UNDERSTANDING DISABLEMENT IN POSTSOCIALIST CENTRAL AND EASTERN EUROPE
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Introduction: In this presentation, I will discuss some ideas that have been taking shape in my work on disablement in the postsocialist region for the last eight years, since 2014. This work has resulted in a series of publications, including several articles, chapters, and a book published by Routledge. It has also informed my more recent editorial contribution to a special issue of the journal Problems of Post-Communism, co-edited with Monika Baar and Mike Titterton.

The ideas that I have in mind have revolved around a framework for a critical and historically informed analysis of disablement in the postsocialist region. I have called this framework a ‘postsocialist disability matrix’. It has been informed by disability studies, Nancy Fraser’s theory of social justice, and critical studies of postsocialism. I will first say a few words about each of these background influences. I will then present my framework and discuss the resulting analysis of disablement under postsocialism.

Disability studies: Disability studies conceptualises disability from a social-constructionist perspective, as something imposed on people by society. This approach to disability has most famously been associated with the British social model of disability, although other ideas have also been influential, including poststructuralist concepts of the kind espoused by ‘critical disability studies’.

Specifically, the social-constructionist perspective illuminates injustices of disablement experienced by people with impairments due to certain social structures, processes, and discourses. These injustices can be economic, cultural, and political in character.

Fraser’s theory of social justice: The distinction between economic redistribution, cultural recognition, and political representation has been developed by the critical theorist Nancy Fraser in her theory of social justice. Very briefly, for Fraser (1996, 2005), social justice

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1 These publications are:

2 Critical disability studies ‘acknowledges the potency of foundational materialist analyses that became known as the social model of disability’ (Goodley et al, 2019: 976) but also goes beyond Marxist analyses of disablement to incorporate ‘postconventionalist, poststructuralist, postcolonial, feminist, queer and crip theories’ (Goodley et al, 2019: 974).
means ‘parity of participation’, and parity of participation requires economic redistribution (reallocations of economic outputs, but also workers’ control), cultural recognition (valorising difference or emphasising commonality, but also deconstructing difference), and political representation (participation in ordinary-political, but also in meta-political decision-making). Fraser (2005) added the dimension of political representation later, to account for the impact of globalisation on social justice.

**The postsocialist context:** The specificity of disablement in the postsocialist region of Central and Eastern Europe (CEE) consists in its rootedness in the *intersection* between the state socialist order and the postsocialist neoliberal order in the economic, cultural, and political spheres. Simply put, we in present-day CEE have had the worst of both worlds – the world of socialism, and the world of capitalism. Our socialism was much more undemocratic than Western European social democracy, and our capitalism was much more neoliberal than Western European capitalism (even in its Thatcherist English version). In addition, our neoliberal capitalism articulated with our state socialist legacies, producing intersecting harms. These harms may not be unique when taken in isolation, but when taken together, they outline the unique physiognomy of the postsocialist situation in CEE.

**Postsocialist disability matrix:** To understand disablement in the postsocialist region of CEE, I have developed a ‘postsocialist disability matrix’ that combines (1) disability studies’ social-constructionist conceptualisation of disability with (2) Fraser’s three-dimensional theory of justice, and (3) critical studies of postsocialism. This ‘matrix’ illuminates the intersecting impact on disabled people in CEE of state socialist legacies and postsocialist neoliberalisation in each of Fraser’s three dimensions of social justice.

In brief, the disability policy legacy of state socialism has included segregated service provision, a medical-productivist framing of disability, and weakened disability organising (among other issues). On their behalf, postsocialist reforms have resulted in retrenchment of public support, overvaluation of self-sufficiency, and depoliticisation of disability organising (again, among other issues). These issues constitute intersecting instances of disablement in all three dimensions of social justice identified by Fraser – the economic, the cultural, and the political.

**Postsocialist disability matrix (based on Mladenov [2018: 100])**

<table>
<thead>
<tr>
<th></th>
<th>State socialist legacy</th>
<th>Postsocialist neoliberalisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Economic redistribution</td>
<td>segregated service provision (e.g., residential institutions for social care)</td>
<td>retrenchment of public support (e.g., direct and indirect cuts)</td>
</tr>
<tr>
<td>Cultural recognition</td>
<td>medical-productivist framing of disability (e.g., medical-productivist systems for disability assessment)</td>
<td>overvaluation of self-sufficiency (e.g., the discourse of ‘welfare dependency’)</td>
</tr>
<tr>
<td>Political representation</td>
<td>weakened disability organising (as an instance of the more general suppression of the political public sphere)</td>
<td>depoliticisation of disability organising (e.g., nudging towards service provision; tokenistic participation)</td>
</tr>
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**Issues in the dimension of redistribution:** Let me first consider state socialist segregated provision and postsocialist welfare state retrenchment as intersecting (i.e., mutually
reinforcing) instances of postsocialist disablement in the dimension of economic redistribution.

