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## Neoliberalism, postsocialism, disability

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### **Abstract**

This paper discusses the impact of neoliberalism on disability policy and activism. The paper highlights the neoliberalisation of postsocialist disability policy, as well as the convergence between the neoliberal critique of welfare-state paternalism and the advocacy of disabled people's movement for deinstitutionalisation and direct payments (personal assistance). The discussion is supported by examples from Bulgaria and the United Kingdom. In conclusion, the paper argues that neoliberalism confronts the disabled people's movement with two difficult tasks: to defend self-determination while criticising market-based individualism, and to defend the welfare state while criticising expert-based paternalism.

**Keywords:** neoliberalism; disability; postsocialism; disabled people's movement; direct payments; personal assistance

## **Introduction**

Over the last decade, an increasing number of disability scholars have emphasised the ways in which contemporary developments within disability policy have been inflected by the doctrine of neoliberalism (Grover and Piggott, 2005; Grover and Soldatic, 2013; Piggott and Grover, 2009; Roulstone and Morgan, 2009; Roulstone and Prideaux, 2012). Such analyses continue a tradition of critique of capitalism that has been a prominent feature of disability studies, and a hallmark of those analyses within the discipline that have developed and promoted the social model of disability (Finkelstein, 1980; Oliver, 1990). Disability scholars associated with feminism have also insisted on the need to ‘move out of the disability policy agenda and engage with broader political and economic debates and developments’ (Morris, 2011: 18).

The present paper follows this investigative guideline, proceeding from the presumption that in order to understand present-day disability policy, one needs to engage in a critical study of neoliberalism. This approach is particularly useful for analysing the efforts at reforming disability policy in the postsocialist region – an area encompassing the former socialist countries of Central and Eastern Europe and the former Soviet Union. Such efforts have included the struggle of local disabled people’s groups and organisations for overcoming state-socialist paternalism and for enhancing disabled people’s self-determination, choice and control. So far, the impact of neoliberalism on disability policy and activism in the postsocialist countries has remained unexplored (with few exceptions, e.g., Gould and Harris, 2012). The present paper contributes to filling this gap. It takes

disability policy and activism (i.e., policy and activism of and for people with physical, sensory and mental impairments) in postsocialist Bulgaria as its case study, putting it in a comparative perspective by making recourse to similar developments in the UK.

As defined by Harvey (2005: 2), neoliberalism is:

a theory of political economic practices that proposes that human well-being can best be advanced by liberating individual entrepreneurial freedoms and skills within an institutional framework characterized by strong private property rights, free markets, and free trade. The role of the state is to create and preserve an institutional framework appropriate to such practices.

Accordingly, neoliberalism promotes privatisation of public resources and functions, deregulation of markets, and liberalisation of trade. Another important element of neoliberalism is the retrenchment of the welfare dimension of the state, which is seen as an impediment to the optimal functioning of the markets. In a nutshell, neoliberalism insists on expanding the market logic and principles (e.g., self-interest, calculability, competition, efficiency, profit) to all areas of life – it is a doctrine of *radical marketisation*. Since the end of the 1970s, neoliberalism has become widely accepted and neoliberal measures have been implemented – in ‘packages’ or individually – all over the world, including in traditional social democracies such as Sweden (Harvey, 2005). That said, it needs to be emphasised that analyses of ‘actually existing neoliberalism’ (Brenner and Theodore, 2002) should avoid the pitfall of imposing a totalising and overgeneralised concept to otherwise hybrid and complex realities – instead, they should endeavour to be sensitive

towards neoliberalism's contextually embedded articulations that are always tied to local histories and agencies (Springer, 2013).

With these methodological considerations in mind, I take the general notion of 'neoliberalism' to be useful as a *starting point* for the critical analysis of disability policy in the postsocialist region. Nevertheless, such an analysis needs to proceed by uncovering local specificities even when they undermine or contradict some of the original presuppositions of the research. In this sense, 'neoliberalism' would be nothing more (but also nothing less) than a point of entry into the 'hermeneutic circle' (Heidegger, 1962: 194-5) of the critical inquiry of present-day society. In the analysis that follows, I will also sometimes make recourse to the term 'neoliberalization' promoted by Springer (2013) in order to emphasise the evolving and hybrid character of the phenomena under investigation.<sup>1</sup>

### **Neoliberalism and postsocialism**

After the fall of state socialism at the end of 1980s, most economies of the former Eastern Bloc underwent neoliberal reforms of radical marketisation, sometimes branded as 'shock therapy' (Murrell, 1993) and consisting of privatisation, deregulation, liberalisation of prices and foreign trade, banking reform, and restrictive fiscal policies (Dale, 2011: 9-10).

