Balkanistic Forum ‘24

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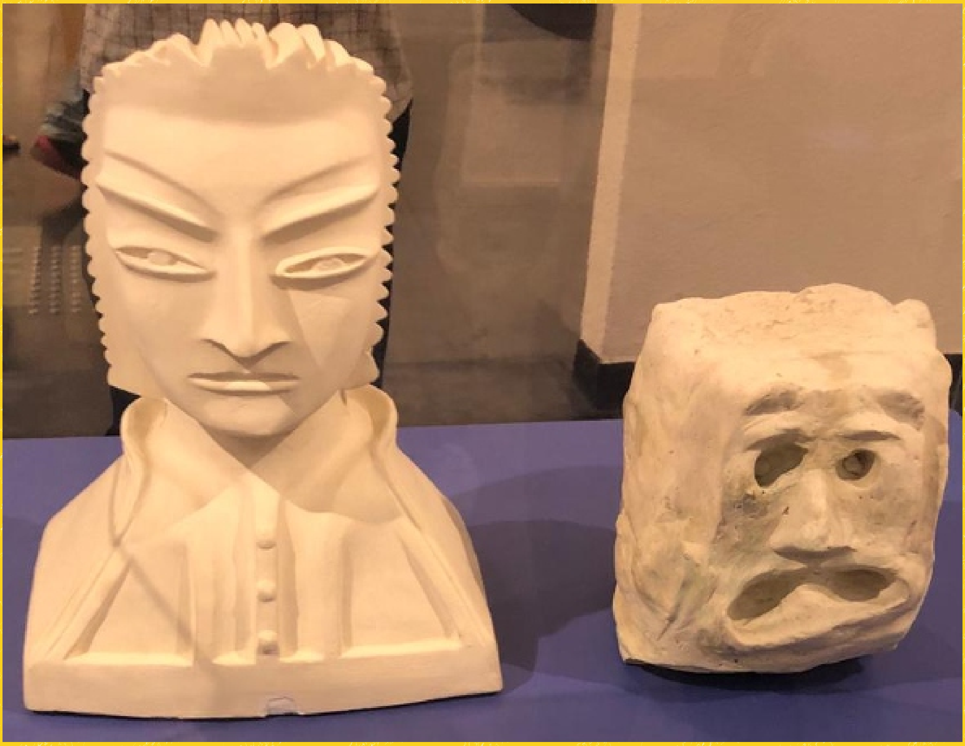

INSTITUTIONAL CARE IN EUROPE IN THE 20TH CENTURY

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INSTITUTIONAL CARE IN EUROPE IN THE 20TH CENTURY

Editors:
Anelia Kassabova, Kristina Popova, Milena Angelova

The research is within the ERC Project "Taming the European Leviathan: The Legacy of Post-War Medicine and the Common Good" (LEVIATHAN). The project has received funding from the European Research Council (ERC) under the European Union's Horizon 2020 research and innovation programme (Grant agreement No. 854503).

On the cover: *Sculptures of L.N., Nise da Silveira's patient, showing his works before and after the lobotomy. Source: Collection of the Museum of Images of the Unconscious ©. Photo taken by Tiago Pires and Maria Eduarda de Freitas Xavier.*

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The Long and Short Twentieth Century: An Exploration of Institutional Care[1]

“The long 20th century” (F. Braudel) and “the short 20th century” (E. Hobsbawm) – two contrasting metaphors that together reflect the complexity and the multifaceted nature of historical interpretations of this dense period.

To question dominant narratives, shed light on under-researched, forgotten and convoluted histories, and examine the entangled histories (also in plural) behind divides is the aim of the ERC Synergy Project “Leviathan”. The project employs a broad understanding of medicine as a lens through which to investigate the complex processes of medicalization and demedicalization across politics, ideology, economy, and everyday life.

A significant part of this project is the broad topic of institutional care, revealing important insights into societal attitudes, policy decisions, medical practices, and the evolution of care systems over time. By emphasizing the “long 20th century,” we align with the perspective on the continuum of historical long-term developments and the gradual evolution of social, political, and economic structures. Policies regarding institutionalization can be traced back to early charitable practices, particularly during the late medieval period when care for the poor and needy was often managed through religious institutions and local communities. By the 16th and 17th centuries, many European countries began implementing poor laws that formalized local governments’ responsibilities to care for the impoverished and disabled. The Enlightenment period, emphasizing reason, science, and rationality, fostered a belief in the ability to understand human behavior and improve humane care through scientific methods. This intellectual movement marked a significant shift toward institutional care, with an increase in medical specialization, including the es-

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tablishment of pediatrics, the emergence of psy-sciences (psychiatry, psychology), and research on diseases of old age. Parallel developments occurred in sociology, demography, and hygiene.

The industrialization and urbanization of the 19th century led to significant social changes, including increased poverty, crime, and homelessness. In response, governments and reformers began to view institutionalization as a means of addressing public health issues and exerting social control, leading to legislative actions. This shift paved the way for the establishment of specialized institutions, such as almshouses, institutions designed to house the poor, homeless, elderly, and disabled, as well as to provide specialized care for the mentally ill. These institutions aimed to provide care and give support but also to remove these ‘ill’ and problematic individuals and groups from “healthy” society in order to protect it. Biopower – in the understanding introduced by Michel Foucault – as a political technology that enables the control of individuals' bodies and lives, as well as entire populations, expanded. The ‘care-control’ institutions became central to social policy, shaping approaches to (mental) health, poverty, and crime well into the 20th century.

In contrast, the “short century” perspective focuses on the intense period marked by dramatic events, including local conflicts and two World Wars, the Cold War, and the rise and fall of totalitarian and authoritarian regimes. In terms of institutional care, this metaphor implies that significant changes occurred within a relatively brief timeframe, leading to a sense of urgency and immediacy, as well as contradictory and non-linear developments. A closer examination of the “long-short 20th century’ from a transtemporal and transnational perspective is a goal of the “Leviathan” project and this special issue.

Geographically, the issue unites topics and examples from various states east and west of the “Iron Curtain” in Europe – Germany, UK, Austria, Yugoslavia, Albania, Bulgaria, and beyond, including Brazil and the USA.

The case study approach provides bounded explanations of significant cases related to the broad topics of care for different categories of people.

Child care is a major focus in the issue, as children were prioritized, viewed as vital to societal continuity. Contributions on child care begin with Maria Papathanssiou’s thorough insights into “Child- and elderly care in rural Austria during the first decades of the 20th century”. Victoria Shmidt analyses “The vicissitudes of foster care in interwar Yugoslavia and the global history of child protection”, focusing on the 1920s-1930s.

David Peace looks in-depth at “Eugenics and Children Reception Centres in Post-War Britain”. Kalinka Anchova analyses an insightful case from Bulgaria in “The Children's Sanatorium in Momin Prohod for the Rehabilitation of Children with Poliomyelitis”. Hristinka Basheva-Nikolova discusses an experiment from late socialist Bulgaria inspired by foreign practices: “The "Family Children's Home" Experiment – An Alternative to Institutional Care (1984 – 1992).

Felix Berth conducts comparative research on “Residential care for babies and toddlers in the two German states between the 1950s and the 1980s”.

Georgi Todorov provocatively attempts – within the totalitarian scientific paradigm – to summarise the developments of Bulgarian socialist policy towards children with disabilities under the heading of "corruption" by bringing together “Corrupt practices in homes for mentally disabled children and neuropsychiatric hospitals in the 1940 – 1970s People Republic of Bulgaria”.

Sabine Hering introduces a gender perspective by examining the situation of girls in public education in Germany from the late 19 century up to the 1960s, analyzing the many-sided continuities of the general image of girls and women, summarized in the title "Thrift, cleanliness, frugality, sexual abstinence". Girls in public welfare in Germany [„Sparsamkeit, Sauberkeit, Genügsamkeit, sexuelle Enthaltsamkeit“ Mädchen in der öffentlichen Fürsorge in Deutschland].

Manfred Kappeler provides a long-term perspective in his article with the evocative title “A fatal entanglement – The co-operation between youth welfare and psychiatry in the history of residential care” [Eine verhängnisvolle Verstrickung – Die Zusammenarbeit von Jugendhilfe und Psychiatrie in der Geschichte der Heimerziehung].

Psychiatry played a central role – in both institutionalizing and anti-institutionalizing discourses across all age groups. The case study by Tiago Pires and Maria Eduarda de Freitas Xavier, "Art, culture, and psychopathology: an introduction to the anti-asylum narrative of Brazilian psychiatrist Nise da Silveira" presents a pioneering woman therapist and psychiatrist, who developed an anti-hospitalization therapeutic theory and introduced individual-centered art therapy in practice from the early 1940s onwards.

Gergana Doncheva proposes an intriguing, unconventional way of reading two feature films – the American "One Flew Over the Cuckoo's

Nest" and the Bulgarian "Adaptation" – in “Mental asylum as a social and political metaphor in the cinema from the two sides of the Iron curtain”.

Institutional care can encompass the entire lifespan, from infancy to old age. The issue includes three case studies of institutional care for the elderly – the aforementioned case study on rural Austria by Maria Papathanassiou, Inxhi Brisku’s article “From War Wounds to Welfare: Caring for Albania's Elderly in the Transition to Socialism (1945 – 1950)”, and Denitsa Nencheva’s research on “Aging and institutional care during late socialism: the case of the elderly people’s home in the village of Pelishat, Bulgaria”.

The authors investigate historical phenomena to understand contemporary developments. The article by Elka Goranova and Ivanka Sakareva goes the opposite way – the authors take a closer look at a “new power” method in diagnosing and treating various types of disorders and improving cognitive processes – Neurofeedback – by tracing its deeper roots back to the early 20th century.

All case studies emphasize the importance of primary sources and a narrative-driven account of history. By utilizing a diverse range of historical resources – including normative documents, institutional archival materials, ego-documents as ‘bionarratives,’ correspondence, memoirs, interviews, visual materials, and films – the authors conduct in-depth investigations of specific institutions, events, initiatives, groups, and individuals, providing a thorough understanding of these events in their social, cultural, and political contexts.

Most of the case studies are national but are interpreted in their respective international contexts, highlighting the dynamics of international relations. The study of the particular and specific is combined with the attempt to identify patterns, structures, and regularities. All case studies raise theoretical insights that emphasize the interconnectedness of various factors, highlighting both ruptures as essential continuities across different ideologies, political, and economic regimes.

The ‘red thread’, or the central theme, is the processes of institutionalization and de-institutionalization of care for people in need, for vulnerable individuals and groups. Historically, the balance (or lack thereof) between care and control has changed, along with policies of inclusion and exclusion, evolving definitions of “normal-abnormal” and “able-feeble”, and shifting attitudes toward individual autonomy and rights, as well as changing professional staff-patient relations. Continuities and changes in policies are highlighted through research on actors, specific institutions, and particular events.

Although the main topic of the issue is the closed institution, the contributions don't present traditional institutional history. The establishment of the welfare state and its structures, the process of classifying and separating children or elderly people in residential care institutions, and the formulation of rules and practices were conceived and realised by people: doctors, nurses, social workers, psychiatrists, eugenic activists, politicians, Red Cross officers. The struggle for democratization and the deinstitutionalization process were also carried out by individuals who worked to make people in institutions more visible and to change attitudes towards them. The authors emphasize the importance of the biographies of such figures in the different countries, examining their perspectives, discourses and statements, their power positions and responsibilities for crucial decisions about the lives of people in institutions during the 20th century.

The broad topics included in this special issue were discussed at the international Leviathan project conference "Transformations of Postwar Europe: Medicine, Technologies, and Bodies", held in Sofia on 27 – 30 May 2024, and presented in this issue by Denitsa Nencheva. A vast field of research and comparative analyses has been shaped which is still in its early stages.

As editors we do not wish to diminish the reader's enjoyment of discovering the richness of ideas, hypotheses and source materials by imposing our synthesized view on the individual articles. It is difficult, if not impossible, to propose an overarching editorial narrative that fully encompasses the diverse contributions, as our interpretations may vary greatly depending on our personal experiences, attitudes, and theoretical preferences.

We hope that this issue, with its emphasis on complexities, variations, nuances, interconnections and entanglements, challenges the established "grand narratives" on socialism, capitalism, and the Cold war. Nowadays, "grand narratives" can act as a straightjacket that constrains thought. For new "grand narratives", it is too early.

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Beyond the Welfare State: Some Notes on Child – and Elderly Care in Rural Austria During the First Decades of the 20th Century[1]

Abstract: *This article deals with aspects of the history of social welfare in the European rural countryside, a topic which has received little attention by historians. It explores child and early youth care, as well as elderly care strategies and practices in Austrian peasant societies during the first decades of the twentieth century, pointing out that official as well as public interest in social welfare prioritized children and early youth over old age, and urban areas over rural ones.*

The paper argues that in the regions under examination child- and elderly care systems operated "beyond the welfare state" system, as the title goes, while also existing parallel to its early manifestations, and sometimes (as far as laws are concerned) in a relationship with it. Foster care was the primary mechanism for taking care of out-of-wedlock children, who constituted valuable labor force for peasant households. Provision of food and shelter to the elderly (usually former rural servants), by rotating peasant households, remained a fundamental mechanism for taking care of the aged poor well into the twentieth century. In contrast to the welfare provided by the mature twentieth century welfare state, these forms of social welfare were largely associated with social discrimination and feelings of shame, during a period of apparent transition to a new era of social welfare.

Keywords: *social welfare; rural Austria; Austrian Alps; children; youth; old age; foster children (Ziehkinder); illegitimate children; Einleger/ Einlegerinnen; rural poor; rural servants; peasant societies.*

Introduction

In scholarly literature the history of European welfare is associated less with rural and more with urban societies; initiatives and decisions on welfare activities and practices were taken primarily in urban administrative centers, with the most impressive welfare activities developed in cities and towns which were densely populated and where poverty was

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[1] This article/publication is based upon work from COST Action < Who Cares in Europe?, CA18119 >, supported by COST (European Cooperation in Science and Technology). It was presented at the workshop "Meeting Children's Needs, Worrying for the Young, Caring for the Old: Intersecting Historical Approaches of Age-based Welfare in 20th Century Europe" (Athens, 18 March 2022).

much more visible. Nevertheless, European rural societies, too, took care of the poor, the weak, the physically and/or mentally impaired, the vulnerable, or those considered vulnerable due to negative circumstances, as well as of the very young or those of old age. My paper, as its title indicates, deals with aspects of child and elderly care in *rural* Austria during the first decades of the twentieth century, that is, up to the mid-1930s and the rise to power of the Austro-fascist regime.[2]

Over many years, while conducting research on child labour, on rural as well as urban working-class families, on peasant societies and women's work in the eastern Austrian Alps, or on street children, I consistently came across social welfare/social care issues. My remarks and comments here draw on autobiographical records,[3] contemporary ethnographic research, evidence from local archives in the eastern Austrian Alps collected and published by local researchers, contemporary publications on child welfare policies (which concern urban space, but which are still useful for contextualization and comparative purposes), as well as fragmented evidence emerging in scholarly studies on specific rural communities, social groups, or the functioning of peasant households.

