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## **Gender, sexuality, and disability in postsocialist Central-Eastern Europe**

Teodor Mladenov

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### **Abstract**

This chapter discusses the combined impact of state socialist legacies and postsocialist neoliberal transformations on the intersections of gender, sexuality, and disability in present day Central-Eastern Europe (CEE). Using a critical and intersectional perspective, it is argued that elements of the state socialist heritage have interacted with features of postsocialist neoliberalization to enhance the oppression of women, homosexual, and disabled people in CEE. Emphasizing continuity rather than historical rupture, the main part of the analysis looks at the ways in which state socialist productivism, biological reductionism, and institutional confinement have been modified (rather than negated) by welfare state retrenchment, re-traditionalization of society, and creeping marketization in the aftermath of 1989. The chapter also examines how individuals and communities have actively responded to and resisted resultant oppressions.

## **Gender, sexuality, and disability in postsocialist Central-Eastern Europe**

Contemporary intersections between androcentrism, heterosexism, and ableism in the postsocialist countries of Central-Eastern Europe (CEE) are historically conditioned by the region's state socialist past, as well as by more recent neoliberal transformations since the disintegration of state socialism at the end of the 1980s. The combined impact of these historical forces on gender, sexuality, and disability in present day CEE calls for a critical and intersectional analysis. This approach to studying the postsocialist region prioritizes continuity and intersectionality over narratives of historical rupture and preoccupations with single, discrete identities. More specifically, I argue that state socialist productivism, biological reductionism and institutional confinement interacted with welfare state retrenchment, re-traditionalization of society, and creeping marketization to enhance the oppression of women, homosexual, and disabled people in mutually reinforcing ways. Simultaneously, oppression was countered with active responses in the private and public realms.

Similar to hegemonic constructions of gender and sexuality that oppress women and homosexual people by establishing systems of androcentrism and heterosexism, hegemonic constructions of disability oppress people with impairments by entrenching ableism (Campbell 2009, 5). Echoing feminists' distinction between sex and gender, disability scholars and activists have distinguished between individual/biological impairment and social/political disability, conceptualizing the latter as restrictions imposed upon people with impairments by the way society is organized (Oliver 1996). Ableism means presuming or imposing a corporeal standard that prioritizes certain individual features as inherently positive or fully human and, accordingly, negates other characteristics—to wit, those conventionally

denoted as impairments—as inherently negative and unwanted (Campbell 2009, 5).

Moreover, as compulsory able-bodiedness (McRuer 2002, 89), ableism has an oppressive impact on everyone and not only on people with recognized impairments.

Androcentrism, heterosexism, and ableism intersect in various ways. Before introducing the historical specificity of these intersections in the postsocialist CEE, I will first present their general features. Androcentrism and heterosexism are as much underpinned and organized by ableism as the latter is structured along the lines of the former: “The most successful heterosexual subject is the one whose sexuality is not compromised by disability (metaphorized as queerness); the most successful able-bodied subject is the one whose ability is not compromised by queerness (metaphorized as disability)” (McRuer 2002, 94). Such intersections, complemented by classism, racism, and other -isms, have shaped actual oppression under conditions of modernity, capitalist and (post)socialist alike. Pervasive othering (Shakespeare 1994, 290-293) has imposed cultural restrictions and material barriers upon disabled people’s sexual agency, while disabled people’s gender identities have been undermined by ableist normativity. Coupled with heightened eugenic sentiments, in many parts of the world such restrictions, barriers, and normativities have found legislative and institutional expression via explicit limitations imposed—sometimes violently—upon disabled people’s sexual and reproductive rights (Human Rights Watch 2011).

Disability studies scholars (e.g., Begum 1992; Morris 1993; Shakespeare et al. 1996) have argued that disabled people are systematically desexualized, which includes but goes beyond manifestly violent practices such as forced sterilizations and involuntary abortions.

Considering that (hetero)sexual agency is routinely asserted as “the essential element of full adult personhood” (Shakespeare et al. 1996, 10), desexualization severely undermines the

social standing of disabled people. Less frequently, disabled people are perceived as hyper-sexual rather than asexual, but this only confirms their othering and similarly excludes them from prevailing heteronormativity (Loeser et al. 2017, 1). As far as gender is concerned, some scholars have argued that the intersection between ableism and androcentrism is more harmful to disabled women than disabled men, subjecting the former to dual oppression (Begum 1992, 70). However, the notion of cumulative disadvantage has been subjected to debate because of its potential to deny the agency of disabled women and to misrepresent disabled men as privileged when they may actually be similarly oppressed by hegemonic masculinity (Morris 1993, 89-90; see also Benjamin, 2001).