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<sup>1</sup> In order to capture neoliberalism's local articulations and hybridity without abandoning the concept, Simon Springer (2013: 151) argues for the need to focus on *processes* of 'neoliberalization' that never reach completion, rather than on fully realised *states* of 'neoliberalism'.

The strength of neoliberal ideas and practices in the region has been highlighted by many commentators – for example, Dale (2011: 6) points out that ‘[h]aving adopted an extreme form of statism during global capitalism’s étatist phase, much of CEE swung to the opposite extreme during the subsequent neoliberal phase’; and Ferge (1997: 32) even suggests that in the transition countries, there is ‘a higher degree of compliance with the new [neoliberal] ideology than in the developed democracies of Western Europe’. A more nuanced view is promoted by Bohle and Greskovits (2007), who emphasise the non-homogeneity of the socio-economic development of transition countries by identifying the emergence and consolidation of three distinct regimes: neoliberalism in the Baltic states, embedded neoliberalism in Visegrád countries (Poland, Czech Republic, Slovakia and Hungary), and neocorporatism in Slovenia. This diversity is explained by differences in domestic political choices, socialist legacies and international influences. In effect, the Baltic states have experienced the most radical forms of neoliberal marketisation, whereas in the Visegrád countries neoliberalism has been milder and commensurate with (albeit outstripping) the agenda of social protection, and Slovenia has maintained a balance between marketisation and social protection through effective negotiations between state, business and labour. A number of postsocialist countries, however, including Bulgaria, remain outside of Bohle and Greskovits’s analysis.

There are also scholars who oppose the assertions of ‘neoliberal hegemony’ in the countries of the former Eastern Bloc. Exemplary in this respect is the analysis of Ganev (2005), who accuses ‘anti-neoliberals’ in academia of disregarding the complexity of local realities through overgeneralisation, simplification and selective choice of data. Yet Ganev’s

account tends, on its behalf, to reduce the otherwise complex critique of postsocialist neoliberalism to one particular explanation for the advance of neoliberalism in the transition countries – to wit, ideologically motivated action of the political and economic elite resulting from international imposition of neoliberal ideas (Ganev, 2005: 348). Over the years, a number of other explanations have also been articulated, including the erosion of the values of solidarity and equality amongst the general population (as a result of the association of these values with the former repressive regime), economic poverty that has diminished the amount of resources available for public spending, cultural legitimization of capital accumulation by any means, marketisation of social policy stemming from the search for new markets, weakness of civil society in defending social rights, and so forth (for an overview, see Ferge, 1997: 32-4).

Furthermore, the ‘ideological imposition’ argument that is the main target of Ganev’s (2005) critique, has itself received support from a recent study of Bulgarian think-tanks and their role in imposing neoliberal ideas during postsocialist transition (Lavergne, 2010). Responding to questions raised by this study, the political scientist Ognyan Minchev, a prominent Bulgarian public intellectual and a leading figure in the network of think-tanks exposed by Lavergne (2010) as promoting neoliberalism in Bulgaria since the beginning of 1990s, made the following statement:

I would like to give an example of a failure of ours [referring to the Bulgarian think-tanks]. All of us supported ‘shock therapy’, and consequently – the neoliberal model of economic reform. I supported them as well, although I had been of a Keynesian persuasion long before 1989. In the global environment there were no

voices in support of a more moderate economic transition. In Bulgaria, there were no institutional guarantees for a moderate use of Keynesian incentives in the economy. (...) The unequivocal support for the neoliberal model, the argument that ‘the state is a bad landlord’ [in Bulgarian: *darzhavata – losh stopanin*] served to delegitimise the role of the institutions in the management and control of the public interest in the economy. The ideology of the ‘minimal state’ legitimised the strategy of the militia oligarchy to plunder the state under the slogans of ‘free market’. Although where there is oligarchy, there is no free market. This is just an example of our [i.e., of the think-tanks’] ... responsibility and guilt for the Bulgarian transition. (Minchev, 2011, n.p.)