Due to the ongoing significance of agricultural economy and population well into the interwar era, late imperial as well as post-1918 Austria, the Austrian Alpine lands constitute particularly rich fields of research for historians interested in the rather neglected history of age-based care in modern European *rural* societies. In 1900 and 1910, respectively 40 and 35 percent of the population in the Alpine lands worked in agriculture; as late as 1934 more than a quarter of the Austrian population was still employed in the primary sector (Möller 1972: 114, 212). Of course, in late imperial as well as interwar Austrian Alpine lands, like elsewhere in Europe, the rural population decreased steadily. Yet, as a consequence of the First World War and the inflation crisis that followed, the interwar financial and economic instability restricted prospects of

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[2] For a detailed overview of the history of social welfare in Austria see Steiner (2019a, b).

[3] These bionarratives are collected and kept at the *Dokumentation lebensgeschichtlicher Aufzeichnungen* (Collection of Biographical Records), Institut für Wirtschafts- und Sozialgeschichte (Department of Economic and Social History), Universität Wien (University of Vienna): https://wirtschaftsgeschichte.univie.ac.at/forschung/doku-lebensgeschichten/ (date of last access 9.5.2022). The collection's records have been regularly published in the volume series titled *Damit es nicht verlorengeht…* /So that it doesn't get lost…/ since 1983: https://wirtschaftsgeschichte.univie.ac.at/forschung/doku-lebensgeschichten/editionsreihe-damit-es-nicht-verlorengeht/ (date of last access 9.5.2022).

work in the urban centers and left people with few alternatives, which resulted in the slowing down of the pace of rural exodus (Papathanassiou 2001: 210).

From a legal perspective, age (though rather young than old) and the vulnerability that accompanied it – or was thought to accompany it – put individuals under public control and thus also care. As early as 1811, the Austrian General Civil Code (*Allgemeines Bürgerliches Gesetzbuch* – ABGB) – which, several updates notwithstanding, remained in force during the first decades of the twentieth century (and indeed up to now) – classified children, early youth, as well as minors, together with those suffering from “affliction of spirit”, as individuals in need of help.[4]

Of course, the temporal bounds of childhood, youth and old age depend on social conditions and cultural norms, and thus vary from one society, or even micro-society, to another. In twentieth-century rural Austria, compulsory school attendance meant that childhood ended sometime between the ages of twelve and fourteen. Autobiographical and ethnographic information on the places people occupied in farms’ labour hierarchies indicate that early youth lasted up to between sixteen and eighteen years of age, while similar evidence regarding retirement from agricultural work due to old age accompanied by physical weakness indicates that in contemporaries’ minds old age usually began after the age of sixty or seventy (Ortmayr 1992: 331, 332; Waß 1994: 134; Klammer 1992: 200).[5]

In the following, I first deal with children and early youth, boys as well as girls, focusing on foster children, most of whom were born out of wedlock, and I briefly juxtapose childcare in peasant societies with childcare in urban Austria, particularly Vienna, during the same period. I then deal with elderly care in peasant societies, focusing on the so-called Einleger (men) or Einlegerinnen (women). Einleger and Einlegerinnen were destitute members of the rural communities (mostly rural servants) unable to work regularly due to sickness, disability and/or commonly old age. Thus they were hosted by peasant households that provided them with shelter and food.

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[4] In the text “affliction of spirit” appears associated with mental illness. Yet it brings senile dementia, and thus old age, into mind.

[5] ABGB, p.279/& 21: ALEX. Historische Rechts- und Gesetzestexte online (Österreichichische Nationalbibliothek):
https://alex.onb.ac.at/cgi-content/alex?aid=jgs&datum=1012&page=469.

Childhood: Foster Children *(Ziehkinder)*[6]

As shown by contemporary statistics, the numbers of foster children in Austria were high, well into the interwar period (160 244 as late as 1934, in the last census before Austria's annexation to Germany and the outbreak of the Second World War.[7] Most of them (probably more than eighty percent) were children born out of wedlock, and a very considerable number lived in the eastern Austrian Alps (about one third again in 1934) (Ziss 1994: 312, 313). In certain regions their numerical presence and the frequency with which they changed accommodation is particularly impressive: in Lungau (Salzburg) one in four children grew up in foster households, and in Murau (Upper Styria) the figure was one in five (Ortmayr 1992: 348).

Children were placed in peasant families either by their (single) mothers, or by local authorities, usually the village or market town community council (which consisted exclusively of well-off male community members), or by an institution, usually a foundling house in a neighboring or distant city[8].

Foster care in Austrian rural societies largely responded to needs created by a particular socio-economic and labour system. In the eastern Austrian Alps and in most of rural Austria, peasant farms were transferred to a single heir, usually the eldest son, rather than being divided among peasant children. On mountain or semi-mountain farms animal husbandry occupied a central place and demanded a permanently available workforce. Within this socioeconomic context, labour was largely based on (live-in) servants (men and women who may have been the peasant's own brothers and sisters) and was organized along sex/gender, as well as age lines. Social custom did not allow servants to get married; in fact, agricultural service was ideally associated with (unmarried) youth. Since the age of marriage was generally high, female servants and peasant daughters often got pregnant from peasant sons or male servants

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[6] In fact, the term „Ziehkinder" came into general use with the 1919 law on the protection of foster and illegitimate children. Other, semantically overlapping terms were also widely used by contemporaries: children who were given care by the community were usually called "Kostkinder", children who were cared for by relatives were usually called "Pflegekinder", very young children given to someone else's care for a fee by their parents or guardians seem to have been usually called "Haltekinder": Novak (1924: 1).

[7] *Volkszählung 1934*, cited in N. Ortmayr (1992: 348).

[8] On the placement of foundlings in rural (peasant or working class) households by the Vienna foundling house in the late nineteenth century see: Pawlowsky (2001: 161, 165).

and gave birth to "illegitimate" children. Single mothers usually had no right or chance to keep their newborn child by their side, because their full-time labour was urgently needed on the farm, where they belonged to the female servants' group. These women were not the protected mothers of the twentieth-century welfare state or of the nineteenth- and early twentieth-century welfare associations and official plans or actions.[9]

As shown by rich autobiographical evidence, single mothers typically entrusted the infants to the care of foster families, often consisting of close or distant relatives (sometimes to their own parents; often these were the father's parents or kin, which relieved fathers from child support expenses[10]), or to other peasants' households. While the children were too young to work, and thus contribute to the household economy, mothers would usually hand most of their earnings over to the foster parents and visit their children every once in a while. Hermine Mölzer born in Carinthia in 1920 notes:

> Just a few weeks after I was born, mother had to go back to work as a maid for a farmer. He didn't want any useless eater on the farm, so she followed her brother's rough advice to take the "worm" to the wealthy parents of the child's father, who was unwilling to pay and who had married another woman in the meantime. […] The only thing I can remember about my mother's rare visits was that she stood behind the barred window, said a few kind words, and sometimes left a sweet.[11]

Later, between roughly twelve and eighteen years of age, the children would pay off their "debts" to the foster parents, working on their behalf for nothing or very little, as low-ranking rural servants.

Local authorities had a say in these processes, in accordance with state laws, such as the 1862 Municipal Law, "which had set the duty of the community 'care for its poor and for communal charitable institutions'" (Fejtovà et al. 2017: 24) or the 1863 Home Law, which made care dependent on individuals' affiliation with their community of origin, and later the 1919 Foster Children Law (Bartsch 1921; Graf 2019: 34-35). Yet, autobiographical records barely mention community councils and the part they had in the process. Historical subjects (usually single moth-

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[9] On rural servants and generally the organization of alpine rural societies and economies see: Ortmayr (1992: 19) and Papathanassiou (2001: 200-206).

[10] On fathers‘ legal obligations towards children born out of wedlock see: Novak (1924: 8,9); *Allgemeines Bürgerliches Gesetzbuch für die gesamten Deutschen Erbländer der österreichischen Monarchie*, I.Theil, (Vienna: von der k.k. Hof- und Staatsdruckerei, 1811), 65, &165,&166,&167.

[11] Hermine Mölzer, in Ziss (1994: 156, 157).

ers) and households appear as driving forces behind the practice. Local authorities were in any case legally responsible for appointing guardians, finding foster homes for abandoned children or orphans, and paying foster families if necessary. Local archival material indicates that local councils were aware of children's circulation within the community. Since local councils consisted exclusively of men (usually well-off peasants), single mothers lived under specific forms of male control which merit further historical research.

This childcare system, the placement of minors in foster families and their transfer from one household to another, largely responded to the peasant economy's labour needs since it provided peasant households with instant or future cheap labour force. Peasant households were thus sites of childcare as well as of labour, whereby these two functions were inextricably intertwined.

Foster children usually did not spend their childhood in one and the same household, but in two or more. Municipal records from Pinzgau (Salzburg) show that between 1913 and 1938, foster children moved to a new home every three to four years (Ortmayr 1992: 348). Life history records demonstrate that foster children often suffered under a system that made them move from one place to another, and did not provide for a stable, permanent family context.[12] Children born out of wedlock (and indeed their mothers), and thus most foster children, were tolerated by local communities as present or future workforce. Yet they were also despised as illegitimate and thus socially "inferior", a construct which in its turn and in a sort of vicious cycle legitimized the contemptuous and discriminatory behaviour that we can trace in some autobiographical records. It should be noted, however, that not all foster children were born out of wedlock. Children may also have been given away to foster families when the family of origin faced sudden hardships. For instance, Barbara Passrugger, born in 1910 in Salzburg, was handed over to a well-off peasant family by her father soon after her birth because her mother had died in childbirth (Passrugger 1989: 7-8).

Another way for a poor rural family to counter hardship and safeguard a child's security was to place the child in rural service at an early age. It was not always easy to distinguish children entering foster households from children entering rural service. Most children in upland, ra-

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[12] See f. e. the autobiographical text by Richard J. Pucher, "Ich spürte, daß ich ein Fremder war, ein angenommener Bub", in Ortmayr (1992: 23-176. Richard Pucher was born in Nikolsdorf (Tyrol) in 1920.

ther isolated communities, entered rural service at twelve, thirteen, or fourteen, namely during their last compulsory school years. But in adverse circumstances, e.g. in case of a parent's or both parents' sickness and/or death, boys as well as girls entered rural service at an earlier (working) age (Papathanassiou 1999: 201-203). Thus, Maria Gremel, born in 1900 in Lower Austria, entered rural service at the age of nine. It was her father, a cottager, who sent her to a peasant household he knew well, because his wife, the girl's mother, had been seriously ill. The nine-year-old had to take care of the peasant couple's newborn child; she would later enter the farm's female rural servants' group (Gremel 1991: 156-157).

At the center of childcare in twentieth-century rural Austria, and indeed probably in much of rural Europe, lay the needs of collectivities, of local societies and economies, of households and families, rather than the individual or collective needs of children themselves. Thus, childcare in rural societies differs from childcare as expressed in child welfare debates, schemes, and acts in urban Austria during the same period.

A Brief Comparison: Child Welfare in Urban Space

During the first decades of the twentieth century child welfare was on the rise in Austrian cities, and above all in Vienna.[13] After the turn of the century, in the years that preceded the First World War, child protection societies proliferated. Their members were deeply concerned by destitute children wandering in the streets of the city, viewing them as threats to the status quo and at the same time as suffering individuals who had to be saved from exploitation and relieved from utter poverty. By that time, the idea that these children should be saved to get used to a humble life, which had been dominant in the 19th century, had started to recede.

On the eve of the First World War there were about twenty societies engaged in child protection in Vienna. As in other (at least Northern and Western) European cities, women played a central part in them, as Elisabeth Malleier, has shown in her wide and thorough research on them (Malleier 2014). Caring for the weak and the vulnerable may have been important but, judging from legislation, official surveys, charities, and voluntary associations, caring for the youth was a priority in the minds of the ruling classes, philanthropists, social activists, and the authorities.

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[13] For an overview of social care policies and actions regarding children and youth during the first decades of the twentieth century see Graf (Graf 2019: 20-39).

Two congresses on the protection of children and childhood took place in Austria before the Great War, the first in Vienna in 1907, the second in Salzburg in 1913.[14] The former focused on child neglect, the latter on child labour. Furthermore, an impressive state survey on child labour, probably unique in Europe in terms of its geographical extent and the richness of its questionnaires, was conducted through the school structures in 1906 – 1907.[15]

During the First World War, societies taking care of suffering and undernourished children proliferated in Austrian cities, notably in Vienna (Hämmerle 1993: 327-334).[16] Public discourse on "pale" city children prevailed and efforts were made to send children to recuperate in the countryside. This was the same countryside working rural children lived in, but the latter experienced it in a much different way. In the War's aftermath children were sent to foreign countries (specifically, Denmark or the Netherlands) to spend some time in the countryside (Matauschek 2018), and a new child labour law (the last in a series of laws first dated back to the 1840s), was approved in 1918, which further restricted minors' employment in terms of worktime and age limits. The new law introduced individual work cards which certified that specific jobs did not harm the employed child, and strengthened the powers of labour inspectors as well as of school principals.[17]

During the 1920s and the 1930s Social Democrats in "Red Vienna" placed particular emphasis on improving poor children's lives and their prospects; they took concrete steps in this direction, introducing eight hour workdays, the Tenant Protection Act, an apprenticeship agency,

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[14] *Schriften des ersten Österreichischen Kinderschutzkongresses in Wien*. Volumes 1 and 2, Vienna: Manz, 1907; *Schriften des Zweiten Österreichischen Kinderschutzkongresses in Salzburg*. Volumes 1 and 2, Vienna: Perles, 1913.

