**Postsocialist care-violence-paternalism**

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The belated deinstitutionalization in post-communist societies is part of postsocialist care-violence-paternalism, economic scarcity, fear of impoverishment and a transgenerational aversion towards disabled people. In Slovenia alone, more than 22.000 children and adults experience today spatial segregation, loss of choices, and long-term institutionalization.

Taking a look into history, the belated modernization of Eastern European societies after WWII and the socialist policy of gender equality was aimed to solve the “women’s question” through women’s full-time employment, which resulted in part into a profusion of closed and semi-closed institutions for people with different disabilities including mental health issues (Zaviršek 2015) Boarding schools and large long-stay public care institutions were seen as the perfect solution of social protection from the “cradle to the grave,” regardless of a person’s individual needs or abilities.

Paternalistic relationships, control and care for basic material needs were the main priorities of welfare institutions. The residents were neither entitled to any rights nor perceived as persons with their own life trajectory. There was no life beyond staying in confinement. People with the same diagnosis were placed in the same building, and the institution became a collection place for children and adults with different impairments across Slovenia.[[1]](#footnote-1) This consolidated residents’ invisibility and inability to keep contacts with the outside world, the relatives, local community and to live an ordinary life. Encounters with relatives were rare, as the latter often did not have the necessary funding to afford a weekly or monthly visit to the remote place. Therefore, the staff had unlimited power over the residents. Now and then some institutions, like the largest psychiatric hospital Polje in Ljubljana, incarcerated the homeless, “drunkards” and other socialist “lumpenproletariat” to implement the biopolitical “cleaning of the city’s streets.” They were locked in overnight when the highest political delegations with President Josip Broz Tito visited Slovenia (personal communication with one of the directors of the psychiatric clinic, 1992).

After the late 1980s social activists started to question the spatial segregation of disabled persons. New grassroots organizations of disabled persons refused the institutionalization as well as the dominance of the medical model and the old-fashion “invalid organizations’ representatives,” who after 1991 kept their privileged status granted to them during Communist rule. But critical voices were marginalized and instead of deinstitutionalization, new institutions were built[[2]](#footnote-2).

**Institutional violence**

From the late 1990s few small-scale studies on institutional violence in disabled children’ and adults’ institutions appeared.[[3]](#footnote-3) Some of the persons testified to physical violence they went through in the 1970’s and 1980’s; long-stay institutions for disabled children had isolation rooms or wooden lattice framed spaces large enough to accommodate a child’s bed, or isolation spaces (at least until 2007); for adults they were called a “bunker”. People recalled the restraining of residents by means of a straitjacket, by strapping the person onto the bed, by administering forced injections of high dosage psychiatric drugs, and the use of isolation rooms. These different forms of institutional pedagogy functioned as a constant threat for others and helped to internalize the power relations between workers and residents.

One of the directors of a large social welfare institution for the disabled stated in April 2014: “In 2007 we decided to stop using force, and we realized that it is possible to work without it. It is better and the residents are calmer. But employees are still divided on this issue. Half of them believe we should start using force again. Sometimes older psychiatrists, when we call them to report on the illness and violent behavior of a resident, ask us: ‘Where do you have that room?’ [meaning isolation room, D.Z.] Then we tell them we don’t have it anymore, so he would need to come and see the patient. But these are only the old doctors; the younger are different.” A social worker who worked in one of the large institutions for adults for more than 30 years reported, when asked to give details on injections, that: “We were four workers holding the resident and then we forcibly injected him. It was not a pleasant situation!” (Zaviršek 2015) An employee from another institution for adults with different disabilities recalled (April 2014): “They were kept in the ‘bunker’ for 12 to 14 hours.”

Violence and sexual abuse of women within institutions is also hardly researched. Layers of institutional maltreatment were silenced and happened without witnesses. Cases of sterilization or the forced removal of children appears in personal vignettes or even gossip (e.g. “they told me I would get my appendix removed, and then I was sterilized”; a woman with intellectual disabilities who lives in one of the long-stay institution gave birth to six children, all of whom were taken away from her).

The perpetrators, as emphasized by Lewis Herman (1997), always try their best to cover the traces of abuse and to make violence invisible and hidden. Silence is not “gold,” as glorified by the Slovenian proverb (*molk je zlato*), but an effective protection for the violators who expect that the victims, as well as the public, will remain silent. Its “no-appearance” makes it extremely difficult for the victims to recognize and define it as violence, and even more for researchers to document it. A woman with physical impairments who lived in the rehabilitation institution Stara Gora in 1960s recalled one of the invisible violent events as well as the double face of the socialist welfare institutions: “For me the hardest punishment was when they locked me in the bathroom and showered with cold water, even in winter. I never told anyone. But when a political delegation visited us, we got sweets and other goods we never got otherwise. They were so nice with us on these occasions” (Zaviršek 2000).

The nights were as dangerous as the days. Up to 40 children lived in the same room; the night staff dwelled in the “tea room” (*čajna kuhinja*) situated in the middle of the ward. One of their duties was to turn the child on their side from time to time. Klaudija, today in her forties, who was able to do it herself, remembered the invisible violence of this non-event when she recalled: “I will never forget those voices of the children, who very silently called, almost whispered, each night, to reach one of the workers by calling them to come to the room and turn them on the side: *’Tovarišiiiiicaaa,*[[4]](#footnote-4) *tovarišiiiiiicaaaa’*… (‘teeeeeacher, teeeeeacher…’). These silent screams went on and on, every night over half an hour before someone came and turned them.” (Personal testimony, 2016)

Personal stories reveal that the semi-medical and semi-asylum-like institutions did not only relieve pain, but instead produced it. The employed staff, terrified by the disabled body and the everyday pain, or being taught that the disabled are just bodies without emotions, suppressed their own trauma as well as toxic knowledge with showing no empathy towards the children and adults. They objectivized the disabled body and did not even recognize the importance of friendship among the inmates.