### **State socialism and its legacy**

Throughout the state socialist period, policy makers approached issues of gender, sexuality, and disability by following productivist strategies, values, and visions that valorized productive labor as the ultimate source of individual and collective wellbeing (Hartblay 2014; Mladenov 2018). On the one hand, the productivist thrust of the state socialist project propelled the merger of the woman and the man “into a universal labor entity which [was] gradually deprived of its distinctive gender characteristics” (Popova 2011, 307). On the other hand, motherhood was idealized, institutionally prioritized and presented as indispensable for (early) childhood development (Shmidt 2014, 26), particularly during late socialism. In this context, both disabled men and women appeared as incomplete or defective workers and were officially certified as such by heavily medicalized disability assessment systems underpinned by biologically reductionist approaches. For example, Soviet defectology—an approach to studying and educating disabled children and adults that emerged in the USSR in the 1920s (Grigorenko 1998, 194)—attributed the social disadvantages faced by disabled people to their individual bodily or mental “defects” and became extremely influential in disability policy

making in the Soviet Union, as well as in many state socialist countries in CEE (Phillips 2009, n.p.; Rasell and Iarskaia-Smirnova 2014, 3).

The heavy medicalization and stigmatization of disability was subsumed from an early stage in the development of the new regime to the productivist aim of creating a totally administered society of workers. The imperative of enhanced industrialization (Dale 2011, 2) was complemented in state socialist countries by the strategy of ensuring full employment. These priorities oriented disability policy toward (re)insertion of disabled people into paid work. For example, Petar Antov, deputy director of the Bulgarian State Social Security Institute during the first years of socialist transition in Bulgaria, stressed the importance of the work placement of “invalids” “because it is about satisfaction of the need for labor of the Soviet person and together with this about preserving the workforce for industry and agriculture” (1950, 14).

Those who were unfit for work placement were either confined to their homes or segregated in residential institutions, with the latter option being preferred by social policy makers and experts on productivist grounds: “Should an able-bodied member stay back at home to look after a sick person, the family budget would be strongly affected and society would lose a work force unit that could be put to more appropriate use” (Golemanov and Popov 1976, 32). Confinement was made possible through medicalization of disability and the creation of an extensive infrastructure of segregated facilities for social care, coupled with architectural inaccessibility and sheer lack of community services (Phillips 2009). In its domestic form, confinement infantilized disabled people, while in its institutional form, it imposed depersonalization, bloc treatment, rigid routines, deprivation of privacy and denial of self-determination, following the general pattern of Goffman’s “total institutions” (Tobis 2000,

11)—i.e., establishments imposing ubiquitous control over every aspect of the lives of their residents. Under such conditions, disabled people’s sexual agency was heavily repressed, while the possibility of being subjected to sexual abuse and other forms of violence was omnipresent. Moreover, the juxtaposition of disability and sex “was a taboo in public discourse, since it was perceived [by policy makers] as a particular menace to the ‘purity’ of Soviet society” (Sumskiene and Orlova 2015, 372).

Disabled men experienced the full force of state socialist medical-productivist invalidation because although partly de-gendered, the shibboleth of the “universal labor entity” nevertheless retained certain key features of traditional masculinity such as physical prowess. For example, Rasell and Iarskaia-Smirnova (2014, 5) point out that “[w]hether heroic labourers, medal-winning sportspeople or victorious soldiers, there was an official championing and near fetishisation of bodily strength, functioning and ability” in state socialist societies. Similarly, disabled women were systematically excluded from the socially valued statuses because pervasive cultural and material barriers made it virtually impossible to meet the demands of heroic laboring in addition to expectations of heroic motherhood. This is not to say that under state socialism, the agency or resistance of disabled people were impossible, but that they certainly were heavily constrained, as testified by reports highlighting the ways in which authorities used to suppress self-expression and collective mobilization in the Soviet residential institutions for social care (Phillips 2009).