[15] *Erhebung über die Kinderarbeit in Österreich im Jahre 1908*. 3 Teile in 2 Bänden, Volumes 1 and 2, Österreich, Arbeitsstatistisches Amt, Vienna: Hölder, 1910 – 1913).

[16] On the primacy of childcare and youth welfare during the war but also in the prewar period, see: Dr. Eduard Prinz von und zu Liechetnstein (k.k. Hofrat und Leiter des Kriegshilfsbüros des k.k. Ministerium des Innern – Dr. Rudolf Preez (k.k. Professor), *Die Sorge um das kommende Geschlecht. Entwicklungsgedanken über Jugendschutz und Kriegerwaisen-Fürsorge in Österreich*. Vienna: Verlag des Kriegshilfsbüros des k.k. Mnisterium des Innern, 1916; (Oberlandsgerichtsrat) Franz Janisch, *Das Jugendstrafrecht und Jugendrichteramt sowie die Fürsorgeerziehung in Kriegs- und Friedens-Schulheimstätten in Österreich*, Langensalza: Hermann Beyer und Söhne, 1918.

[17] Gesetz über die Kinderarbeit, *Staatsgesetzblatt* 141/ 1918, 19 Dez. 1918, pp. 231-235, especially &16 and &17: https://alex.onb.ac.at/cgi-content/alex?aid=sgb&datum=1918&iv=1&size=45 (date of last access: 18.5.2022).

counseling centers for young mothers, counseling centers for the youth, and more (Melinz, Ungar 1996: 30-33, 82-128). A distinction between charity and welfare (identified with state welfare) was made in social democratic public debate and discourse. Charity was opposed and welfare supported, while the primacy of child and youth welfare over every other kind of welfare was proclaimed. According to the social democratic politician and university professor Dr. Julius Tandler, who was also health care councillor of the City of Vienna in the 1920s, youth welfare (*Jügendfürsorge*) was the “foundation of every welfare”, seeing as:

> The more we look after the young, the less we will have to do it in old age, the healthier, the more fit for life, the more resilient this youth will be in the struggle for existence. What we use in youth centers we save in prisons. What we spend on pregnant women and baby care we save on insane asylums. Generous, full-fledged childcare is the most economical method of managing human capital… (Tandler 1925: 5)

In public discourse children and youth constituted a society’s future. In the cities, poor children and youth, children and youth who were neglected, abused, who lived in the streets, who were thought to be in physical and moral danger, were at the center of ruling social groups and authorities’ interest. The welfare state in Austria, like elsewhere in Europe, made its first and most crucial steps in the cities and in the field of child and youth welfare.

Old Age: *Ausgedinge* and *Einleger / Einlegerinnen*

What about the elderly? If for social activists, politicians (including the Social Democrats) and the ruling classes in general, children and youth had a clear priority over other social groups, then they also had a clear priority over their “opposite” age group, the elderly. In fact, until well into the 1930s, no comprehensive care system for older people or any systematic efforts towards one appeared in Austria. During the first three and a half decades of the last century, neither urban nor rural social care policies appear to address old age per se – at least not as far as workers are concerned.

In the 1920s insurance for employees and workers, as well as a comprehensive health insurance law for agricultural workers were introduced. Although within the context of the insurance law, old-age-benefits were provided for workers over sixty years of age, such benefits by no means amounted to an old-age insurance system. On their part, Austrian peasants strongly resisted plans and introductions of insurance laws that broke interpersonal ties and burdened them financially (Steiner 2019b: 228-231).

In rural societies old age care policies appear to have remained inextricably connected with traditional poor relief policies well into the 1930s. The boundaries between poor relief and elderly care were blurred. In this respect, it seems interesting that terms such as *Ziehkinder* or *Pflegekinder*, used to denote foster children, potentially include an age reference, while the term *Einleger* (for men) or *Einlegerinnen* (for women) does not. At any rate, in rural Austria care for the elderly went hand in hand with care for the physically impaired, the sick, the disabled, or those who could no longer earn their living, and as such was widely considered a family, household and/or rural community matter.

The practice or strategy of "Ausgedinge" has been extensively researched by social historians who have worked on early modern and nineteenth century rural Germany or Bohemia (Velková 2016: 232-255, 232, 240). It was widespread in the Austrian alpine countries as well, especially in cases where the farm was transferred integrally to a single heir (usually the eldest son) according to customary law. It meant that the old peasant or the peasant couple handed the property over to the young peasant couple, by a written or oral old-age retirement agreement, according to which in most cases the elders would continue living on the farm (usually in a cottage built for this purpose), and would be entitled to a portion of the farm products within the context of a self-consumption household economy. "Ausgedinge" contracts were a sort of private "welfare" policies (though associated with property transfer that was regulated by law and the state); they regarded property holders and were, among other things, a way to care for the elderly through an intra-household agreement.[18] Of course living conditions for the retired peasants and/or their wives were not always satisfactory, while domestic disputes and tensions often followed peasants' retirement. Barbara Waß, a peasant's daughter from Salzburg notes:

> Cases were reported to me where the old farmers […] lived in very poor conditions in a room that was more of a hole than a chamber.
>
> If they had to eat from one bowl at the table with everyone else, this could be very bad for them. Old people often tremble, and so it happened that they only ever brought half a spoonful to their mouths and

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[18] On Tirol in the 1920s see Wopfner (1995: 316, 317). Hermann Wopfner, *Bergbauernbuch, Volume 1, Siedlungs und Bevölkerungsgeschichte*, edited by Nikolaus Grass (1996: 316, 317). Wopfner thinks that old-age insurance for peasants, might facilitate their decision to transfer their property to their heirs.

> never got full. Some old farmers didn't even have enough money to buy a little tobacco for their pipe. I was told that they were tricking nut or hazelnut leaves on the house bench next to them so that they would have something to smoke.
>
> I was told of a case where the old farmer was so ill that he could no longer get up. He was left completely neglected. There were masses of lice and fleas in his bed. (Waß 1994: 17, 18)

Care practices applied to destitute elderly people were much different. In the period dealt with here, poor houses accommodated older people in rural areas, but their capacities were limited despite the 1873 – 1874 law that favoured the founding of poor houses at a district level.[19] Poor relief varied according to the wealth of the supporting community, and in the words of Dr. Robert Bartsch, a professor at the University of Vienna and a high official in the Vienna Ministry of Social Administration, poor relief was "better in the larger towns and bad in the poorer districts of the countryside" (Bartsch 1921: 65).

Thus, well into the 1930s, in the eastern alpine societies, older rural servants who were no longer able to work usually became *Einleger* or *Einlegerinnen* under the supervision of village communities; community councils took specific decisions in consultation with individual peasant households. An *Einleger* or *Einlegerin*[20] was someone who spent the year moving from one household to another and staying in each for a longer or shorter time span. Each household had to take care of him or her, providing him/her with food and shelter – usually against a reduction of the taxes due to the community (Klammer 1992: 194).

Not all *Einleger* were older people; the institution was a way of poor relief in rural areas regardless of age, and all those who had become unemployed due to illness or accident were also eligible for the *Einlage*. Still, the great majority must have been older, say over sixty or seventy (it is aged former servants who usually appear as *Einleger* in autobiographies, and in village community records from Lungau[21]). Many aged

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[19] https://www.geschichtewiki.wien.gv.at/F%C3%BCrsorge (date of last access: 16.5.2022)

[20] Local researcher (and teacher) Peter Klammer mentions two other designations he found in the death register of the market town of Mauterndorf in Lungau (1868 – 1938): Einleiber and Inleiber (Klammer 1992: 187, 273). These german terms cannot be translated in English. The English term "inmates" refers to institutions rather than households.

[21] See Klammer (1992: 187-201).

servants had to apply to the community for poor relief, because they lacked property and/ or savings and were no longer able to work.

Contemporaries have generally considered rural service a phase in the life cycle associated with (unmarried) youth, and historians have often followed their assumptions. But in Austria life cycle servants coexisted with lifelong servants; N. Ortmayr estimates that the latter made up one-fifth to one-fourth of all agricultural servants in 1934 (Ortmayr 1992: 322). In fact, in Carinthia, Styria, Salzburg, Northern and East Tirol we find significant percentages of lifelong servants, people who spent their whole life in rural service, who never had the chance to become independent and create their own family. When they got older and could no longer work, they asked for poor relief to survive. Some of them were admitted to the few poorhouses available, but most of them must have survived through the institution of *Einlage*.

Of course, savings could ensure survival in old age and rural servants often had savings. Furthermore, peasant children who did not inherit the farm, since it was transferred to a single heir (usually the eldest, sometimes the youngest, son), received monetary compensations (Wopfner 1995: 160, 161). However, recurrent instability and inflation during the First World War as well as the interwar years, eliminated any savings. Therefore, it would be interesting to know if older *Einleger* proliferated in the 1920s and 1930s compared with previous decades.

In any case, the *Einleger / Einlegerin* experience was generally hard. Constant moving from one household to another was a permanent feature in those older people's lives, making them very unstable. *Einleger* could stay in the same household for a few days, a few weeks, and sometimes a few months, depending on the household's financial abilities and on its availabilities**.** Individual booklets (*Einlegerbüchel*) reveal the frequency of people's circulation: in 1912, in Lungau (Salzburg), Eva Sieder, an aged former rural servant, moved no less than forty-six times. She spent between one and two months in each of four households, a week in most, no more than a day in some of them.[22] Between 1911 and 1918, in the same region, Michael Gruber changed numerous lodging places, from twenty-two in 1915 to fifty-six in 1911 and again in 1914.[23]

Cases of misbehavior on the part of the elderly or abuse on the part of the farmers were often discussed by community councils, who tried to solve conflicts and function as mediators; this becomes clear in the rec-

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[22] "Einlegerbüchel der Eva Sieder", Tamsweg, in: Klammer (1992: 192).

[23] "Einlegerbüchel des Michael Grubers", Tamsweg, in: Klammer (1992: 193).

ords' excerpts from local archives in Lungau quoted by Peter Klammer (Klammer 1992: 187-201).

In autobiographical records peasant children remember that their families of origin, or other households, hosted older men and women who had formerly worked as rural servants – women as *Mägde* and men as *Knechte.* Authors of such records mention these servants' nicknames, their health condition, and sometimes the small tasks they undertook on the farm. Barbara Waß notes with regards to the Pinzgau region (Salzburg):

> Up to the 1930s there were still *Einleger* who had to move from one peasant to another and, depending on the size of the farm, were allowed to stay there for a few days. My mother still remembers these *Einleger* well. When she was a maid, they often had *Einleger* on the farm.
>
> The last *Einleger* were a certain "Abathei" – probably "Agathe" – and a certain "Miaschte" – probably "Martin". The man carried all his belongings with him in a basket. He had tied an old coat on top. So, he moved from one peasant to another. (Waß 1994: 119)

And another peasant daughter, born in Lungau (Salzburg) in 1915 writes:

> In the little house there was a large room upstairs that could be heated and in which the school children usually slept in winter - but the Einlegerin was always accommodated here as well. The servants were so poor back then: when they were old and unable to work, they were passed around from one farmer to another. Our Einlegerin stayed with the Wald farmers until her death. Everyone had to accommodate her for a month, only with us she stayed for two. (Schuster 1997: 121)

Kaspar Bauer, born in Lungau in 1915, tells how in their household they hosted, at the instigation of the community council, poor women up to their death against the payment of a fee. These women were elderly or grew older while living in the author's household. For example, "the 'Paugger-Rosei' […] a crooked little woman that the community has billeted with us […] sewed and patched everything. When Rosei died, she was seventy-three years old […]"[24]

Elsewhere in his narrative Bauer mentions other *Einlegerinnen* und *Einleger,* who lived and grew old in Althofen, an area close to the municipality of Mariapfarr in Lungau, and were known by particular names – nicknames:

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[24] Kaspar Bauer, „Nicht haben ist ein geringes Leben!", in Klammer (1992: 202-209, here 202)..

> "I can still remember the Blind-Thres, the Restn-Mirl and the Hofer-Lotter […] When (the Restn-Mirl) came, she always carried a pack under her armpit. She had her things inside. Most *Einleger* had nothing. If one died, then his/her garment, if still usable, was distributed among the other *Einleger*."[25]

Einleger and *Einlegerinnen* lived in harsh conditions; they were usually put to sleep in the barn or in the stable, which led to poor hygiene and jeopardized their health. Furthermore, there was shame attached to being dependent upon the community, to live in a poor house, to be an *Einleger*. Indeed, *Einleger* had no individual rights. Even their trunks and personal items were sometimes kept and auctioned by the community to cover their maintenance costs (Klammer 1992: 188). "The *Einleger* were often teased and mocked by the children, and they could not expect anything good from many peasants either."[26]

Well into the 1930s, the institution of *Einlage* remained the most economical solution to poor relief and elderly care, while nursery homes were largely thought to burden community budgets and uproot older people from their familiar social environment.[27] According to a contemporary, after 1938, as insurance laws changed (Steiner 2019b: 235, 236) and the institution came to an end, in Lungau "everyone was glad that no more *Einleger* came".[28]

One can only speculate regarding the feelings of uncertainty these destitute, older men and women may have experienced; work on farms, where labour force was separated in two distinct groups along gender lines, must have built strong and intertwined gender and labour identities. Destitution and *Einlage*, must have largely dismantled such identifications and identities, and brought strong feelings of worthlessness and insecurity to the fore.

Concluding Remarks

The child- and elderly care systems commented upon here were of a traditional, pre-industrial nature. Care took place "beyond the welfare state" system, as this paper's title reflects, but also parallel to its first manifestations and sometimes (at the legal level) in relation to it. Up to

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[25] Ibid, 207.

[26] B. Waß, *"Für sie gab es immer nur die Alm…",* 119.

[27] The reaction of Lungau municipalities to the construction of a district nursing home in the early 1930s confirms such attitudes: Klammer (1992: 201).

[28] Kaspar Bauer, „Nicht haben ist ein geringes Leben!", in Klammer (1992: 209).

1938, municipalities and thus local communities had a central role in that system.[29]

It was provided by households, largely ready to assume responsibilities so that the socioeconomic systems they leaned upon functioned smoothly - sometimes, I think, in an almost "homeostatic" way. In the eastern Austrian Alps, foster children, boys as well as girls, provided for the most part free farm labour; rural servants, members of the peasant households, the farm's male or female labour group, often spent their entire lives working on behalf of peasants who, due to the dominant inheritance system, could have been their brothers and sisters. Relations between households, within households and between individuals appear to have shaped the functioning of such traditional social (or rather micro-social) care systems to a large extent – probably more strongly than contemporary legislation does. Concrete decisions were taken by local, community councils, mainly made up of well-off peasants.