One of the historically-constructed images of the disabled was that people with intellectual disabilities have no memory, and as memory makes a person a human being, they saw them as a human being of a lower nature. Even today some staff in long-stay institutions see the residents as people who “feel less,” who do not feel the pain or notice it only partially. Not having memory means that the person is unable to recognize witness, testify and narrate the stories of invisible violence in the first place. The staffs who control the place (possessing the keys to the rooms and bathrooms, intruding on the privacy of the residents, etc.) also subjugated the residents’ bodies to the administrative power of the institution; they created volatile bodies, low self-esteem, and emotional lethargy.

**Remembering as a political act**

Public silence and censorship, which allows some memory to become part of public knowledge, turns some invisible and unspoken personal stories of people who survived long-stay institutions inevitably into a political act. The memory of persons with disabilities is mostly not part of the public memory, as professional power-knowledge, parental voices and public-common sense dominate and influences the socially-constructed forms of remembering and forgetting. Social welfare institutions are the places where the processes of forgetting take place all the time. Remembering and testifying about institutional violence are rare because the places from where the people speak are already stigmatizing places, preventing public narration. Their narratives are not perceived as heroic or a valued part of public remembrance, but as the whispered stories of outcasts. Not having public permission makes people incapable to talk and to narrate their personal histories. Therefore silence becomes an inevitable part of the lives of disabled persons and often their relatives as well. The inability to bear witness for oneself becomes a traumatic memory; and trauma becomes part of their life, which is seen as valueless. Nevertheless, some people do remember, for themselves and for others; they talk in order that the events do not fall into oblivion and to motivate change of the oppressive structures.

Narrating events of violence for oneself and for others also implies the wish to develop a meaning and sense of events which are truly senseless. Disabled people living in long-stay institutions remembered these times as “lost time”—the time when people did not live, but “died through”, to recall Langer’s metaphor (Langer 1994). Therefore, the right for memorizing the experiences of visible and invisible violence are very fundamental for the processes of the democratization of everyday life. In postsocialist countries the public and personal silence of people who survived long-stay institutions during Communism needs to be transformed into public knowledge and remembrance. Many stories of survivors demand regret and apology by politicians and professionals who were responsible for lost lives and the institutional violence of people in the past. Memory work is therefore part of the democratization of everyday life, and part of the implementation of the UN Convention on the Rights of Persons with Disabilities.

**References:**

Langer, Lawrence L. (1994). “Remembering Survival.” In Geoffrey Hartman (ed.), *Holocaust Remembrance,* Oxford:Basil Blackwell.

Lewis Herman, Judith (1997). *Trauma and Recovery*. New York: Basic Books.

Zaviršek, Darja (2015). “Anthropology, Social Work and Disability Studies: Researching Diversity in Eastern Europe.” In Magnus Treiber, Nicolas Griessmeier, Christian Heider (eds.), *Ethnologie und Soziale Arbeit. Fremde Disziplinen, gemeinsame Fragen?.* Opladen*:* BudrichUniPress,107‒132.

Zaviršek, Darja (2006). “Disabled Women Everyday Citizenship Rights in East Europe. Examples from Slovenia.” In Jasmina Lukić, Joanna Regulska, Darja Zaviršek (eds.), *Women and citizenship in Central and Eastern Europe.* Aldershot: Ashgate, 62‒87.

Zaviršek, Darja (1999). “Die stummen Wunden sozialer Verletzungen—Behinderung und symbolische Ordnung in unterschiedlichen Kulturen.” In Birgit Rommelspacher (ed.), *Behinderten‒feindlichkeit. Ausgrenzungen und Vereinnahmungen*. Göttingen: Lamuv, 37‒67.

Zaviršek, Darja (2000). *Disability as a Cultural Trauma* (Orig.: Hendikep kot kulturna travma), \**cf/*, Ljubljana.

 Zaviršek, Darja (2002). “Pictures and Silences. Memories of sexual abuse of disabled people.” In *International Journal of Social Welfare*. Vol. 11, no. 4, 270‒285.

Zaviršek, Darja (2014). Time for Recognition: People with Disabilities Today. Guest editor. *Sozial Dialogue Magazine*. Hong Kong: IASSW Foundation, no. 9, 4‒11.

1. Slovenia was part of Yugoslavia from 1945 until 1991. [↑](#footnote-ref-1)
2. In 2014 the National Reform Programme of the Slovenian government defined deinstitutionalisation as a governmental strategy, but so far the strategy has not been implemented. [↑](#footnote-ref-2)
3. See my referenced publications. [↑](#footnote-ref-3)
4. “Teacher”was a common name for staff in long-stay institutions for children during socialism. The socialist word ‘teacher’ is based on the word *tovariš*, meaning male comrade, and *tovarišica*, female comrade. The word has been changed after 1991 into *učitelj/učiteljica.* [↑](#footnote-ref-4)