This remarkable reflection throws light on the extent to which the intellectual climate of the transition period in Bulgaria was conducive of neoliberal ideas, while also undermining Ganev’s (2005: 345) critique of what he regards as the ‘anti-neoliberal orthodoxy’ in contemporary academia.

### **Neoliberalism and postsocialist disability policy**

Besides the economy, neoliberal ideas and reforms have also influenced postsocialist social policy. Ferge (1997) conceptualised this influence in terms of a paradigm shift in which the modern, post-WWII European welfare-state consensus has been displaced since the 1970s by a postmodern, neoliberal welfare paradigm. The latter has been characterised by measures such as minimisation of universal benefits and services, tightening of eligibility



criteria, expansion of means-testing, and promotion of private insurance – in sum, by curtailment of social rights (Ferge, 1997: 26-7). As early as in 1997 or less than a decade since the beginning of the transition, Ferge argued that these and similar measures, constituting the neoliberal or postmodern welfare paradigm, had already transformed social policy in transition countries.

The impact of the processes of neoliberalisation on postsocialist *disability* policy has so far remained largely unexplored, however (for an exception see Gould and Harris, 2012). What is more, some social scientists have expressed scepticism about the possibility to detect such an impact empirically and/or about the analytical value of the attempts to identify it in the first place. For example, Rasell (2014, n.p.) points out that his micro-level, bottom-up approach to research has made him ‘increasingly hesitant about the empirical validity and analytical usefulness of the term “neoliberal” in relation to the welfare state and broader study of contemporary Russia’. Taking into account Russia’s local specificities (including semi-authoritarian rule and significant budgetary resources), Rasell (2014: n.p.) states that:

disabled people in Russia are not confronted by an absence of support, but rather the continuation of paternalistic and exclusionary approaches: ‘too much’ state and the wrong type of intervention rather than an absence or curtailment of it.

The scepticism about the impact of neoliberalism on Russian disability policy might be well-founded given Russian socio-economic and political idiosyncrasies, but how much of Rasell’s argument applies to other postsocialist countries? I will argue that, in the case of

Bulgaria at least, the argument of ‘too much state’ in postsocialist disability policy is only partially applicable – it holds with regard to the *recognitive aspect* of disability-related support but does not hold with regard to its *redistributive aspect*. In terms of recognitive justice (Fraser, 2013), where disability support exists in Bulgaria, it is still paternalistic, heavily medicalised, based on productivist values, and reproducing segregation in residential institutions and at home (CIL, 2010; International Disability Network, 2007; Mladenov, 2011, 2013). The placement in medicalised residential institutions, funded and run by the central government, was the preferred method of ‘caring’ for disabled people during socialist times. Many such institutions have survived the demise of the old regime and continue to signify statism in disability policy, strongly associated with depriving disabled people of the possibility to exercise choice and have control over their lives. The argument of ‘too much state’, meaning excessively paternalistic, medicalised and segregational interventions that are expert-centred and imposed in a top-down manner by centrally organised structures of welfare support, is therefore applicable to this aspect of Bulgarian disability policy.

On the other hand, a look at redistribution suggests that the support received by disabled Bulgarians is largely insufficient. Benefit levels are extremely low, the enforcement of legislation is often slack or lacking altogether, the monitoring and control of policies are also very weak (CIL, 2010). Low levels of funding impair state support in the areas of assistive technology and housing adaptation as well, where reimbursement rates are too scarce for meaningful provision (CIL, 2010: 12-13). Therefore, the argument of ‘too much state’ does not apply to this aspect of the Bulgarian disability policy.

## **Neoliberalism and disability policy in Bulgaria**

Keeping benefit levels low and disregarding disability policy regulation and enforcement has been, directly or indirectly, supported by neoliberal values, visions, policies and practices in Bulgaria. Several points can be made to substantiate this claim. To begin with, in 2008, a flat tax rate of 10% was introduced for individual income and corporate profit, coupled with the scrapping of the tax break for people on lowest income. This quintessentially neoliberal measure has resulted in increasing the tax burden for the poorest people, while minimising the contribution of the rich (Naydenov, 2014). Ultimately, it has deprived the state of a major source of income, thus reducing the state's ability to bring about redistributive justice. Accordingly, the 'guaranteed minimum income', which is the measure on the basis of which important disability benefits are calculated, has been kept at a very low level throughout the transition period; and it has remained unchanged in 2009-2014, which has resulted in the decline of the real value of the respective benefits.