But these forms of care appear to have been largely (though certainly not exclusively) associated with discrimination and feelings of shame. Foster children and older *Einleger* or *Einlegerinnen* were not considered equals to the rest of society. On the contrary, in the twentieth century post World War II mature welfare state, individuals and social groups are treated as entitled to social welfare, and indeed they themselves perceive social welfare as a fundamental right, dissociated from shame – at least in principle.[30]

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[29] They lost their importance in favour of regional and central authorities, when in 1938 numerous welfare regulations of the German Reich came into force in Austria (so-called *Rechtsangleichung*: approximation of laws): Graf (2019: 42).

[30] The case of three older agricultural servants in Lungau, who due to post-war inflation lost all their savings in the mid-1920s, is eloquent and may indicate the beginnings of a transition to a new age of social welfare in rural Austria: All three had to enter the poor house in rural Salzburg; the village council decided that the poorhouse be renamed to "retirement home" so that these three men be recognized as "labour veterans", in the mayor's words, namely diligent and wise (Klammer 1992: 200). It is obvious that they were not held at all responsible for their poverty.

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The Vicissitudes of Foster Care in Interwar Yugoslavia and the Global History of Child Protection

Abstract: *This article deals with the possibilities and limits of rooting foster care in interwar Yugoslavia, which was primarily presented through a local project in* Savska Banovina *and reflected in a health film produced by the School of Public Health. The vicissitudes of foster care in Yugoslavia are set in the global and Balkan contexts, and in relation to interstate settings for child protection and its initial institutionalization as a strategy for legitimizing the new supra-national institutions of social work and post-1918 nations. The public representation of foster care to the international community and wider audiences in Yugoslavia is explored by examining the reports of Mica Trbojević, one of the main proponents of foster care, prepared for the First Balkan Congress on Child Protection (1936), and the film* Spas male Zorice *(1931 by Mladen Širola). Discursive practices aimed at promoting foster care are discussed in comparison to mainstream visions of families, children and rural communities, disseminated among Yugoslav and international experts.*

Keywords: *foster care; child protection; interwar Yugoslavia; international social work; childhood discourses.*

> Based on the experience I've gained over the twenty years I've been working with the Grancher Foundation[1], I'd like to stress the great superiority of family placement over group placement in institutions. Not only is it less costly; it is also infinitely better for the child's physical, mental, and moral health. So, to sum up the opinion of almost everyone here, I think the best solution is to leave the child with the family, or with the mother, with guidance and supervision. If it is impossible to leave the child with the family because of conditions of contagion, as in the case of tuberculosis among parents, or because of poor moral conditions, foster care should be carried out in well-chosen families, supervised by competent visiting health practitioners. (Armand-Delille 1928: 1029)

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[1] *L'Œuvre Grancher* is a philantropic society first organized for promoting strategies to keep children in families in the case of tuberculosis among parents; foster care was one of the core instruments for implementing this mission.

This energetic remark, made by 50-year-old physician and bacteriologist Paul-Félix Armand-Delille during the heated debates concerning proper placement for ‘dependent’ children during the First International Congress on Child Protection in Paris in 1928, elicited mixed approval among the participants. Paul Strauss, Senator of the Seine, who led the session dedicated to the future of child protection, was even more extreme and translated the remark by Armand-Delille as opposition between “*familiale et ouverte*” and “*hospitalière et fermée*” assistance (*Congrès International* 1928: 881).

Seven years later, presenting her six-year project on foster care in rural families to the participants of the first Balkan Congress on Child Protection in Athens, Yugoslav pediatrician Milica Trbojević brought forward Armand-Delille’s argument and the case of the French experience, in an effort to promote foster care in Yugoslavia:

> Institutions that require large capital to be founded and maintained are absolutely more expensive than family placement in rural houses. In the Seine department in France, there are more than 25,000 children who receive assistance; 20,000 are in family placement and only 5,000 are in boarding schools for infants and children. Why would our State, which is a poor rural country, not follow this example? (Trbojević 1935a)

Indeed, family foster care in interwar Yugoslavia largely remained the level of local projects and did not gain dissemination or even legitimization despite multiple efforts on the part of its proponents, namely, physicians, nurses, and filmmakers affiliated with the School of Public Health in Zagreb. In contrast to residential care of different types and the mass promotion of ‘mothers’ homes’ (a mid-term form of placement for mothers and their young children who are unable to live independently), foster care was only attempted in a pilot project in the Sava district. Searching for an answer to the question of what was behind the failure to introduce substitute families as an institution of child protection in Yugoslavia thus faces multiple challenges.

Generally, family foster care and its assessment have maintained an ambivalent position in the past and the present of child protection, which has directly shaped explanatory schemes regarding either the dissemination or the limits of foster care. On the one hand, foster caregivers have persistently been the target of public mistrust because of multiple cases of abuse and neglect. Moreover, rooting the idea of ‘attachment’ since the 1950s introduced more critical points against foster care as not sustainable for children who need long-term relationships. Remarkably, after

World War II, this critique directly transformed the agenda of *L'Œuvre Grancher* (Becquemin, 2005).

On the other hand, not adoption but professionalized foster care remains the most popular alternative to long-term placement in residential institutions, as one that is suitable for the most desirable scenarios of crisis intervention and family reunification. No other form of substitute care has generated so much debate about the balance between a professionalized, institutionalized and individualized approach to a child's needs. The vicissitudes of the history of foster care consistently embody the main dilemmas in child protection, including the very plausible conflict between the autonomy of parents and the safety of the child, or between the family's right to privacy and parental obligations toward community and society. Accordingly, the options and limits for disseminating foster care should be examined in both cultural and socio-political contexts.

Countries like Yugoslavia, with its complicated history of nation-building and international relations, present a challenge to existing typologies of child protection. It is no coincidence that in recent publications aimed at an international review of child protection, the countries that were part of former Yugoslavia are absent (Howard, Okyere 2022; Merke et al. 2019).[2] The spatial and temporal ambiguity of Yugoslavia and its successors prevents any attempts to develop a linear model of progress in child protection. There exists a strong impetus to revise typologies of child protection due to ongoing changes in approaches to refining the system which aims to ensure children's agency over their lives (Connolly, Katz, 2019). But there is another dimension along which to reorganize such typologies – one that is retrospective and targeted at better understanding the inception of child protection and the impact of the past on its ongoing functioning. The development of foster care in interwar Yugoslavia provides an ideal case for developing a historicized, thick description of child protection and its operation.

In this article, I bring into analytical focus the composition of driving forces behind the interwar trajectory of foster care as one that problematizes the role (and power) of different actors in rooting discourses on and practices of protecting children. First, I examine family foster care on the agenda of three international conferences on social work, in Paris (1928), Frankfurt (1932) and London (1936). Then, I move to the circula-

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[2] Even in the most comprehensive collection of country cases, Berrick, Gilbert, and Skivenes (2023) there are no cases representing former Yugoslav countries.

tion of approaches to organizing child protection in the Balkans and explore the role of diverse geopolitical 'schisms', political divisions reflected in the contest between various interest groups, in interstate communication on child protection. Finally, I analyse the presentations by Trbojević at the first Balkan Congress of Child Protection and the film *Spas Male Zorica,* which elaborates the discursive practices concerning families and children brought forward to legitimize family foster care.

Foster care as hostage to the anti-crisis rhetoric concerning global child protection

Interwar global-level politics regarding children was built into intensive institutionalization of supra-national initiatives that often called for their legitimation (Boucher 2011). Prioritizing children was one of the ensured strategies not only to attract resources – from public attention to financial support, but also to generate such resources as solidarity – around the task to protect the future of humanity, children (Droux 2014: 379). Child protection has been one of the most consistent efforts to combat brutalization – first after World War I, and then as a counterbalance to growing anxieties about the impact of authoritarian regimes and the possibility of a new war. Pacifism and promoting broad-based humanitarianism were rooted in the rationalization of social policy (Boucher 2011). Along with abolishing the death penalty (Linde 2014: 545), care for children without parental protection operated as an important part of state consolidation and international order.

The attempts to fix increasing standards of childcare, along with a growing movement for collecting data regarding the state of the art of child protection, sharpened the critical view on family that had begun to be explored in terms of crisis. The reports and presentations from three international conferences on social work, initiated by the Red Cross and the international community of social workers that began to take shape in the last quarter of the 19th century, provide a rigorous overview of discursive practices on child protection. Like many other international projects of the interwar period, these conferences served the mission of informal diplomacy. Even the committees and initiators involved in the conference belonged primarily to the social-democratic wings of national and international political arenas,[3] and the conferences intended to involve a range

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[3] René Sand, a Belgian social worker and physician, was the ideological inspiration for the conference to act as part of institutionalizing social work around the globe. The chair of the conferences was Alice Masaryková, daughter of Tomaš Masaryk, the first

of ideological approaches to social issues, operating in different countries.

Socialists and conservatives, representatives of Stalinist Russia, and an increasingly fascist Germany were sat in the same space, discussing the best ways to protect different groups among the population, especially mothers and children. For instance, the Yugoslav delegation to the International Congress on Child Protection, an integrative part of the Conference in Paris in 1928, consisted of a representative of the embassy of the Yugoslav kingdom Alexander Vukhević, Belgrade experts Matija Ambrožić and Miloš Popović, who reported on the event, Andrija Štampar, an expert who represented the School of Public Health in Zagreb, and Nikolaj Velimirović, bishop of the Orthodox Church eparchies of Ohrid and Žiča (Macedonia). The inevitable ideological oscillation at the conferences was dictated not only by the eagerness of the organizers to find the most appropriate position among those presented, but also by a desire to ensure the broadest legitimacy of the event and the acceptance of its later decisions.

The first conference was accompanied by a separate congress directly aimed at discussing issues of child protection and organizational solutions most appropriate for mass dissemination. The lives and health of children were discussed in term of the resources and proper politics for its sustainable reproduction. It explains why medical expertise dominated in discussions on producing standards of childcare. The issue of variety vs. universality in child protection was one of the central points of the discussions. Prioritizing universality emerged from different directions. One of the main patrons of the congress, the Save the Children Fund, promoted its priority through the principle of universality, according to which all children, regardless of nationality, race, or faith were entitled to their rights (Veerman 1992: 91).

Along with this rights-based rhetoric, the experience of large countries such as Germany or the Soviet Union competed against each other to present the most universal program of childcare. Not infrequently, the Soviet representative Vera Lebedeva,[4] whose detailed report lasted more

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president of Czechoslovakia, and the vice-chairs included Mary Abby van Kleeck, a U.S. social scientist and women's rights activist who shared a leftist view on labor, Cyrille Van Overbergh, one of the prominent politicians of Katholiek Verbond van België, and Anton Geiss, one of the representatives of the Social Democratic Party in Germany.

[4] Vera Lebedeva (1881 – 1968) was a physician educated and working in Geneva before 1917. She was openly sympathetic to eugenics and a supporter of the legalization of

than one hour, presented the successes of child protection with the consistent motif of transferring positive experiences from centers such as Moscow and Leningrad to the periphery, especially Soviet Republics like Azerbaijan and the republics of Central Asia (Lebedeff 1928: 1018-1021).[5] Clearly, the Soviet position, driven by the mission to point to the best set of universal decisions, questioned the intention of some experts, including that of the U.S. social worker Katharine F. Lenroot, who claimed in her presentation entitled “Social work for dependent children” that the individual needs of dependent children should be the grounds for making decisions concerning placement into an institution or a foster family (Lebedeff 1928 1014).

The debates regarding the variety and universality of child protection resonated with discussions regarding the proper definition of those children who needed protection. Predictably, the proponents of individualized child protection and foster care as a main strategy to ensure sensitivity to the child’s needs, criticized the definition of ‘dependent’ because of the risk of relegating the child’s individuality to the margins of professional care. Further, the position of proponents of a differentiated approach was not so resonant as that of the promoters of universalist organizational decisions, not least because of a clear medicalized view on child protection as aimed at preserving child health above all. Nutrition, basic hygiene, and the prevention of infectious diseases were the main issues discussed in the context of mothers’ employment and the economic instability of many regions across the globe. The professionalization of care and the emancipation of children from families by developing social and health services such as open-air schools, summer colonies, and other semi-residential institutions were seen as the most feasible and desirable organizational solutions.

Four years later, the conference in Germany directly addressed the impossibility of sustainable family life and called for understanding social work as an irreplaceable institution for less problematic dynamics of family units in various uncertain circumstances.[6] The conference opened

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abortion, especially in rural areas. Further, she was the first organizer of the governmental institutions responsible for the politics regarding motherhood and childhood.

[5] Immediately after the conference the Soviet Department of Child Protection organized retraining for medical practitioners in Petrograd and offered the dissemination of the universalist Soviet model to Western colleagues. More in Susan Grant (2022).

[6] *Program of the Second International Conference of Social Work*, Archive of the University of Keele, Institute of sociology, LP/6/3/1/.

with the report “The Family in a Changing World,” by John Christian Pringle, one of the organizers of the first conference and a prominent member of the Council of the Eugenics Society, who developed family casework around the globe through his career as priest and educator. In response to the dilemma between a voluntary and individual supply of social needs vs. compulsory and collective social policy, Pringle highlighted the family or household “as the essential economic unit, and that, within the family, it is the housewife and mother, and not the wage-earner, who should be regarded as of paramount importance”.[7]

The central and unique role of social work with mothers was discussed within a special session regarding ‘broken homes’, that is families that had lost their male wage-earners. Right-wing politician and economist Gösta Bagge declared that “the decline in the feeling of personal responsibility and the extension of public relief” threatened the existence of modern society, and, further, that “complete reorganization and reform of present social policy can alone avert impending disaster”, and that what was needed was “a criticism based on popular psychology, and a social policy”. Residential care or visiting services were discussed as the main organizational forms capable of coping with the problem of ‘broken homes’, and foster care disappeared from the radar of public attention due to general apprehension regarding family life as the best option for care.