State socialist countries invested significant public funds into residential institutions for social care, which mushroomed through the CEE region during the state socialist period. After the fall of state socialism in 1989, the rise of poverty and the welfare state retrenchment that started in the 1990s increased the number of children and adults in these settings, while the living conditions there ‘drastically deteriorated’ (World Bank, 2003: 24). Welfare state retrenchment also meant inadequate investment in community-based services precisely at a time when the demand for such services was increasing.

Against this background, the so-called deinstitutionalisation reforms, supported by the EU through its Structural Funds since the beginning of the 2000s, have largely amounted to renovating existing institutions or to building new, smaller institutions such as ‘small group homes’. In brief, postsocialist deinstitutionalisation amounted to re-institutionalisation. The entrenched practices of channelling public funds towards segregated provision, inherited from state socialist disability policy, have persisted during the postsocialist period and have been compounded by newer processes of neoliberal welfare-state retrenchment, where benefit cuts and failure to provide community-based support have increased the demand for institutional care, as well as informal support.

Of note here is also that the increased demand for informal support has been part of the postsocialist retraditionalisation of society, in which the family, and within the family – the mothers and grandmothers – have assumed increasing responsibility for the care of children, disabled people, and elderly people. Such processes of retraditionalisation under neoliberalism have been studies in the feminist literature as instances of ‘neoliberal neopatriarchy’.

**Issues in the dimension of recognition:** In the dimension of cultural recognition, the intersecting instances of postsocialist disablement I have considered are state socialist medical-productivist conception of disability, and postsocialist overvaluation of self-sufficiency.

Following the Soviet blueprint, state socialist countries in CEE adopted centralised systems for disability assessment, based on a ‘medical-productivist’ approach in which a medical diagnosis was associated with a degree of decreased ability to work. This approach reduced disabled people to ‘deficient bodies and inefficient resources’ (Mladenov, 2011) and enhanced the misrecognition of disabled people in all areas of life, from the family to the school and the factory.

Long after the fall of the state socialist regime, in many (perhaps most) postsocialist countries of CEE, the management and understanding of disability has continued to be dominated by medical professionals and medical-productivist categories. This framing of disability has been compounded by the neoliberal overvaluation of self-sufficiency and the attendant

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3 Tobis (2000: 11) estimated that at the beginning of the postsocialist period, there were 790,000 children with and without impairments living in residential institutions in CEE and FSU, as well as 364,500 older disabled people in care homes in FSU alone (Tobis, 2000: 11).

4 Towards the middle of the 2000s, there were still 1.2 million disabled people living in residential institutions in 25 European countries (Mansell et al., 2007: 25). In this sample, ten of the fifteen top-ranked countries according to the rate of institutionalisation in large institutions (with over 30 places) were former socialist states.
stigmatisation of public assistance, underpinned by the discourse of ‘welfare dependency’.\(^5\) When citizenship requires self-sufficiency, the people framed as functionally deficient and economically inefficient (‘deficient bodies and inefficient resources’) are bound to be perceived as second-class citizens.

Of note here is that the over-valuation of self-sufficiency did not increase the independence of disabled people in the postsocialist CEE. This is because independent living is not about self-sufficiency but about support that maximises choice and control. Therefore, considering independent living in terms of self-sufficiency amounts to misusing the term (and is sometimes used to legitimise retrenchment of public support). Accordingly, independent living is diminished by (1) lack of support, (2) support provided within segregated, institutional settings, and (3) support provided informally, within the family. The third point suggests that the postsocialist revival of the patriarchal family has diminished opportunities for independent living in concert with postsocialist overvaluation of self-sufficiency, retrenchment of public support, and/or continuing provision of segregated support.

**Issues in the dimension of representation:** In the dimension of political representation, postsocialist disablementhas consisted in the systematic weakening of the capacities for self-organising of disabled people. The well-known suppression of disability organising during state socialism was a function of the more general suppression of the political public sphere, where civil society entities (charities, associations, self-help groups, and even trade unions) were either disbanded or reconstituted as extensions of the state.\(^6\)

The weaknesses of disability organising, inherited from state socialism, were partly and temporarily offset by the general increase of disability activism in the aftermath of 1989. A wave of dissenting, critical, and counter-cultural initiatives emerged in the 1990s and the first half of the 2000s. However, subsequent chronic underfunding of advocacy since the mid-2000s has nudged many of these postsocialist disability organisations towards service provision, thus depoliticising civil society initiatives. This process has been underpinned by the neoliberal model of civil society development, identified by David Harvey (2005: 177) as ‘privatization by NGO’.\(^7\) In this model, civil society is framed as privately funded/supported provider of services that fills in the gaps in social support opened up by welfare state retrenchment.