Neoliberalisation of Bulgarian disability policy has also been incorporated in processes of decentralisation, supported by the push towards decreasing central planning, provision and control. Decentralisation along these lines has contributed to underfunding, unsustainability and unequal geographical distribution of disability services in Bulgaria – examples include personal assistance (CIL, 2009a) and 'services in the community' (in Bulgarian: *uslugi v obshtnostta*) (CIL, 2010: 15-16). Another aspect of neoliberalisation that complements (on the ideological level) the mechanisms of austerity described so far

has been the stigmatisation of disability benefits.<sup>2</sup> Indeed, negative attitudes towards social assistance are not specific to neoliberal capitalism – they were characteristic of state-socialist societies as well (Phillips, 2005; Rasell, 2014). Yet the postsocialist transition has continued and even enhanced the stigmatisation of welfare by incorporating the notion of ‘welfare dependency’ in social policy thinking. In my own analyses from the 2000s – the period in which I did disability policy research in Bulgaria – I myself blamed welfare benefits for developing a ‘dependency culture’ (Mladenov, 2009: 4), without at that time being aware of the neoliberal and neo-conservative underpinnings of this idea (Roulstone and Prideaux, 2012: 81).

Last but not least, the principles and practices of welfare-to-work or ‘workfare’ have been introduced in the Bulgarian social policy by the government since the beginning of the 2000s. In workfare programmes, the receipt of benefits is made conditional on preparation for or participation in paid employment. Such programmes are characterised by a strong emphasis on personal responsibility and (economic) self-sufficiency, while many commentators see as their key motivation the reduction of welfare spending (Grover and Soldatic, 2013; Roulstone and Prideaux, 2012). In addition to being a driver of responsabilisation, individualisation and austerity, workfare is also a vehicle of neoliberalisation in the sense that it subordinates social policy (social rights) to the demands of capital accumulation (business interests) (Grover and Piggott, 2005: 709). Workfare increases the supply of labour which, in times when it shrinks, solves the problem

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<sup>2</sup> On the stigmatisation of disability benefits and its link to neoliberalism see Piggott and Grover (2009: 161-3), whose analysis focuses on UK disability policy.

of wage inflation in a business-friendly manner. With respect to disabled people, this amounts to moving some of them from the category of ‘disabled’ to that of ‘unemployed’, which ‘swells the ranks of the reserve army of labour by putting more people more closely into contact with labour markets’ (Grover and Soldatic, 2013: 226; the link between workfare, ‘reserve army of labour’ and disabled people is explained in-depth in Grover and Piggott, 2005). Thus workfare policies tend to force disabled people into low-wage, part-time work, which puts downward pressure on wages in a neoliberal labour market dominated by precarious employment opportunities (Grover and Soldatic, 2013: 228).

Disabled Bulgarians have been subjected to workfare policies both indirectly and directly. An example of indirect impact is the first nationwide government programme for personal assistance for disabled people that was launched in 2002 as part of a larger ‘Welfare to Work’ programme (CIL, 2009a: 5). In it, personal assistants were recruited either amongst family members, which enhanced disabled people’s reliance on informal support; or amongst long-term unemployed under the threat of benefit sanctions, thus confronting disabled people with demoralised assistants whose selection was beyond disabled people’s control. Disabled Bulgarians have also been direct targets of workfare policy. A recent example is a municipal scheme for personal assistance for independent living where workfare conditionality is embedded in the needs assessment procedure – as a result, disabled applicants are forced to engage in education and/or paid employment in order to gain access to personal assistance ([http://dsd.sofia.bg/index.php?option=com\\_content&task=view&id=76&Itemid=35](http://dsd.sofia.bg/index.php?option=com_content&task=view&id=76&Itemid=35)). As far as disability benefits are concerned, in 2013 the Bulgarian social minister announced a

‘large-scale reform’ (Ivanov, 2013) with the intention to tighten eligibility criteria on the basis of a closer assessment of the applicants’ fitness for work. Similar measures have been promoted by Bulgarian neoliberal think-tanks such as the Institute for Market Economics (Aleksiev, 2012). It is likely that a reform along these lines will increase the pressure on disabled people to re-enter the paid labour market, yet without addressing the structural barriers to employment faced by them (for a similar critique of neoliberal workfare in Slovakian disability policy see Gould and Harris, 2012).