The last pre-war conference in 1936 dealt with the issue of community and the recent changes in community life, volunteers’ participation, and informal networking as resources for social care. British sociologist Alexander Farquharson, one of the pioneers of the sociology of communities who, together with his colleagues and students, collected multiple cases of community life around Europe, including Czechoslovakia, Bulgaria, and Yugoslavia, was one of the engines driving the conference. He offered to participants the opportunity to not just prepare their papers but to answer questions regarding their experience of cooperating with public, private, and philanthropic organizations, and to discuss different opinions.

The very probable risk of decreasing the involvement of community as a main resource for social work dovetailed with the increasing fear of authoritarianism. This emergent agenda resonated with the obvious priority of female participants. Even in the mass media, the third confer-

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[7] Later, this thesis was developed in the guidance, published with an introductory text by influential liberal politician Charles Mallet (Pringle 1933).

ence was presented as a forum for the most influential women from around the world. The institutionalization and professionalization of social work were discussed as processes with two – a positive and a negative – sides with regard to community life. R.H. Hazemann,[8] who chaired the session aimed at discussing the perspectives of cooperation between social services and hygiene, stressed in his overview of country cases the role of networking and professionals as capable of connecting public and private initiatives. The replacement of informal connections between different parts of the community was also important for substitute family care because systematic institutionalization was evaluated as often 'squandering resources'.[9]

Within the same session Edward Fuller, one of the ideologues of the Save the Child Fund, presented a report about the Fund's achievements (Fuller 1936). The report clearly identified as worthy partners only the state bodies of countries evaluated as nascent in institutionalizing child protection – professionalization through introducing visiting services and residential as well as semi-residential institutions were claimed to be the most desirable strategy. Western voluntary organizations were seen as engines for the development of child protection in countries like Poland, Hungary, and Yugoslavia, and the willingness of national governmental bodies to provide conditions to implement the international recommendations represented the main positive outcome. Foster care was not among the priorities of the Save the Children Fund during the interwar period; it was not promoted as an organizational solution the way visiting nurses or short-term residential placements were. In 1951, Fuller published a book entitled *The Right of the Child: The Chapter in Social History*, which cemented these ideas within the international movement for children's rights.

Clearly, in terms of the global mechanisms of diffusion of new norms and standards, the dissemination of foster care during the interwar period did not achieve a global scope in contrast to summer camps for children or state support of nutrition for infants (Linde 2014: 553). It faced many obstacles in the efforts at coercive dissemination, even in the colonies of France, one of the rare promoters of foster care, not least because of clearly different cultures of family life. But to what degree was

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[8] Dr. Robert Henri Hazemann (1897 – 1976) a French physician, was a leading expert on hygiene in the League of Nations, also a proponent of a pronatalist prohibition on abortion.

[9] *Report of Commission I Hygiene and social services*, 1936, Archive Keele University, fond of Institute of Sociology, International Conference on social Work LP/6/3/1/3/8.

the mechanism of principled activism in disseminating foster care, consistently represented in interwar France and based on the activism of physicians, to be found in the figures of the most respectful experts in child protection available for disseminating foster care in Yugoslavia? To answer this question, I reconstruct the participation of public health experts and practitioners in shaping child protection in Yugoslavia as part of the entangled history of child protection in the Balkans.

Child protection in the Balkans: An exaggerated mission of unity

In the Balkan countries, child protection evolved in the shadow of never-ending wars, which inevitably led to an increasing number of orphans and unaccompanied minors (Popova 2007). The very first attempts to move from private charity to the systematic protection of children in the late nineteenth century were directly related to the presentation of children and their destinies as the most complete embodiment of the horrors of war; child protection was contrasted to all the intense political violence. Establishing the Serbian Society for the Support and Education of Orphans and Abandoned Children (*Društvo za potpomaganje i vaspitanje sirote i napuštene dece*) was a response to the increase in the number of orphans after the Serbo-Turkish War (1876 – 1878) and was modeled on women‘s patriotic movements in France and Germany, which combined the protection of children with the defence of the fatherland (Izveštaj o radu Društva 1937).

Searching for unity represented a response to yet another challenge, multiple political "schisms", political contests that coincided with geographical or ethnic divisions. This search should be seen not only as an extreme manifestation of local diversity but also as a particular geopolitical driving force behind any dimension of social policy, including child protection. The proponents of child protection teetered between different political camps, which explains the experts' desire for strategies that would be embraced by a given political movement. One of the notable examples of the impact of such political schisms is the addition of the defining term "patriotic" to the Foundation for Child Protection in Greece, a change that was supported by law (Vassiliki 2018: 85).

It is reasonable to assume that the functioning of child protection in the region was another light and positive side of nation-building, aimed at saving lives of future generations (Vassiliki, Karakatsani 2019). Child protection was consistently tasked with the mission to connect or even unite the nation through the systematic partnership even between those ethnic groups whose relationships otherwise remained politically tense (Boucher 2011: 177). For instance, in 1920, the Society for the Support and Education of Orphans and Abandoned Children was transformed into the Society for Educating and Protecting Yugoslav Children (*Društvo za vaspitanje i zaštitu jugoslovenske dece*). Uniting with other organizations from Bosnia and Ljubljana, the mission was to "raise children in the same spirit of the future of Yugoslavia", and to disseminate the use of residential institutions modeled after the *Dom sirotne dece* residential care institute (Izveštaj o radu Društva 1937: 103).

Uniting nations around child protection required the application of univocal and strong messages about saving children, and in the Balkans, child deprivation and its extreme manifestation, child mortality, became a predominant discursive practice: "Here we have to paint a terrible picture, that from 1920 to1939 the nation gave birth to 85,755 stillborn children, that over 38,000 unfortunate mothers died during childbirth, and that over 1,150,000 infants died in this time period!" (Vidaković 1939: 22). Moreover, statistical data regarding child mortality in the region only buttressed alarmist rhetoric in all Balkan countries. During the interwar period, in comparison with other Central Eastern European countries, only Romania's infant mortality rate exceeded that of Yugoslavia, as well as that of Bulgaria and that of Greece (Vidaković 1937: 30).

The plight of children was contrasted to the indifference of public institutions, which should have been key to providing for children:

> Genuine social protection for children in Yugoslavia will be required: caring for 1,090,000 extremely vulnerable children from 334,430 impoverished [*pauperizirovane*] rural households without land, livestock and agricultural implements, and protecting 2,760,000 vulnerable children from 1,595,024 rural households whose property is utterly unable to provide the sufficient income necessary for the normal upbringing of children from semi-impoverished rural families; take care of 364,370 socially disadvantaged and disabled children of unemployed parents in cities; ensure the protection of 72,000 minor apprentices whose bodies are exhausted to the point of convulsions and whose living conditions are turning into a real social crime; to care for 280,000 overworked young urban workers, protecting them from bodily exhaustion as a result of exploitation by employers who, in their indifference to life and sole care for profit, ridicule and destroy thousands of these poor children, yoked too early, suffocated in hellish and unsanitary workshops. (Vidaković 1939: 46)

This alarmist paragraph is one among many written by Slobodan Vidaković, at the time one of the most influential experts in child protection since the late 1920s. Vidaković collected data through questionnaires aimed at assessing the needs of families with children in urban and rural areas across Yugoslavia. Along with painting “a terrible picture” (*strashna slika*) – a consistent motif, this expert offered an explanation for the situation, namely, the systemic lack of professionals such as nurses, physicians, and teachers, as well as organizational units targeted at providing for children’s needs. Notably, previous attempts to introduce child protection were defined as *bureaucratization,* not institutionalization, and the result of “occasional charity” (Vidaković 1939: 12). Neither family nor community were seen by Vidaković as capable of protecting children, and he offered a very vivid depiction of a civilizational deadlock for describing the inability of rural households to care for children properly:

> Many of these surveyed dwellings represent the most primitive types of houses, non-cultural heritage mostly dating back to centuries of slavery under Asian conquerors…. But they are no less miserable than the so-called "today's houses" of our village, built mostly from compacted earth, from piles, plastered with mud, with a floor made of earth, low, without a ceiling, dark, mostly covered with straw, sod, or half-rotted boards. The rural farms represent for the most part a series of these huts, as if hell had dropped them from the clouds, without any foundation, sprouting in the garbage, like mushrooms. (Vidaković 1939: 42)

According to Vidaković, not family but rather belonging to a collective such as a school institution could ensure proper care and education. The introduction of child protection at the level of state-approved decisions was aligned with this trend of seeing children protected in institutions, and medicalized the assistance offered to them. The group of experts who promoted this approach was led by Matija Ambrožić, a Slovene pediatrician educated in Vienna, one of the ideologues of the Sokol movement in Yugoslavia. Ambrožić promoted the professionalization of care for children through introducing an institute for professional nursing, as well as residential institutions and ‘children’s colonies’, which replaced insufficient care on the part of biological parents. In the early 1920s, he founded the first colonies near Ljubljana and linked their functioning to the task of disseminating the institution of patronage nursing (*zaščitna sestra*) (Obzornik zdravstvene nege 1969a).

The training of nurses was another important task that required new institutional solutions. At the end of 1922, Ambrožić advanced the decision of local authorities to establish the Institute for Social and Hygiene Protection of Children (*Zavod za socialno-higienskozaščito dece*), which started its operations in the middle of 1923 as a center for the vocational retraining of nurses. In 1926, in Lukavici pri Damžalah, with direct lobbying on the part of Ambrožić, the first children's colony was established for infants and toddlers whose mothers could not take care of their offspring. The same year, together with his closest colleague, Antonija Šiffrerjeva (one of the first Yugoslav nurses who, with the support of the Rockefeller Foundation, was educated in Canada and the United States,[10] and who accompanied Ambrožić from the beginning of his organizational initiatives), Ambrožić accepted an invitation by the Belgrade authorities to devote his accumulated experience to solving the situation of child protection in the country's capital (Obzornik zdravstvene nege 1969b). Ambrožić cooperated closely with other prominent Slovene agents who promoted child protection, including one of the leaders of a feminist movement, Alojzia Štebi, who consistently lobbied for the professionalization of child protection (Grubački, Selišnik 2023). This camp of experts produced a certain representation of Yugoslav child protection at the international level. In 1928 at the International Congress on Child Protection, it was Ambrožić who reported on the situation of child protection in Yugoslavia (Ambrožić 1928). In his overview of the international trends in developing maternal lactation, P. Lereboullet, who had followed the advice provided by Ambrožić, emphasized that Yugoslavia was moving "in the same direction but further ahead of the French legislators" (Lereboullet 1928: 159). After 1945, Ambrožić became an international expert on child protection, and until the end of the 1950s continued to represent Yugoslav child protection to international audiences.

By the end of the interwar period, residential care was the dominant option for placement for children with disabilities and those lacking parental care, as part of professionalizing childcare. At the same time, a few activists began to institutionalize foster care. How different were the dis-

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[10] According to Rockefeller Foundation records, File: "Schiffrer, Antonija (Yugoslavia) – DS Nursing", Šiffrerjeva received a one-year fellowship for improving skills and organizing nursing services between 1925 and 1926. She spent nine months at Toronto General Hospital studying nursing routines in obstetrics, medicine, surgery, pediatrics, and social service. The main part of her time in training was dedicated to social work with children in different circumstances, and she was also trained to care for patients with complex diseases. The theoretical grounds of mental health, organizing services, and obstetrics complemented her practical training. In the final months of her fellowship, Šiffrerjeva worked at Boston Hospital, learning how schools for mothers were organized, along with how to teach mothers healthy nutrition and posture, one of the priorities. Additionally, Šiffrerjeva directly participated in caring for children. Her supervisor mentioned that Šiffrerjeva was especially devoted to administrative approaches and collective forms of care.

courses regarding family and children they promoted? What were the main arguments in favor of a ‘substitute family’?

Foster care: A modest chance for nuanced child protection

Milica or Mica Trbojević (1894 – 1961), born in the Serbian village of Ličko Petrovo on Croatian territory bordering Bosnia, and a niece of Nikola Tesla, graduated from the medical faculty of Zagreb University in 1927 and in the same year began her career as a pediatrician in the State Children’s Dispensary (*Državni dječji dispanzer*). She then started collaborating with the government of the Sava district, where, under her tutelage, foster care for children was introduced. Her devotion to foster care, which stood in contrast to the mainstream ideas about child protection, cannot be explained by a single driving force. A combination of factors were at play: her interest in intervening in families with tuberculosis, her childhood experience growing up in a village, and her pro-feminist stance, combined with a belief in rural progress.

As Trbojević informed the Yugoslav organizers, participation in the First Balkan Congress on Child Protection offered a chance to present this experience and promote it (Trbojevic 1935b). She presented two reports, one entitled “The Role of the Peasant Woman in Rural Family Placement of Children" (*Le rôle de la paysanne dans le placement familial rural des infants*), which she presented within the first session and which was dedicated to the politics of care for ‘normal’ children with a particular focus on the role of the state, followed by another report entitled “The Peasant Woman: Guardian of the Stranger's Child” (*La paysanne – gardienne de l’enfant éntranger*) presented within the session on the cooperation between public health and local child protection.[11] Like Vidaković, Trbojević brought forward an unflattering comparison between Yugoslavia and countries beyond, or in the ‘civilized world’, stressing the necessity to overcome the issue of child mortality: “We must understand that the birth rate in our country is high (29.7%) but that unfortunately the mortality of children is also high (20%). Only Chile and Malta, whose statistics are disastrously higher, can be compared with us, especially with Bosnia” (Trbojević 1935a).

Trbojević vigorously employed the vocabulary of ‘state interest’ and defined child protection as an investment in the future of the state

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[11] Premier Congrès balkanique de la Protection de l’enfance (1935). *Revue Internationale de la Croix-Rouge et Bulletin international des Sociétés de la Croix-Rouge*, Bulletin No. 200.

and the nation: “It is easy to calculate what the losses are to the state if the child dies, because it is known that an adult returns what was paid for him as a newborn” (Trbojević 1935c). However, she criticized Belgrade’s politics, for its focus on professionalization and for being irrelevant to the majority of the country. She utilized an analogy between those who promoted ‘improper’ solutions to prioritize residential care and spoiled children: “It is as if we gave a little peasant who would play with a worthless toy a precious and expensive toy [belonging to] a spoiled child – a toy that he will never again have in his life!” (Trbojević 1935a).