### **Postsocialist neoliberalization**

Post 1989 reforms in CEE were of neoliberal flavor and produced significant social costs, such as unemployment, dislocation, poverty, and rising inequality (Ferge 2010; Grigorova 2016; World Bank 2003). For many women, neoliberal transformations in CEE meant

relegation to low paid, precarious jobs or complete withdrawal from the labor market, together with declining childcare and healthcare provision, spread of gender-based violence, and increase in trafficking of vulnerable women (Ferge 1997; Tobis 2000; Zaviršek 2006). These processes contributed to disempowerment and gradual re-traditionalization of postsocialist societies that effectively effaced (meager) state-socialist advancements in women's emancipation and gender equality (Ferge 1997, 166-172). Poverty has been feminized, with single mothers and solitary old women disproportionately represented among poor people (Jäppinen et al. 2011, 2). A traditional, passive version of femininity has been promoted by the mainstream media, conservative politicians and religious institutions (Ferge 1997, 164-166), its counterpart being the aggressive, rude, and possessive masculinity of the postsocialist mobster (Mladenov 2014, 157).

This passivity attributed to the feminine role, that has been rehashed by postsocialist neoliberalization, partially overlaps with, but remains distinct from the passivity traditionally assigned to disabled people (Morris 1993, 88), which state socialism not only had failed to challenge but had effectively reified through medical-productivist invalidation. Sexual objectification of women (for example, in pornography) has its counterpart in asexual objectification of disabled people, as in charity advertising (Shakespeare 1994, 288). I have explored mechanisms of postsocialist objectification in a study of a Bulgarian online discussion on sexuality and disability (Mladenov, 2014), while Kolářová has developed an analysis of cultural representations of disability in postsocialist Czechoslovakia in which she has gone as far as to argue that under conditions of postsocialist neoliberalization, “any form of social belonging for crips [sic] other than under the rubrics of paternalizingly charitable humanism was (and remains) virtually impossible” (2014, 269). However, asexual objectification does not protect disabled women from sexual violence – it just means that their



experiences and stories of abuse are routinely disregarded (Zaviršek 2006, 194-195). Another consideration is that traditional motherhood and homemaking imposes able-normative requirements upon women's bodies, aptitudes and minds, which makes it difficult for disabled women "to gain access to institutions such as the family" (Begum 1992, 75). For example, in her analysis of family experiences of Russian women with motor impairment, Iarskaia-Smirnova (2011, 109) has argued that kinship structures, medical professionals and lack of institutional support deprive disabled women of their "right and desire to have a child."

In the postsocialist region, neoliberal neopatriarchy (Campbell 2014) reasserted state socialist constructions of idealized motherhood, while welfare state retrenchment additionally prevented disabled women from becoming mothers and homemakers due to insufficient and/or inadequate public community-based support (Iarskaia-Smirnova 2011, 121). The sexual and reproductive agency of those confined to residential settings for social care have been actively restricted. With many families reduced to poverty, and public provision being cut, the number of children and adults in residential institutions in CEE increased significantly in the 1990s (Tobis 2000, 23), while the living conditions in these settings "drastically deteriorated" (World Bank 2003, 24). In a more recent analysis that draws on reports from monitoring visits of disability and human rights organizations in residential institutions in Latvia, Lithuania, Georgia, and Croatia between 2005 – 2011, Sumskiene and Orlova (2015) highlight the systemic violation of disabled women's sexual and reproductive rights in these settings, including forced sterilizations and involuntary abortions administered on pregnant women with intellectual impairments.

The demise of stable jobs, deindustrialization, and unemployment have had a negative impact on postsocialist men as well. Culturally, neoliberal marketization revived traditional

masculinity by emphasizing entrepreneurship, competition, self-interest, and self-sufficiency (Cornwall 2016). It should be noted here that critical disability scholars have regarded neoliberalism as inherently ableist (Goodley et al. 2014, 981), whereas feminists have considered neoliberalism as converging with “a neopatriarchal gender order” (Campbell 2014, n.p.). In this context, postsocialist men found themselves confronted with a reasserted expectation of male breadwinning that was hard to fulfil through poorly paid, precarious service-sector jobs. This contradiction has been experienced as personal failure, which has pushed many postsocialist men toward self-destructive behavior such as alcoholism and suicide (World Bank 2003, 62-63). As Morris (1993, 89) points out, “the consequences of the failure to measure up to what is socially defined as being a man can be devastating.” Such crises of masculinity have been vividly described in gender-sensitive studies of postsocialist transformations (e.g., Burawoy et al. 2000: 61). For disabled men, neoliberal masculinity has been doubly devastating—first, because passivity traditionally associated with disability has been incongruent with hyper-ability presupposed by “neoliberal-ableism” (Goodley et al. 2014, 981), and second, because support for independent living (in the form, for example, of personal assistance services) has been largely inadequate or absent. Moreover, the very concept of independent living has been lost in its neoliberal translations that have misrepresented it as self-sufficiency—*independent living presupposes relations of interdependence that are negated when the concept is misconstrued as self-sufficiency* (Mladenov 2016, 1232-1235).