In addition, postsocialism has been characterised by institutionalising participation in disability policy-making through national consultative bodies such as ‘disability councils’, following the model of ‘tripartism’ (a form of corporatism where representatives of the state, business and labour get together to negotiate economic policy). Tripartism in disability policy making has encouraged consensus-oriented initiatives and marginalised conflict-oriented ones. The members of the consultative bodies – the biggest disability organisations, some of

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\(^5\) Two examples: Alexiu et al. (2015: 37) have reported that the staff members in Romanian employment agencies regarded the provision of welfare support to disabled people as ‘feeding dependency’. The justification accompanying the Bulgarian Law on State Budget of 2016 clearly stated that freezing of benefits would decrease ‘dependency on state assistance’ (Grigorova, 2016: 10).

\(^6\) Rasell and Iarskaia-Smirnova (2014: 6) point out that the socialist state: ‘silenced alternative viewpoints and largely curtailed any disability politics or activism. Independent organisations of disabled people were not permitted, even for welfare purposes, and press censorship prevented open discussions of conditions in residential institutions and failures in state disability provision.’

\(^7\) ‘The NGOs have in many instances stepped into the vacuum in social provision left by the withdrawal of the state from such activities. This amounts to privatization by NGO. In some instances this has helped accelerate further state withdrawal from social provision.’ (Harvey, 2005: 177)
them with deep roots in the state socialist past – have been reluctant to engage in campaigning and critique. Instead, they have been careful to preserve their privileged position on the table that, in some cases, included government subsidies.8

**Transnational issues:** The understanding of postsocialist disablement in all three dimensions of justice needs to pay heed to the transnational perspective as well. The processes of European integration, economic globalisation, technological enhancement, and displacement have increased the transnational movement of people, goods, services, ideas, and capital. These trends have changed the dynamics of disablement in the postsocialist CEE, particularly during the last two decades that have witnessed significant intensification of transnational movements.

Here are some of the issues that I have been grappling with, yet without researching them in depth. These issues require further investigation:

- How have the processes of EU accession and membership contributed to the neoliberalisation of the postsocialist region and therefore – to disablement through welfare-state retrenchment, overvaluation of self-sufficiency, and depoliticisation of disability organising? In particular, what has been the impact of EU policy guidance and funding on processes of deinstitutionalisation and re-institutionalisation?

- What has been the impact of postsocialist emigration of care workers on the availability of support for disabled people in the CEE region?9 What has been the impact of transnational exploitation (for example, in postsocialist ‘sweatshops’) and of war and related displacement (a question whose urgency has been re- emphasised by the war in Ukraine) on the postsocialist production of impairments and disablement in the CEE?

- And, from the perspective of political representation, how have these issues been addressed through the participation of disabled people and their organisations in policy-making at the EU level?

**Conclusion:** The analytical framework that I presented here, the ‘postsocialist disability matrix’, enables a comprehensive, systematic, and historically grounded analysis of disablement in the postsocialist region of CEE. Taken in isolation, the different elements of postsocialist disablement (such as institutionalisation of disabled people, medicalisation of disability, retrenchment of support, etc.) are not unique to the region, but as they are considered together in the ‘matrix’, a unique physiognomy emerges that illuminates the specificity of postsocialist disablement. It is this specificity that could underpin a specifically *postsocialist* perspective on the issue of disablement. For me, the main feature of this perspective is double-edged skepticism – skepticism towards both the market and the state (because the postsocialist region has witnessed the worst of both). This double-edged skepticism has often fed distrust in institutions and support for populist politicians and governments. However, I believe that this double-edged skepticism is also able to underpin critical analysis and progressive action. Used in this way, the double-edged skepticism would amount to criticising *simultaneously* the power of (neoliberal) marketisation to undermine

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8 Such developments have been identified in a number of postsocialist countries. For example, Holland (2008) looked at disability activism and non-governmental organisations (NGOs) of disabled people in the Czech Republic, Hungary, Poland, and Slovakia; Fröhlich (2012) explored disability NGOs in Russia; and Mladenov (2009) analysed the participation of disabled people’s organisations in policy making in Bulgaria in the 2000s.

9 This depletion of the domestic capacity to provide care has been most pronounced in countries such as Ukraine and Moldova, which have predominantly ‘sent’ but not ‘received’ carers (Sowa-Kofia 2017).
welfare-state support for disabled people, and the power of (medicalised, institutional, top-down) welfare-state support to oppress disabled people.

References