The call for modeling child protection as dependent on the social profile of the state was her main critical argument against the mainstream movement among her colleagues to adapt professionalization as the pathway to child protection:

> The social structure of a state must shape child protection. This assistance must be quite different in agrarian countries than in industrial countries; it will be different in countries where most of the inhabitants live not in large towns but in the countryside… However, until recently, we did not care about the fact that we belong to a rural country, where more than 80% of the inhabitants are peasants. We worked according to methods that even industrial countries are giving up nowadays. (Trbojević 1935c)

In line with her enthusiastic view on the French experience, Trbojević called for adopting the French approach to foster care: “Our society must learn the methods that must be adopted to work along with the countries whose work on social policy takes priority” (Trbojević 1935a).

Along with refuting an irrelevant and too ‘urbanistic’ approach, Trbojević rejected the mainstream belief in the decay of community life and the decreasing role of rural community so often promoted by international experts: “In our country, which is rather agrarian, where there are many inhabitants on a small property and where there are even those who do not own property, it is very important that social policy is driven by the relationship that exists between the countryside community and the wider society” (Trbojević 1935c). According to Trbojević, foster care proved a source of enlightenment for the entire rural community, as well as cooperation between foster mothers and medical professionals, along with short-term training in proper care for children: “Allow for the peasant guardian to be educated, and then her acquired knowledge gradually becomes and passes on to her family and throughout the village”. Trbojević provided several examples of how disseminating foster care “im-proves the livingstandards of the countryside, and thereby that of all the people" (Trbojević 1935c).

Along with this optimistic view on the symbiosis of foster care and community life, Trbojević was realistic in evaluating the deeply rooted public view on orphans placed into institutions as meaningless ballast:

> Society has not been able to shake off the opinion that these children are parasites of the State and that the money spent on them is an unpleasant burden on the budget. Society is still primitive, the notion of social assistance is poorly developed, and education from the point of view of hygiene is in its early days (Trbojević 1935c).

She considered foster care a chance for recurring community life:

> The money that is spent on the maintenance of these children returns in multiple ways to the State; not only does it return by producing a healthy generation, but it is given directly to the poor families, who through this money improve their own lives, raising the general [socio-economic] standards of the State, which is the best investment of money. (Trbojević 1935a)

Trbojević called for a more institutionalized support for foster care that would involve the administrative resources of local authorities, and not only those of charity organizations. Drawing on statistical data, she easily demonstrated the rupture between the demand for foster care and the ability to provide it. This deplorable situation was illustrated by an example from the most prosperous region of Yugoslavia:

> In the region of Save, which is among the most civilized regions of our State and which is, in economic terms, among the richest, there are approximately 5,000 children for whom it would be absolutely necessary to take care of, but there are only 1,000 of these children that we assist, even when counting those who are sent for protection to different private charitable societies. (Trbojević 1935a)

She was aware that the prevailing view on foster care was critical because foster women (*prehraniteljice*) who took children in their homes for a certain amount of pay, were mostly poor themselves. Wealthier families rarely took in children and, if they did, they asked for amounts which single mothers – often employed as housemaids in such wealthier homes – could not afford (Dugac 2015: 73). Trbojević emphasized the role of sustainable financial provision for foster families, even for single foster mothers: "In poor environments such as ours, the monthly allowance received for child care, even if minimal, plays an important role in the budget of a farm house" (Trbojević 1935a).

While foster care maintained a bad reputation, which was often used as an argument for replacing it with professionalized, residential care, Trbojević brought forward the idea of cooperation between foster mothers and local public health officials as sufficient for proving the appropriateness of foster care: “Until now there has been no case to note of such a peasant/guardian who did not carry out the doctor's orders, which is not always the case with real mothers.” She connected this obedience to new progressive standards and the reality of renumeration for foster care: “This material contribution forces the woman to be very precise concerning all the orders of the hygienist, and she is much more precise than the real mother” (Trbojević 1935a).

Her convincing arguments concerning child care aligned with the systematic negation of a selective, eugenics-informed approach: “The opinion that infant and child mortality is simply natural selection has long been abandoned”. Trbojević even exaggerated this argument in her presentation within the main session: “We know that even the strongest child will die without the necessary care and that the weakest, on the contrary, will prosper if he has everything he needs and develops according to proper managed directions” (Trbojević 1935a). Like many of her contemporaries, she would accept the premises of negative eugenics after the point of reaching a certain standard of care: “If all children [lived] in such good conditions, only then could death be said to exercise physical selection” (Trbojević 1935c).

The main argument in favor of foster care over residential institutions highlighted the ‘naturalness’ of placing children in a rural environment, whilst inevitably objectifying the child: “This is the difference between foster care and closed institutions for children, which resemble a greenhouse where the plant grows under artificial heat, unable to withstand the slightest cold, while children in the countryside grow like flowers transferred to a better land” (Trbojević 1935a). The analogy between children and plants was one of many other instances of applying the discourse of the geo-body, indivisible from its locality and a part of collective practices. The idea of the geo-body was also applied to attempts to reinforce the opposition of foster care to the biological family: “Children adapt most easily to this environment and it is there that they develop best, physically and morally, like a plant transplanted into better soil. The child develops under the same conditions and he later expects to receive strength and vigor!” (Trbojević 1935a). As Thongchai Winichakul explained, “The geo-body supplies the new [forms of] objectification for the beloved motherland or common soil and, reciprocally, acquires the human loyalty originally given to the soil" (Winichakul 1997: 133).

The analogy between foster families and soil that 'saturates' and 'roots' was reinforced by the consistent promotion of the geo-body of the foster mother as an "undoubted and invaluable force, an eternal capital of our peasantry life" (Trbojević 1935a). The mother and the environment represented the unity that provides for all the needs of the child; placing the child in a foster family was thus seen as finding an 'authentic' place for the child:

> The child receives in the guardian mother and in the environment which surrounds him the equivalent of family life. The child develops surrounded by tenderness and love and does not even realize that destiny has taken away his maternal love. He grows up free in the sun and the wind and that's what awaits him in life too! He acquires knowledge and the notions necessary for all of life, and this is what we need the most. (Trbojević 1935a)

Improper care from the biological mother was explained by her unnaturalness and intractable resistance to being trained as a good mother. "It goes without saying that this villager mother must be provided with a certain education that does not cause any difficulties. You may even think that it is easier than when it comes to a real mother who remains under the influence of bad habits, superstitions, and sentimentality". Along with the idea of the geo-body as near the mystical power of authenticity, Trbojević brought forward arguments that attributed the potential of sustainability to the patriarchal order: "By placing children in the homes of peasants whose lives are well regulated physically and morally, the problem of assistance found its simplest and most ideal solution. The rural family with its patriarchal tastes best replaces the child's own family". The reliance on the patriarchal order did not contradict the idea of the rural woman as an engine of progress: "She does not stay behind the peasant husband at all, she deviates from him considerably and leaves him well behind" (Trbojević 1935a).

Justifying foster care in villages was substantiated by attempts to juxtapose natural resources, namely, the maternal instinct of peasant mothers defined "as more informed by natural instincts, including love for a child" and the ability to transform their parental experience:

> The peasant woman, as the mother of someone else's child, has shown herself to be an excellent mother. She welcomes the child and takes care of him with great dedication and affection. She is the safest collaborator in medicine. Alongside caring for someone else's child, under competent supervision, with minimal material compensation, she also ed-

> ucates herself from a hygiene point of view and applies the experience acquired to her own children, her family, and others. (Trbojević 1935a)

In this respect Trbojević exploited the approach to parents (especially mothers) as semi-professionals, an idea promoted by the School of Public Health in Zagreb: “And this is why in child protection, the peasant woman can be our most useful collaborator” (Trbojević 1935a).

In 1938, she was invited by the Department of Social Policy and People’s Health in Zagreb to develop foster care as a measure for solving the problem of children without parental care.[12] Unfortunately, even this modest chance for developing foster care was lost with the beginning of World War II. Trbojević was not totally alone in her ambition to repeat the success of French colleagues and to root foster care in rural areas. In 1931, among other films aimed at promoting various forms of substitute care, Mladen Širola who, like Trbojević, sympathized with the Croatian Peasant Party (*Hrvatska seljačka stranka*), made the film *Spas male Zorice* (Save Little Zorka), which tells the dramatic story of a young girl who has found happiness in her new foster family after years of suffering under an irresponsible caregiver.

Public representation of foster care in health films: The foster family as a unit in a new society

Films that problematize proper and improper care for children became one of the mainstreams of interwar cinematography in different countries, not only among educational films but also in entertainment. Two general trends, namely, the psychologization of children as protagonists through increased interest in the internal world of the child, and the pathologization of biological families (especially mothers), shaped the main trajectory for representing substitute care in the films. Behind these interrelated trends, it is easy to recognize the outstanding influence of Ellen Key, the Swedish activist and child welfare theorist who was one of the pioneers in introducing children into public discourse as the subjects of their own actions. In her multiple publications, including the most famous *The Century of the Child* (1909) translated into many European languages, Key insisted that children had the right to choose their parents. This idea was enthusiastically accepted by Western promoters of

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[12] Ministarstvo socialnoj politike i nardodnog zdravlja The Letter to the Hygienic Institute of Zagreb 1938 HR-HDA-890. Collection of personal records of civil servants (Zbirka personalija), series Medical personnel, a dossier of Milica Trbojević.

foster care (Macinai, 2016). In 1926, director Gerhard Lamprecht, who had already attained a reputation for presenting children who rebel against the arbitrariness of adults, filmed the story of three children who reject their biological family and expose cruelty on the part of both biological parents and substitute parents until they either die or meet parents who love them and whom they choose (Dussel 2017). The film entitled *Die Unehelichen* (*The Children of No Importance*) was made with the direct support of the Association for the Protection of Children against Exploitation and Mistreatment (*Vereins zum Schutze der Kinder gegen Ausnutzung und Mißhandlung*).

Die Unehelichen focuses on the slim chances of a child surviving without appropriate care, as well as the practices of controlling the quality of child care in the family, both substitute and biological – practices which were only beginning to be institutionalized in Germany at the time. Social drama, on the verge of tragedy, introduces the norms that began to be promoted by international organizations during the interwar period: that the biological family is not always the best ‘natural’ solution for care, that the child should have a proper childhood with full access to consistent health care, healthy nutrition, attentive caregivers, sports activities, time spent with peers, and collective games. The film consistently constructs the idea of abuse and neglect as inevitable in the opaque space of the family which lacks proper scrutiny from helping professionals. And although, as in other films, Lamprecht builds the intrigue of the plot around the rebel child, the ability of children to take the position of active agents in their destinies is presented as a unique and not always reliable way to save a child. Through the different destinies of three children of different ages and genders, Lamprecht consistently promotes a positive attitude to intervention on the part of authorities: thoughtful and kind policemen, judges, and public health workers.

Širola, the director of a puppet theatre, founder of the first Yugoslav children’s theatre, and an active promoter of children’s culture, was undoubtedly aware of these trends and films.[13] It is fair to interpret *Spas male Zorice* as a kind of adaptation of *Die Unehelichen*. Moreover, Širola was likely inspired by another famous Western film, *The Kid* by Charlie Chaplin. Širola reproduced the same plot as Lamprecht, with a focus on saving a child from death, but he radically changed the hermeneutic code.

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[13] For example, Ellen Key's ideas and writings were extremely popular in interwar Italy, and their influence on the cultural and social life of Croatia remained enormous; more in Hällström, Jansson, Pironi (2016).

Lamprecht's drama is transformed into eccentric comedy: Jitrićka, an irresponsible caregiver, drinks from morning to night, according to the subtitles, and she is always unstable. To demonstrate her instability, Širola chooses one of the favorite techniques of classic film comedy – constant amusing falls that emphasize the awkwardness of a would-be drunkard. In contrast to the dramatic story of abuse and death told by Lamprecht as a warning, Širola tries to impose upon the audience a hostile and sarcastic attitude towards an unkempt, selfish, and greedy guardian. This inversion clearly relies on intertextual pleasure – the audience in Zagreb and other Yugoslav cities was familiar with the films by Lamprecht, as well as with classical comedies. Širola drifts away Lamprecht's devotion to the child's subjectivity as an engine of proper substitute care and brings forward the role of the substitute family as the engine of healthy community life.

All of širola's films present substitute care, whether foster family or residential large-scale institutions, as the best possible milieus in which to nurture proper childhood for nations. Generally, each of the films can be interpreted as a story of the transformation of the child protagonist, who at the beginning of the film is a lost child, abandoned by the very institution that should be protecting them, into a collective child within the most powerful institutions intertwined with the nation. In *Spas male Zorice*, ten-year old Zorka is being abused by a chronic alcoholic, Jitrićka, who for unknown reasons has been entrusted with her care. The portrayals of Zorka's experience of improper care includes being forced to beg and her health needs being neglected. The begging scene in the Marija Bistrica, one of the main places of pilgrimage in Croatia, on the Feast of the Assumption of Mary, can be easily interpreted as the culmination of Zorka's alienation from the nation and from collective childhood; she is unable to participate and can only beg. In despair, and in fear of her guardian, who beats the girl and leaves her to sleep on the porch, Zorka runs and finds herself in an ideal foster family, which already has two children. Foster parents not only patiently teach the girl hygiene skills and take care of her health, but also create the conditions for a childhood full of games and preparation for adult life.

The film consistently juxtaposes a child protagonist with good parents and a child protagonist with 'improper' parents via the image of healthy habits in the first context and unhealthy habits in the second. It is noteworthy that Zorka's unhealthy decision to spend the reward given to her on sweets leads to her last meeting with Jitrićka, who dies at the end of the film. 'Improper' childhood manifests in the unavailability of entertainment for children and in the suppression a child’s ‘natural’ curiosity. Children's entertainment and attractions such as a carousel are observed by Zorka with undisguised interest and envy. The film emphasizes the lack of a peer environment which living with an unsuitable guardian entails, contrasted to the intensive communication with peers after appropriate placement. The round dance scene in which the child protagonist who has found stable care joyfully participates, is a motif reproduced in each of širola’s films. This dance symbolizes the transition of the former orphan, alienated from the people, into the collective child of the nation.

In this film, a girl changes not only her foster family but also her entire village. The film begins with an intervention by neighbors who try to prevent Jitrićka’s attack on Zorka, and several times the attempts of the community targeted at protecting Zorka are unsuccessful until she escapes and finds new family. If in her previous village, the neighbors were not consistent in their help, and despite the doctor’s attempts the girl fails to receive proper care, in the new family living in another village mutual assistance and understanding are the main resources. With proper foster care, Zorka starts her integration into the community and more broadly speaking, into the nation. This message is conveyed through consistent reproduction of the image of the geo-body: children in the foster family are miniature copies of their parents, dressed in the same clothing and assuming the same posture, and so on. Notably, Jitrićka can't be seen as a representative of the geo-body; mostly, she is depicted as somebody who has lost the connection with tradition and authentic soil. The scene featuring the death of Jitrićka, who dies surrounded by young, vibrant, and stable women in national costumes, only reinforces this contrast.