In sum, it seems that Bulgarian disability policy of the postsocialist period has taken the worst from the two worlds – misrecognition in terms of paternalism, segregation, medicalisation and productivism, inherited from state-socialist welfare; and maldistribution in terms of austerity, stigmatisation of social assistance, geographical inequality, and workfare conditionality, characterising the neoliberal approach to welfare in the postsocialist period. Thus only one-half of Rasell’s (2014) argument of ‘too much state’ in disability policy is applicable to Bulgaria – the half that references patterns of misrecognition inherited from the state-socialist past.

### **Neoliberalism, welfare-state paternalism, and disabled people’s movement**

Yet misrecognition of disabled people along paternalistic, medicalised and expert-centred lines has not been specific to state-socialist welfare. Both the socialist *and* the capitalist welfare state significantly augmented the power of top-down expertise in the 20<sup>th</sup> c. As Rose (1996: 54) points out, ‘the very powers that the technologies of welfare accorded to

experts enabled them to establish enclosures within which their authority could not be challenged'. Indeed, in capitalist welfare states of the 20<sup>th</sup> century, medical professionals enjoyed virtual monopoly over defining disability and designing interventions to solve disabled people's problems (Oliver and Barnes, 2012: 66). Looking at post-WWII Britain, Roulstone and Prideaux (2012: 32) point out that:

The increase in state-sponsored welfare and the increased professionalisation of the services meant that the newly trained medical professionals and social workers, the so-called 'experts', were increasingly making decisions about what a disabled person's needs were and what support was best for them.

This situation paralleled the one within the Soviet system, where the state, through the mediation of the medical profession, 'defined what "social contributions" citizens with disabilities would be allowed to make, set the parameters of education and work possibilities for this population, and closely regulated the development of disability consciousness' (Phillips, 2009, n.p.).

The struggle against the confining, controlling and disciplining power of welfare experts has been waged by the disabled people's movement (DPM) since the 1970s. This struggle coincided with the neoliberal retrenchment of the welfare state that gained momentum towards the end of the 1970s in western capitalist countries and later expanded eastwards with the fall of state socialism. The efforts for emancipation from patronising relationships and top-down expertise have been in tune with the neoliberal project of undermining an allegedly omnipotent state through market mechanisms. Neoliberal marketisation

challenged traditional authority by promising a ‘devolution of regulatory powers from “above” – planning and compulsion – to “below” – the decisions of customers’ (Rose, 1996: 54). This libertarian pathos of marketisation resonated well with the emancipatory aspirations of the DPM.

A number of disability scholars have highlighted the link between the rhetoric, the logic, the principles and the aims of the DPM and the neoliberal emphasis on consumerism, privatisation, deregulation and decentralisation (Morris, 2011; Roulstone and Morgan, 2009; Roulstone and Prideaux, 2012). Looking at a similar convergence between second-wave feminism and neoliberalism, Nancy Fraser (2013: 218) poses the question about the exact nature of the link between the two thus: ‘Was it mere coincidence that second-wave feminism and neoliberalism prospered in tandem? Or was there some perverse, subterranean elective affinity between them?’ Fraser’s (2013: 224) answer is that the underlying affinity between feminism and neoliberalism was the *critique of traditional authority*. Her insight could be applied to the DPM as well, because the critique of traditional authority has been at the core of the DPM’s struggles. Indeed, these struggles have generally sought to promote social justice rather than marketisation, and citizenship rather than consumerism (Beresford, 2009). And yet, their undermining of paternalism in disability provision has chimed with the neoliberal assault on the welfare state. Two examples will clarify this point.

### **Neoliberalism, deinstitutionalisation and direct payments in the United Kingdom**



The first example concerns deinstitutionalisation, which has been a major aspiration of the DPM since the 1970s (UPIAS, 1974). The campaign for deinstitutionalisation converged with the neoliberal critique of centralised, one-size-fits-all, state administered social care and the concomitant promotion of flexible, localised (decentralised), market-based and individually tailored social policy solutions. Neoliberals and the DPM were in agreement on several important points (Roulstone and Prideaux, 2012: 46): that institutions had a disabling influence on the people accommodated in them; that institutions provided poor value for money; that individuals should have more opportunities for self-determination, choice and control; and that the state should interfere less with disabled people's lives. The convergence was not complete, however. For example, whereas neoliberals favoured informal care and promoted the role of the family in caring for disabled people, the DPM criticised these sources of support as enhancing dependence in ways essentially similar to institutional care; in addition, the voices of disabled people were absent from the implementation of community care legislation, which is rather ironic, considering its emphasis on consumer choice and sovereignty (Roulstone and Prideaux, 2012: 50).

