol poisoning mortality has been exceptionally high in this region and is now occurring on an unprecedented scale in the Slavic countries in the post-Soviet period [Stickley, Leinsalu et. Al, 2007: p.448]:

Table 1 Alcohol poisoning deaths in Russia and the countries in the European part of the former Soviet Union, 1970–2002 (per 100 000)

Country	Year			
	1969–70	1978–79	1988–89	2001–02
Russia	15.1	23.4	8.7	28.7
Ukraine	8.2 ^a	13.4 ^a	8.0 ^a	20.6 ^b
Belarus	4.9 ^c	11.1 ^c	8.6	25.4
Baltic Countries (combined)	8.8	14.0	5.3	12.2
Estonia	4.8	16.3	8.9	19.1
Latvia	10.5	11.6	3.4	8.0
Lithuania	9.3	14.9	5.2	12.4

a: Calculated from¹⁹

b: Two-year average calculated from WHO data¹²

c: Single year (1970 and 1979) non-standardized estimates taken from unpublished Ministry of Statistics reports

We can see that the interconnection between the logical practice and the practice of logic is quite compound. In our opinion, it should be amplified with the notion of physicality. The thing is that a body is a field for direct implementation of any general healthy way of life ideological principles. In any case, everything one does is going to be indicated on one’s body – sooner or later. The body is quite clear and transparent text which gives person’s lifestyle away. All in all, the value of matter lies into such basic things as individual mode of the day adjustment with respect to body practices. After all, the whole individual experience comes through the senses – body senses. The body is the most irrefutable objectification of taste, which can be detected in different ways. First of all, in the most natural, that is, in appearance (volume, height, weight, etc.) and shapes (round or angular, rigid or flexible, straight or curved, etc.), which express in many different ways individual relation to the body, in other words, the way he/she addresses the body, takes care of it, nourishes, and supports [Bourdieu, 38-39]. Thus, even within the social sciences one should consider the physicality in the sense that, despite the general civilization tends to “curbing affections” [Elias, 2003], the body continues to dictate its own terms and conditions, often not even allowing the consciousness to enter the decision making process.

To summarize, we have seen that post-socialistic societies became premises of impetuous social changes leading to necessity for finding understanding for basic elements of human behavior, including human behavior towards health. We have seen that in conditions of discounted socialistic ideology (and health promotion impetus as its part) the new logic of practice emerged, presented by modern healthy

way of life ideology embodied both in politics and economy. We have also seen that ideology is at large a very simplified version of practice of logic (health-oriented lifestyle) when it is viewed in ideal terms. Eventually, we have ascertained that a life-long adherence to health-oriented lifestyle is really challenging and hard, which can be an additional reason why a wide range of destructive practices are there in the place on post-socialistic milieu. Moreover, we pointed out that there is a lack of understanding of basic principles of body activity and their underrepresentation in social sciences and that the general logic of analysis of ideology (logic of practice) and lifestyle (practical logic) should be supplemented with deep understanding of physicality as the body (the battle field of logic of practice and practical logic).

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