Spas male Zorice was one of the most well-promoted films produced by the School of Public Health, impacting local campaigns in favor of a more humanistic treatment of children (Shmidt, Kaser 2023). A fragment of *Spas male Zorice* was included in an overview film, *Borba protiv bolesti putem filma* (*Fighting Disease with the Help of Film*, 1934) prepared by the School to be screened at different international events. It is worthwhile to further explore the possible influence of the Yugoslav film on Henri Grignon's film *La préservation de l'enfance de la tuberculose par l'Œuvre Grancher* (*The Preservation of Childhood from Tuberculosis by the Work of Grancher*), which was made in 1936 with the same goals as *Spas male Zorice* – to promote foster care to a wide audience. Like the Yugoslav film, the French production deviated significantly from the discursive practices promoted by Lamprecht and earlier proponents of foster care. This very possible post-film life of *Spas male Zorice* sharpens the question regarding the impact of foster care in Yugoslavia and the criteria for assessing its historical role.

Conclusion

Historicizing foster care in interwar Yugoslavia raises many questions regarding the divergence between the clearly complicated past of child protection and our very limited knowledge of it. Furthermore, the internally contradictory position of foster care and its ambivalent influence problematize approaches to interpreting the interrelation between ideas and practices aimed at promoting the interests of children.

The image of the collective child as embedded in the nation and an understanding of foster care as the return of the child to the fold of the nation was at the core of the ideology advanced by Yugoslav proponents of foster care. With the inevitable shift in attention to the relationship between the child and the foster parents, the promotion of foster care found itself in conflict with, or even challenging, mainstream discursive practices based on a vision of children needing to be institutionalized or even emancipated from previous ‘backward’ generations. This conflict aligned with the ambiguous position of foster care at the global level. In the process of intensive legitimization of their activities, international organizations focused on developing universal models of child protection. The forms of child protection desirable for organizational actors such as the Save the Children Fund would ostensibly represent a successful balance between the utopia of an individual approach and the uneasiness international bodies felt towards accepting the realities of selective approaches undertaken by large-scale institutions.

As an organizational approach in the interwar period, foster care operated as alternative model of medicalizing child protection, which was among the central trends in the institutionalization of child protection across the globe. Neither physicians nor nurses in mothers’ homes or children’s colonies, but mothers themselves were the agents of such medicalization. Accepting foster care as a semi-professional and semi-parental practice that successfully responded to the binary opposition of family vs. professional care remained beyond the priorities of interwar social work. It is clear that the fragmented development of foster care influenced the further evolution of models of child protection toward the predominance of large-scale institutions as a solution for children with disabilities or without parental care.

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‘A Child of Misfortune’: Eugenics and Children Reception Centres in Post-War Britain[1]

Abstract: *This article explores the enduring influence of eugenic ideas on British psychiatry and social policy in the aftermath of the Second World War, with a specific focus on the establishment of children reception centres. It provides a detailed case study of the Caldecott Community in Kent, and its involvement in the creation of an experimental reception centre, alongside members of the British Eugenics Society, notably the psychiatrists Hilda Lewis and Carlos Blacker. It demonstrates how these psychiatrists attempted to forge a link between childhood behavioural development and adult neuroses based upon environmental influences, such as adverse home conditions, coupled with assumptions about the hereditary susceptibility of behaviours and abilities linked to the causes of poverty. It explores how eugenic ideas influenced the categorisation of ‘problem families’ during the experiment, the collection of family and social background history on the children sent to the reception centre, and how hereditarian ideas influenced the eventual separation of children from their parents. The article demonstrates how eugenics, via a pathologisation of childhood and family life, was able to integrate into the policy debates on child welfare within early post-war Britain.*

Keywords: *Eugenics; Post-War Britain; Child Psychiatry; Social Policy; Children Reception Centres; Behavioural Development; Neuroses; Problem Families; Welfare State.*

Introduction

On Christmas Eve 1937, a girl named Nellie was born. Little else is known of her from this time – her family name, who her parents were, or where she had been born – other than that she was simply ‘illegitimate’. The first 10 months of Nellie’s life were spent in a nursery home, near Britain’s south coast in the county of Kent. Separated from her mother, she had been taken to the nursery soon after birth by her grandmother, who paid the costs of Nellie’s care and appears to have been the only family to ever visit her. Before her first birthday, she was moved to an-

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[1] This project has received funding from the European Research Council (ERC) under the European Union’s Horizon 2020 research and innovation programme (grant agreement No 854503).

other nursery home. She remained at this home until her grandmother's death a few months before her fifth birthday. Shortly after she was adopted. Yet, the adoption was not a happy one. Those responsible for Nellie in the nursery home claimed that she had been 'pleasant and affectionate', yet soon after her adoption she is recorded to have become 'wilful', 'educationally backwards', and 'began rocking and making a noise at night, and was tomboyish during the day' (Lewis 1954: 107). Later, those in whose care she would eventually find herself would insinuate that Nellie's change in behaviour was due to her adoptive mother, who was 'chronically depressed' and was 'herself an illegitimate child who had been adopted by unkind people' (Lewis 1954: 108). Between 1946 and 1947, depression had led Nellie's adoptive mother to temporary stays in a psychiatric hospital and a series of treatment by Electroconvulsive Therapy (ECT). Unable to adapt to her new adoptive family, in 1947 Nellie ran away while staying with a friend, walking fifteen miles back to her nursery home.

A little younger than Nellie was a boy named Edward, born in Kent in winter 1939. It was reported that he lived in a 'filthy' single room with three siblings, in a house 'with a bad reputation' kept by his grandmother. When he was four years old, Edward's mother was sent to prison for neglect, 'having left the children alone for hours'. Separated from his other siblings, he and his youngest sister were sent to live with a foster-mother. Neither had any contact with their family again during this time. Edward did not adapt well to this new family and was described as 'destructive and occasionally difficult to manage'. By the age of eight, he was accused at school of stealing 'small articles' – specifically a balloon and a coin. Fearing the influence he may have on his sister, and having 'only reluctantly accepted him in the first place', his foster-mother wanted him 'removed from her home' (Lewis 1954: 138).

Also born in Kent, prior to the outbreak of the Second World War, was a boy named Robin. His early childhood had been markedly different from Nellie and Edward. Robin lived with his parents and his grandparents in an affectionate home during his early life, until the birth of his younger brother. His mother 'made a favourite' of his new younger brother, and as he grew older, Robin began to have outbursts of anger. Advised by a doctor not to 'control him', his parents grew powerless and afraid of him. Coupled with a deepening resentment, in his fits of rage Robin began to harm his brother, 'attacking him with a knife, jamming his fingers in a drawer, and finally cutting his fingers with a chopper'.

Eventually Robin was admitted to a child-guidance clinic – a form of psychiatric clinic aimed to assess and intervene in behavioural problems.[2]

Nellie, Edward, and Robin, though they had different early life experiences – their childhoods punctuated either by separation, neglect, or violence – would become three of a cohort of eventually 500 children born in Kent who would find themselves referred to the Mersham Children Reception Centre between October 1947 and July 1950. At the Mersham Centre, they would become part of a new post-war psychiatric experiment to understand the nature of 'child delinquency' and the role of 'problem families' in the causes of 'child neuroses'. This article explores through a micro-historical approach, weaved together via the fragments of Nellie, Edward, and Robin's lived experiences of the Mersham experiment, in addition to the psychiatrists who planned it, the extent to which eugenic ideas came to influence how children, often with difficult family histories, were perceived by doctors and those tasked with their care. It demonstrates how eugenic ideas about the existence of a so-called 'Social Problem Group' – a theorised hereditary class of families characterised by intergenerational poverty and health conditions – came to influence the experiences of the children at Mersham, from the original conception of the experiment to its effect on post-war discourses about the care and medical needs of vulnerable children and 'problem families'.

There is an extensive scholarly literature on the history of eugenics in Britain during the first half of the twentieth century. These have ranged from institutional histories, such as the development of the British Eugenics Society, histories of disciplines, such as demography and social policy, and transnational studies that have placed interwar eugenics in the UK within a wider international context (Jones 1982; Soloway 1995; Mazumdar 2011; Broberg Roll-Hansen 2005). An emerging area within the history of British eugenics has begun to emphasis the 'continuity' of eugenic ideas following the end of the Second World War. This has included histories of the role of eugenics in the post-war formulation of disciplines such as social medicine and social administration, its impacts on debates on social mobility and education policy reform, and the influence of eugenics on post-war British literature (Oakley 1991; Chitty 2007; Renwick 2015; Hanson 2012). Particularly prominent in the scholarship on the history of British eugenics has been the emphasis on the relationship between mental health policy in Britain and eugenic ideas

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[2] For a comprehensive historical account of the child-guidance clinics in Britain, see Stewart (2016).

within the context of the establishment of the Welfare State. This trend has been exemplified by Mathew Thomson who has demonstrated how interwar eugenic ideas continued to shape attitudes and policymaking towards ‘mental deficiency’ into the early post-war period (Thomson 1998). Even as the welfare reformism of the 1940s aimed to universalise access to healthcare and social services, Thomson has highlighted how those deemed ‘mentally deficient’ were subjected to having their experiences seen through the prism of eugenics, which often regarded them as outside of the new post-war order of ‘social citizenship’ that emphasised reciprocal rights and responsibilities between individuals and the state. Building upon the emerging scholarly examination of eugenics in post-war Britain, and Thomson’s work on the relationship between British psychiatry and eugenics, this article demonstrates how eugenics continued to shape ideas about sections of the British population in the immediate post-period, such as so-called ‘Problem Families’, and how these ideas impacted the lived experiences of vulnerable groups, particularly children in need of psychiatric and residential care.

A ‘Social Problem Group’ Experiment

Long before Nellie, Edward, and Robin would pass through the doors at Mersham, in August 1944, four doctors drove from Oxford to the small town of Wareham, Dorset. In the car was Farquhar Buzzard, Regius Professor of Medicine at Oxford University and President of the British Medical Association, Arthur Ellis, then Director of the Medical Unit at London Hospital, Buzzard’s medical secretary A. Q. Wells, and a psychiatrist from the Maudsley Hospital then under the employ of the Ministry of Health, Carlos Blacker.[3] These four men would eventually come to deeply shape the childhoods of Nellie, Edward, and Robin, and the experiment they would come to be part of. Their trip to Dorset had been planned on the suggestion of the psychiatrist, Blacker, in the hopes that, the most senior among them, Buzzard, could use his influence as Chairman of the Medical Advisory Board of the Nuffield Provincial Hospitals Trust to secure funding for a new pilot scheme: a reception centre, ‘for the observation and classification of children’ in need of residential and psychiatric care.

This proposal had come from an acquaintance of Blacker, the children’s campaigner and suffragist Leila Rendel, who had founded the

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[3] Letter from A. Q. Wells to Carlos Blacker, d. 27 July 1994, SA/EUG/D.51, Wellcome Collection

Caldecott Community in 1911. The Community, according to Rendel, was a self-referred ‘social experiment’ that existed ‘for the benefit of normal children with abnormal home conditions who … are in danger of growing up unstable, undesirable citizens.’[4] The founding of the Community was to address the need to provide residential care for children who were not known to either state or voluntary organisations, as they were not living in poverty, but who were identified as ‘in grave danger of becoming socially maladjusted.’ It aimed to change the environmental conditions of these children to prevent them becoming ‘the misfits, criminals or neurotics of later years’. Based prior to 1939 at Mote House in Maidstone, Kent, the Community was forced by the aerial bombardments of the Luftwaffe across the UK to relocate to Wareham, Dorset – further west along the southern coast of Britain. The house at Wareham was very large, yet the Community had little resources to furnish it, relying on donations for everything from chairs, tables, cupboards, linen, and blankets to children’s clothes both old and new. The very floors had become worn and splintered. Rendel quipped that the house may ‘probably tumble down’ over their heads.[5] Yet, with the close of the war imminent she feared the loss of their accommodation and reached out to Blacker with a proposal for the establishment of an ‘observation centre’ that she hoped would be able to secure the future of the Community.

Blacker and Rendel had first been put into contact with each other in the summer of 1943 by Arthur Ellis, on the basis that such a meeting ‘might be mutually helpful’.[6] In 1937 Ellis had joined the Eugenics Society of which Blacker was the General Secretary. The Eugenics Society was a loosely formed voluntary organisation established in London in 1909 that advocated for the supposed improvement of differing human races by encouraging the reproduction of people with desirable traits and preventing those who were deemed ‘unfit’.[7] Ellis was also a member of the Executive Council of the Caldecott Community. He had sent Blacker a copy of a recently published pamphlet written by Rendel, titled *The Insecure Child*, detailing her proposals for the identification of the causes and prevention of child ‘delinquency’. The pamphlet referred often to the

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[4] *The Caldecott Community: A Social Experiment* (Pamphlet), dated 1936, SA/EUG/D.51, Wellcome Collection.

[5] Letter from Leila Rendel to Carlos Blacker, d. 9 September 1944, SA/EUG/D.51, Wellcome Collection.

[6] Letter from Arthur Ellis to Carlos P. Blacker, d. 30 August 1943, SA/EUG/D.51, Wellcome Collection.

[7] For details of the Eugenics Society and its founding, see Mazumdar (2011).

different ‘classes’ of children, including categories of children from ‘neurotic’ families and the effects of their environment on future ‘anti-social acts in childhood, adolescence or adult life.’[8] Children like Nellie, Edward, and Robin, were termed ‘insecure children’ by Rendel based on their ‘abnormal home’ conditions, including: ‘illegitimate’ children, whose maintenance was paid for by relatives and were often separated from their mothers; children ‘where one parent deserted the home’, due to interruptions in earning and economic difficulties or because of divorce; children from homes with ‘matrimonial difficulties’; and children with ‘neurotic parents’, or who themselves may have had a ‘chronic illness’. Rendel was keen to stress the role of family history in the causes of ‘delinquency’. However, this concern was not confined solely to assumptions about a child’s family environment, but also their family health history – of families with ‘parents who have been certified insane under the Lunacy Act, and who have returned from a Mental Hospital unfit for family responsibility’.