In any case, neoliberalism seems to have had an important role in facilitating deinstitutionalisation in the UK, as promoted by the NHS and Community Care Act 1990. This legislation was based on the recommendations put forward in the Griffiths Report of 1988 (Griffiths, 1988), commissioned by Margaret Thatcher's government. Roulstone and Prideaux (2012: 14) point out that:

The changing political and policy environment toward neoliberal conservatism and the rejection of the 'nanny state' emphasised 'rolling back the frontiers of the state'

(Gamble, 1988, p 223). Together these two impetuses pushed forward community care reforms in a much more substantial way to that which followed the first wave reforms of the 1960s.

The NHS and Community Care Act 1990 promoted a mixed economy of social care based on the principle of decentralisation. It also sought to save money by eliminating the ‘perverse incentives’ for local authorities to institutionalise people as a consequence of local authorities acting as providers of institutionalised services. Instead, local social services departments were supposed to use government funding for contracting services out to private for-profit and non-profit (voluntary sector) providers – that is, to act as purchasers, rather than providers of services. This approach has been hindered by the ‘imperfect’ state of the domestic social care market due to factors such as restricted access to information and limited range of choices available to service users. It has also generated new problems such as unequal geographical distribution of services and gradual decrease of funding for community care, which have parallels in the neoliberalisation of Bulgarian disability policy, as the foregoing discussion suggests.

The second example for the convergence between neoliberal ideas and the aspirations of the DPM is the policy of ‘direct payments’, which has been the backbone of the Independent Living philosophy and practice (Mladenov, 2012). Direct payments could be regarded as a logical development of the deinstitutionalisation reform. In the UK, the disabled people’s campaign for direct payments contributed to the passing of the Community Care (Direct Payments) Act 1996. Similarly to the NHS and Community Care

Act 1990, the Community Care (Direct Payments) Act 1996 was supported by the Conservative government because it advanced its efforts to privatise public services. In this regard, Jenny Morris (2011: 3) points out that:

While disabled people's organisations did not support such policies [of privatisation of services], we did – when making the case for direct payments – use language which fitted well with the individualist political framework which was becoming more and more dominant. Thus we emphasised disabled people's rights to autonomy and self-determination, which resonated with the Conservative Government's agenda; and drew attention to the way a lack of choice and control could undermine human rights, which then fitted well with New Labour's agenda.

Does this mean that the DPM facilitated the ascendance of neoliberalism and the concomitant retrenchment of the welfare state? It seems that Morris (2011: 3, emphasis added) admits such a possibility: 'My concern is that – in engaging with the dominant policy agendas – we have lost touch with more fundamental issues concerning the welfare state, and that *we have, unintentionally, contributed towards a steady undermining of collective responsibility and redistribution*'. More precisely, whereas direct payments and individual/personal budgets have underpinned the emancipation of a number of disabled people from traditional patronising welfare relationships and have enhanced their quality of life, these mechanisms have also been incorporated (to an extent unanticipated by direct payments advocates) in a trend towards undermining of public services, marketisation of service provision and general rolling back of the state (Morris, 2011: 10-12).

Furthermore, austerity measures have tended to reduce self-direction of disabled people to self-reliance on the open labour and consumer markets, while simultaneously minimising the support for overcoming the barriers that have prevented disabled people from accessing these systems of exchange in the first place. It is in this sense that Roulstone and Prideaux (2012: 110) highlight the ‘risk of an increasingly Orwellian one-dimensional language of self-direction over time to increasingly equate to self-management and reliance in the face of severe funding shortages and critical discourses on the cost of disabled people’s services’. Indeed, the policies and practices of ‘self-direction’ have varied significantly between the home countries of the UK, as well as at the local authority level. Still, the foregoing analysis of deinstitutionalisation and direct payments suggests that, when mediated by neoliberal assemblages that emphasise consumer sovereignty over welfare-state intervention, the demands of the DPM tend to lose their emancipatory substance, retaining only their market-friendly elements. The question of whether and how much emancipation the market can bring about will be tackled in the concluding section of the paper.