A related occurrence with a strong impact on gender and disability in postsocialist CEE has been transnational migration (León-Ledesma and Piracha 2004). Emigration has depleted domestic capacities to provide care, which has reduced the opportunities of disabled people to receive assistance with daily tasks—with heavily feminized healthcare and social care

workforce draining out of CEE, the availability of both formal and informal support for those who relied on it domestically has decreased (Jäppinen et al. 2011). A similar assessment of the intersectional problems caused by care migration in CEE—particularly acute for countries such as Ukraine and Moldova that have tended to ‘send’ but not ‘receive’ carers during the postsocialist period—has been provided by Sowa-Kofta (2017, n.p.).

### **Postsocialist agencies**

It may seem that the suffering, injustices, and oppressions endured by disabled women and men along the intersecting lines of androcentrism, heterosexism, and ableism over the decades of postsocialist neoliberalization in CEE have left little scope for agency. However, Central-Eastern Europeans have found creative and even heroic responses to postsocialist transformations. A widespread manifestation of postsocialist agencies in the private realm has included “domestic” coping strategies (Smith and Rochovská 2007, 1174-1175). For women, “domesticating” postsocialist deprivations has meant continuing engagement in traditional homemaking activities such as household food production; for disabled people, such strategies have included recourse to informal support, as well as home-made adaptations where “family members invent new devices and contraptions, making them from any materials available” (Iarskaia-Smirnova 2011, 114).

In public, suffering and injustices have partially been offset through the rise of the postsocialist civil society. Following the neoliberal pattern of “privatization by NGO [non-governmental organizations]” (Harvey 2005, 177), as well as objective necessity, many women’s and disabled people’s organizations prioritized the provision of services and in-kind support to their members (Fröhlich 2012; Holland 2008; Ivancheva 2015). However, this model of service-oriented civil society, encouraged by neoliberal reformers in order to

decentralize provision and reduce reliance on the state, has been unsustainable—NGOs have been strongly reliant on external funding and occasional declines in such sources of support have threatened their very existence. Moreover, service-oriented civil society has depoliticized the grassroots – for example, at the beginning of 2010s, Coelho (2012, 22) has characterized the NGO sector in Kosovo as “donor dependent” and “largely apolitical and disconnected from society at large.” Such depoliticization has affected both women’s and disabled people’s civil society initiatives (Ivancheva 2015; Korolczuk 2016; Mladenov 2018).

Postsocialist transformations have also witnessed the emergence of a small number of nonconformist, advocacy oriented women’s and disability groups and organizations, which have been most vocal and visible. In the case of women, such initiatives have included campaigns for adequate childcare policies, critiques of neoliberal austerity, and struggles against domestic violence (Ivancheva 2015; Korolczuk 2016); in the case of disabled people, grassroots mobilizations have targeted medicalization, segregation, confinement and stigma, helping to initiate deinstitutionalization reforms (Phillips 2012, 35). Examples include campaigns for community-based alternatives to institutionalization in Bulgaria (Mladenov 2018, 109), Croatia (Phillips 2012, 33), and Hungary (MEOSZ 2019, n.p.).

Deinstitutionalization reforms have been actively promoted within the EU by the European Commission since the early 2000s (Mansell et al., 2007: 3), but evidence shows that, while legally committing to deinstitutionalization, a number of CEE countries including Bulgaria, Czech Republic, Hungary, Latvia, Lithuania, Romania, and Slovakia, have actually used EU Structural Funds to maintain and renovate institutional settings (Parker and Bulic 2016, 32-33). For their part, activists have remained largely marginalized in official policymaking bodies and, since the exit of external donors from the region post EU accession, have endured chronic underfunding (Fröhlich 2012; Holland 2008; Ivancheva 2015; Mladenov 2018). But

fragile as they have been, such bottom-up, oppositional initiatives provide the best hope for the future of women's and disabled people's emancipation and justice in the region.

In conclusion, it should be emphasized that ableism, androcentrism and heterosexism are not only mutually reinforcing but also mutually constitutive axes of oppression. Therefore, it is as important to include ableism in considerations of androcentrism and heterosexism as it is to take androcentrism and heterosexism into account when studying ableism. Moreover, including ableism in intersectional analyses of the postsocialist region of CEE sheds a new light on the historical continuity between state socialism and postsocialist neoliberalization by illuminating the ways in which state socialist productivism, biological reductionism, and institutional confinement have interacted with welfare state retrenchment, re-traditionalization of society, and creeping marketization that followed 1989.

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