In the March 1992 newsletter of the American Association for the Advancement of Slavic Studies, Mary F. Zirin asked what the disintegration of the Soviet bloc would mean for women. Would there be a retreat from the ideology of gender inequality? Would skyrocketing unemployment prompt a drive to return women to the home? Would new ideologies stress the importance of "femininity," privilege pronatalism, and restrict abortion rights? How would women themselves respond to the dramatic changes?

I read Zirin's words with the realization that I was well positioned to answer some of her intriguing questions. I was born in Latvia, one of the republics of the former USSR, during World War II. Although I grew up in the Latvian exile community in Indiana and married an American, rather than a Latvian, I maintained close personal ties with family in Latvia. In 1990, 1991, and 1992, funded by IREX and ACLS, I had documented the reintegration of exiles with their Latvian compatriots. Zirin's questions re-oriented my research interests to Latvia itself. But most importantly, they accentuated my mid-life aspiration to re-integrate my academic career with my first professional experience as a social worker.

With these thoughts in mind, I drafted a proposal for Fulbright support. It was granted, and in February 1994, I will begin a semester's lectureship at the University of Latvia in Riga. My proposal described a seminar on women's narrative responses to health care. This topic grew out of experiences in Latvia and my abiding interest in the role of narratives as memorable, transmittable, attention-getters in social life. I have been intrigued—to paraphrase anthropologist Clifford Geertz—by narratives as a means for transforming individual experience and private emotion into public significance. As I had seen in my research on exiles, narratives can become what folklorist Roger Abrahams terms "rhetorics of a community" with the potential to address social problems, illuminate social tensions, and guide action.

In previous visits to Latvia, I had heard women tell detailed stories about their experiences with birth control, pregnancy, birthing, and infertility. They cast these stories variously—as cautionary tales, as heroic epics of endurance and survival, as teaching devices, as voiced protest, as idealized projection. I was intrigued by the notion that women in independent Latvia might now "go public" with these experience-based, narrative resources to create community, to found new grassroots coalitions, perhaps ultimately, to help reform the medical establishment. It is only recently, in preparing for the Fulbright seminar, that I learned to label this interest of mine "action research," that is, involvement with and study of people involved in personal and social change.

For fifty years, Soviet ideology had privileged ideas over experience, rendering contemporary social life a taboo arena for scholarly investigation. In my Fulbright proposal, I offered to initiate an alternative pedagogic approach through an intensive, guided team fieldwork project focusing on women and health care. This seminar would bring university students into contact with the realities of women's experiences within a variety of health care settings—from women's groups to public events, school health programs, new medical centers, alternative healing systems, families. In the proposed seminar, I wanted to make everyday life stage center, giving students a chance to hear the different voices through which women fashion and refashion themselves. The seminar's topic, women's narratives about health care, aimed to illustrate a more general process at the heart of contemporary folklore studies: how individuals, as they engage in struggles of reorientation, propose—and enact in narrative performance—new ways of thinking and doing.

As I prepare for my departure to Latvia, it remains to be seen whether or not I will be able to teach such a seminar. Latvian academic institutions are in a state of transformation, perhaps more accurately, of chaos. I therefore know little about what I will actually be doing upon arrival in Latvia. I was recently contacted by the faculty of the newly formed Oral History Center, who would like me to teach research theories and methods to their growing constituency. The Center is dedicated to filling in the historical void of the Soviet occupation, 1940-1991. In anticipation of this reorientation, I have begun to reshape my plans. Perhaps the seminar and team fieldwork will instead undertake to record life stories, of women and of physicians—more than 80 percent of physicians in Latvia are women. In any event, I will also be doing my own research in a female-run children's clinic and with sex education programs in schools. I very much look forward to this Fulbright semester in Riga as a time to practice combining academic skills with my interests in social action.

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