### **Neoliberalism and the Bulgarian disabled people’s movement**

How much of this argument about the convergence between neoliberalism and the DPM is applicable to the postsocialist context? As stated above, neoliberalism – or rather, processes of neoliberalisation – have already left a discernible mark on disability policy in the transition countries. Given the current trends, it also makes sense to expect that further transformations along these lines are yet to come, involving tightening of eligibility criteria

and more workfare conditionality. The case of the Bulgarian disability policy outlined in this paper, together with the case of Slovakia explored by Gould and Harris (2012), lend some support to such reflections. They can also be backed up by more general analyses of the transformations of social policy in the countries of the former Eastern Bloc, following the lead provided by Ferge (1997) at an early stage of the East European transition.

Although the specificity of the postsocialist situation has not conditioned a specific approach to disability policy on behalf of local disability activists that is substantially different from the approach of their UK counterparts discussed above, it has nevertheless sharpened some of its edges. Scholars who circumscribe a distinctive postsocialist welfare regime (e.g., Aidukaite, 2009) enlist amongst its idiosyncratic features the strong association of social policy with the repressive and generally condemned past of state socialism, as well as the widespread lack of trust in state institutions. In the domain of disability policy, these characteristics are complemented and reinforced by the state-socialist legacy of stigmatisation, segregation, impoverishment and institutionalisation of disabled people (Phillips, 2009). These factors have made some of the most progressive members of the DPM – i.e., those most critical of welfare-state paternalism and the power of experts over disabled people’s lives – inclined to openly embrace the rhetoric, values and visions of marketisation in their critique of disabled people’s state-supported misrecognition.

The Bulgarian disabled people’s organisation Center for Independent Living – Sofia ([www.cil.bg](http://www.cil.bg)) could provide an illustrative example. The Center has advocated for

deinstitutionalisation and direct payments for personal assistance for more than a decade. Its advocacy has been strong, courageous, vocal, consistent and extremely critical towards the obsolete and paternalistic state-sponsored provision in Bulgaria. In 2007, the Center's efforts resulted in the adoption of a municipal ordinance for the provision of personal assistance for disabled people, based on the Independent Living philosophy and practice (CIL, 2009b).

The Center has argued for the creation of markets for disability services by providing disabled people with purchasing power through mechanisms such as direct payments and personal/individual budgets (CIL, 2009b: 29; for a more recent example see CIL, 2013: 16). It is envisioned that this would eventually transform disabled people from 'patients' and passive objects of care interventions into 'clients' empowered to actively choose amongst a variety of service options available on the market. The competition between service providers is regarded as the best way towards providing service users with real choice and enhancing the quality and range of services outside of residential institutions. Horizontal, contractual relationships between personal assistants and disabled clients are promoted as alternatives to hierarchical, patronising relationships between 'carers' and those 'cared for'. 'Care' is associated with one-way, top-down communication, passivity of the 'cared for' and satisfaction of basic needs. It is opposed to 'service' that are defined as a 'contract between a client and a service provider, in which the client has the leading role with regard to the type, way of provision, quality, terms, volume and price' (CIL, 2013: 10).

Such a vision is strongly informed by a specific model for the provision of personal assistance described by Ratzka (2004; for a discussion see Mladenov, 2012). This model is underpinned by the Independent Living philosophy (Morris, 2004), but also betrays a market optimism that could hardly be supported by looking at ‘actually marketised’ disability policy solutions. Yet my real concern is that, although neoliberal ideas have been useful for challenging top-down paternalism in disability-related social provision in Bulgaria, there is a danger that this strategy will eventually turn against disability rights and emancipation. Neoliberalisation has diminished vital social support for disabled people by subordinating their needs to productivist concerns about labour flexibility (Grover and Soldatic, 2013: 228). As the examples from the UK suggest, the creeping marketisation and austerity measures of the neoliberal approach to disability policy increasingly reduce self-direction to self-reliance on the open market (Morris, 2011; Roulstone and Prideaux, 2012).

## **Conclusion**

Following Fraser (2013: 219-20), one could argue that over the last three decades, the demands of the DPM in the capitalist ‘West’ have been ‘resignified’ and, similarly to the demands of the second-wave feminism, have been appropriated to serve the interests of capital in its historically renewed, neoliberal form. In the postsocialist ‘East’, however, the link between neoliberalism and the DPM, especially as far as some of the most progressive and radical members of the DPM are concerned, has been stronger, wormaner and more direct. There are historical reasons for this that are rooted in the state-socialist legacy of

paternalist misrecognition of disabled people, as well as the high degree of penetration of the neoliberal doctrine in the economies and social policies of the transition countries. It seems that this penetration has also reached and colonised the common sense (Hall and O'Shea, 2013) of postsocialist policy makers, disability advocates and ordinary citizens alike. As a result, the critique of traditional authority along the lines of self-direction imperceptibly and effortlessly transmogrifies into suggestions for more marketisation.

Yet is it not the case that marketisation makes public services user-centred (rather than provider-centred) and enhances user empowerment? At least two objections could be raised. First, the drive towards calculability, efficiency and profit brought about by marketisation tends to 'empty' public services of their humanistic substance. As an example, marketisation in higher education has been said to result in the 'hollowing out' of the university, where substance is transformed into surface (image, hype, reputation, ranking), while the values of knowledge are subordinated to the imperatives of profit (Cribb and Gewirtz, 2013). When everything becomes calculable, what cannot be calculated or is difficult to calculate gets 'crowded out' (Sandel, 2012). Similar concerns have been raised with regard to marketisation in healthcare, where the process has been exposed to result in erosion of intimacy and trust in the relationship between doctors and patients (Owens, 2012).

Second, through its promotion of competition and self-interest, marketisation displaces solidarity. Yet solidarity provides the social, structural (economic) and moral (value) basis of public provision, even in its most individualised and consumer-oriented forms. For



example, the already discussed mechanism of direct payments for personal assistance for disabled people has an irreducible collective dimension consisting in peer support, policy work, advocacy and watchdog activities (Mladenov, 2012). When the collective dimension of personal assistance declines, the empowering and liberating potential of the mechanism also deteriorates. And although a more ‘mature’ marketplace might still prove emancipatory, the radical marketisation promoted by neoliberalism is hardly commensurate with a strong redistributive policy – an essential condition for disabled people’s emancipation.

The DPM is therefore faced with an additional task that comes on the top of demanding self-determination – this is the task of reclaiming the meaning of ‘self-determination’ and its cognates such as ‘self-direction’, ‘autonomy’, ‘independence’, ‘choice and control’ from the neoliberal mainstream that has gradually established a virtual monopoly over the concept’s understanding and practical application in social policy. This reclaiming of meaning involves deconstructing dichotomies such as paternalism vs. self-direction, dependence vs. independence, or individualism vs. collectivism – for example, by showing that direct payments schemes for personal assistance based on the Independent Living principles devise a whole ‘system of measures which effectively contextualize and distribute the sovereignty and autonomy of individual action and decision-making’ (Mladenov, 2012: 257). Recent interventions of disability scholars such as Morris (2011) and Roulstone and Morgan (2009) can be regarded as responses to this current task of discursive reclaiming, which includes a critical self-reflection concerned with the DPM’s own links

with the neoliberal doctrine and practice. Fraser (2013) and other feminist scholars have already initiated such a process of self-reflection on behalf of the feminist movement.

Yet another difficult and contradictory task of the DPM in the neoliberal present is to defend rather than attack the welfare state, while also remaining critical to practices of misrecognition embedded in state-organised, expert-centred welfare provision. In the words of Jenny Morris (2011:16):

In order to have any chance of success in our campaigns for policies to tackle disabling barriers and enable equal access, we must start from an explicit and vigorous promotion of the welfare state and of the concept of social security in its broadest sense. We need to do this because people of all ages who experience impairment and/or illness are at a disadvantage in a society and an economy where the market is the sole arbiter of opportunities and life chances.

The effective continuation of the struggle for social justice in the context of an increasing neoliberalisation of social policy and everyday life requires that the members of the DPM in the postsocialist countries engage with these two contradictory but historically pressing tasks – reclaiming the meaning of self-direction while simultaneously deconstructing the binaries that prioritise market-based individualism and undermine the structural and collective determinations of agency; and defending the welfare state while simultaneously continuing to criticise its expert-centred misrecognition of disabled people.

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