The pamphlet seems to have piqued Blacker’s interest, with its references to the assumed causes and management of ‘neurotic’ families. A year prior, in August 1942, he had been appointed by the Emergency Medical Services and the Chief Medical Officer of England to conduct a national survey of the UK’s psychiatric services. The original remit of the survey aimed to assess the degree of inadequacies in diagnosing, treating, and managing ‘psycho-neurotic’ conditions that could be exacerbated by the conditions of war.[9] In its early stages the survey was confined to an assessment of the ability of the psychiatric services to protect the health of the British civilian population during wartime.[10] Yet, shortly after the publication of the Beveridge Report in the winter of 1942 – with its wide ranging recommendations to overhaul British social services – provisions for the post-war management of ‘psycho-neurosis’ took on central importance to the survey.[11] This shift reflected rapidly changing wartime policy debates towards the creation of a new National Health Service, and expanded the scope of the survey to include plans for the

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[8] Leila Rendel, *The Insecure Child* (Pamphlet), undated, SA/EUG/D.51, Wellcome Collection.

[9] Letter from Francis R. Frazer to Carlos P. Blacker, d. 20 August 1942, PPCPB/E/4, Wellcome Collection.

[10] Carlos P. Blacker’s personal account ‘Completion of Neurosis Study’, 23 October 1944, PPCPB/D/5/4 Wellcome Collection.

[11] An in-depth account of this change in the survey’s focus can be found in Peace (2021), pp.158–188.

post-war training of psychiatrists and the development of new institutions in ‘preventative psychiatry’. Included in this newly expanded endeavour was not only concern for child mental health, but how the prevention of ‘mental infirmities’ from childhood through to adulthood could be addressed among what had become known as the so-called ‘Social Problem Group’ – a supposedly hereditary underclass innately predisposed to poverty, criminality, ‘mental deficiency’, and who formed a generationally replenishing subsection of the British working class.

The idea of a ‘Social Problem Group’ had long been a fascination of many British proponents of eugenics across the first half of the twentieth century. The search for the existence of the group arose out of the encounter between eugenicists, demographic research into the causes of poverty, and criticism by social reformers of the Poor Law – a system established in the seventeenth century to provide relief to the poor and manage poverty. The Poor Law had evolved over the centuries, with significant reforms introduced by the Poor Law Amendment Act of 1834, which aimed to centralise and standardise the assistance provided to the poor, primarily through workhouses where those seeking relief were required to work in exchange for support. By the early twentieth century, its influence had a profound impact on ideas about the causes of poverty in the UK, as the images of ‘paupers’ and the stark realities of Britain’s poorest communities permeated the national imagination. Arthur Morrison’s *Child of the Jago* (1897) and Jack London’s *The People of the Abyss* (1903) had offered unflinching portrayals of the lives of the urban poor and the systemic failures that perpetuated their suffering. In the tradition of Charles Dickens’ *Oliver Twist*, London’s firsthand account of life in the East End had brought to light for the reading public the everyday struggles and resilience of those living in poverty, while simultaneously critiquing the Poor Law structures that failed to support them.[12] By the early twentieth century, the prevention of poverty gripped the imagination of many British social reformers, politicians, and public intellectuals. Among them, reformers, such as Sydney and Beatrice Webb, both advocates of eugenics, played a significant role in supporting calls for the improvement of living conditions for the poor. Their work highlighted the inefficiencies and cruelties of the existing Poor Law system, particu-

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[12] For a recent and comprehensive account of the welfare state, including the intersections between the intellectual undercurrents of ‘New Liberalism’, the attempts to tackle poverty, and the role of the Eugenics Society in these debates, see Renwick (2017).

larly the workhouse system and its failure to alleviate poverty. Political pressure also came from within the Liberal Party, which, influenced by the growing social reform movement and the publication of Charles Booth’s and Seebohm Rowntree’s pioneering social surveys detailing the extent of urban poverty, began to see welfare reform not only as a moral imperative but also an electoral necessity.

It was within this intellectual ecosystem that the Eugenics Society formed a committee to undertake research on the supposed link between human heredity and the causes of intergenerational poverty. This committee consisted of several influential interwar scientists and sociologists, including the educational psychologist Cyril Burt, the mathematician and geneticist Ronald A. Fisher, the biologist and sociologist Alexander Carr-Saunders (later Director of the London School of Economics from 1937 to 1957), the Commissioner of the Board of Control for Lunacy and Mental Deficiency Ruth Francis Darwin, and later the evolutionary biologist Julian Huxley. The original remit of the research envisioned by the commission was to examine what was believed to be biological influences on ‘qualities affecting social value’.[13] It was envisioned that this would be based upon a comparison of random samples of a ‘pauper population’ and a ‘normal population’ taken from several different towns and cities across the country. The hope of such imagined national surveys was to discover if there was ‘any heredity in social value’; that large-scale surveys on the intergenerational causes of poverty would unveil an innate biological connection between those in receipt of Poor Law relief and their relationship to a series of seemingly arbitrary categories. These included: ‘Mental Deficiency: Feeblemindedness; Imbecility; Idiocy’; ‘Lunacy’; ‘Criminality’; ‘Epilepsy’; ‘Tuberculosis’; ‘Infant Mortality’; ‘Blindness’; ‘Deafness and Dumbness’. These loosely defined categories reflected the emerging assumption among advocates of eugenics of the existence of a hereditary underclass, identified as innately ‘mentally deficient’ or ‘feeble minded’ across generations, and for whom no policy interventions could hope to curtail the conditions of poverty affecting them apart from preventing their reproduction across generations. This group they would come to term the ‘Social Problem Group’.

To a significant degree, the supposed existence of the ‘Social Problem Group’ was linked to a series of surveys conducted under the auspices of the Eugenics Society in the decades following the end of the First

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[13] Memo, ‘Research into Social Qualities & Health of a Sample of our Population’, undated, SA/EUG/C.29, Wellcome Collection.

World War. Prominent among these was a survey conducted by a relatively unknown Poor Law bureaucrat named Ernest Lidbetter. The survey conducted by Lidbetter, having had no prior training, was originally ambitious in scope, hoping to chart the existence of hereditary mental 'disorders' with a 'pauper' class based upon collecting family pedigrees and medical histories across the East End of London. The survey, hoping to demonstrate the hereditary nature of social problems, and advocating for measures such as segregation, took over two decades to complete. The results were far from convincing. After his work was published in 1933, the pedigrees collected by Lidbetter were ultimately a disappointment for those in the Eugenics Society who had pinned their hopes on his study. The promised exhaustive survey of families in the East End numbered only 26 in total after two decades of research, and were in many instances incomplete, with family members being signified as 'no particulars known' in the pedigrees (Lidbetter 1993).[14] The assessment of these pedigrees by Lidbetter also overemphasised the role of heredity, with loose collections of family histories of mental health, such as those supposedly demonstrating instances of both blindness and its link with hereditary 'mental deficiencies' that disregarded the social and environmental factors of the causes of poverty in these families (Lidbetter, 1993, pp. 23-32). In a letter from Blacker to Carr-Saunders, shortly after the publication, there was no small degree of embarrassment at the 'questionable deductions' Lidbetter had made from the material, with Blacker suggesting that any future volumes would have to be supervised more closely.[15] Yet, no future volumes on the pedigree survey would ever come from Lidbetter.

However, regardless of the embarrassment caused by Lidbetter's pedigree studies in private, Blacker remained steadfast to the idea of the 'Social Problem Group'. In a 1937 publication edited by him, titled *A Social Problem Group,* he allowed Lidbetter to contribute to the volume with a condensed version of his pedigree study that attempted to articulate a relationship between family histories of mental health conditions, hereditary patterns across generations, and the causes of poverty and 'pauperism' (Blacker 1937a: 152-161). The book's chief claim was that 'from the perspective of negative eugenics, no more important question

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[14] For a detailed analysis of the role of Lidbetter's pedigree survey within the context of interwar eugenic research on 'problem families', see Welshman (2013), pp. 79-97.

[15] Letter from Carlos Blacker to Alexander Carr-Saunders, d. 20 November 1933, SA/EUG/C.29, Wellcome Collection.

arises than whether there really exists a Social Problem Group composed of persons of inferior hereditary constitution' (Blacker 1937a: 2). For Blacker it remained one of the most important eugenic projects up until the outbreak of war in September 1939 (Blacker 1937b: 181-187). In a lecture given to a meeting of the executive committee of the National Association of Maternity and Child Welfare Centres and for the Prevention of Infant Mortality, in March 1939, brushing aside the question of whether the group existed or not, Blacker claimed that 'sifting the undesirable parents must develop through the work of various social agencies'. He encouraged those in his audience who came into contact with 'a typical social problem family' to discover 'persons with hereditary defects' within those families and 'assist (or persuade) them to avoid parenthood. He concluded that eugenicists, working in tandem with social workers, may hope to encourage parenthood only in those 'families where home conditions are good' (Blacker 1939: 91-95).

Blacker would ultimately come to articulate these ideas once more within the context of his psycho-neurosis survey at the end of the war. He believed that the post-war reform of the mental health provisions within a comprehensive and national health service should prevent the environmental and innate hereditary conditions that cause the increase of psychiatric diagnoses across the population. He contended that 'preventative psychiatric medicine' should be informed by the interplay between innate predispositions, based on heredity and family history, and environmental circumstances such as a person's place of work, behaviour, and home life. As such, his survey recommended: an increase in educational standards on the raising of children; a national policy to emphasize genetic and environmental diagnostics in the education of psychiatrists to allow for the earlier detection of 'mental defects' during childhood and adolescence; and the limitation of fertility 'of prolific and at the same time constitutionally inferior types' (Blacker 1946a: 38-39). The question for Blacker was whether children, such as Nellie, Edward, and Robin, belonged to a specific hereditary class of families; a 'Social Problem Group'. What were the differences in their backgrounds and family histories that could determine whether one child belonged to the group and if another did not? The proposals from Rendel, for the creation of an 'observation centre', appear to have struck Blacker as a potential means to avoid repeating the mistakes of the Lidbetter survey by attempting to consider the possibility of environmental factors on the causes of poverty and mental health. Yet, as will be explored below, though Blacker's ideas were able to find a way to integrate into the social reformism of the late wartime period, his post-war work from the psycho-neurosis study to the formation of the Mersham experiment would remain focused on the 'Social Problem Group' and the eugenic goal of identifying those who were believed to be hereditarily unfit to be parents.

Planning the Mersham Experiment

In her pamphlet *The Insecure Child* (1952), Rendel had highlighted the urgent need for educational and care reform for children within the broader policy debates of post-war reconstruction. Within this reform, she believed that the observation and categorisation of children was necessary, not only based upon their economic and social class backgrounds, but upon the varying degrees in which the 'instability' in their lives may affect their moral, intellectual, and physical development. She emphasised that to address this 'instability' there would need to be founded institutions that could support children to thrive within stable and nurturing family homes. If this could not be achieved, then institutions to support foster-parents and schools should be established so that a child's loss of basic securities could not lead eventually to long-term psychological and social repercussions in adulthood.

Her pamphlet concluded by criticising the existing legislative and social welfare landscape in the UK, highlighting the disjointed 'provisions for the insecure child' and the 'clumsy administrative machinery available'. She regretted the often 'overlapping … element of 'chance' determining the fate of the insecure child' that rose out of the labyrinthine bureaucratic structures for the protection of children. This labyrinth included: the Board of Education, charged with the residential care of children under the Education Act 1921, in addition to the maintenance of child-guidance clinics and residential schools for 'physically defective' and 'mentally deficient' children; the Home Office, who were charged with the responsibility of 'delinquent children committed to approved schools', children on probation and in remand homes, and those children in the care of the Local Education Authorities as a 'fit person'; and finally, the Ministry of Health, who were charged with responsibility over 'destitute children' placed with foster parents, children in Poor Law workhouses, and those in Residential Public Assistance Schools (Rendel 1952: 7). A further complication was added with the expansion over the course of the late nineteenth and early twentieth centuries of voluntary organisations, such as Dr Barnardo's Homes National Incorporated Association, the Church of England Society for Waifs and Strays, and the National Society for the Prevention of Cruelty to Children (NSPCC), in addition to varying smaller orphanages, hostels, and homes, each responsibilities of either the Ministry of Health, the Board of Education, or the Home Office.

From her experience at Caldecott, Rendel believed that children would become lost due to the 'impossibility of placing [them] in watertight compartments'; a child's life outcomes being dictated by the institution or government authorities into which they would arbitrarily fall. For instance, Rendel provided an illustrative example of a nine-year-old boy, anonymised as S. R., who had come into her care at the Caldecott Community via the Board of Education, under the Education Act 1921. S. R. was reported to be an 'unstable, exhibitionist type', accused of petty theft and beyond the control of his mother, who had been 'deserted by her husband' and was a 'chronic invalid in receipt of Public Assistance'. Given his profile he could have become the responsibility of any of the three government departments. Firstly, he could have been the responsibility of the Ministry of Health, as a destitute child eligible for admittance to a Public Assistance School. On the other hand, he could have been under the Home Office, 'being charged by his mother as beyond control', and eligible for admittance via the Children's Courts to an 'approved school'. Alternatively, he could have been charged to the Board of Education, as a child 'presenting behaviour difficulties', who could have been admitted to a residential school under the same Education Act that had sent him to Caldecott. His arrival at the Community, Rendel reflected, was the result only of chance, that 'fate diverted him into the particular pigeon-hole in which he finds himself' (Rendel 1952: 8). S. R. was not alone. Children, much like Nellie, Edward, and Robin, had arrived at Caldecott from a variety of different backgrounds – some deemed as 'illegitimate', or 'aggressive types', those who could not be cared for by their parents, or those without a home who could have been sent to an orphanage – all of whom in some way could have come under the responsibility of any of the three government departments charged with the responsibility of their care (Rendel 1952: 8-9).

Looking towards a post-war future, Rendel advocated for a unified approach that required co-ordination under a single government department, 'to facilitate the classification of the varying types of children requiring guardianship or supervision'. This process of classification would be the responsibility of newly established 'regional observation centres' linked to the existing child-guidance clinics. These new centres would play a crucial role in assessing a child's needs and in determining the most suitable educational, medical, and living arrangements for them.

Rendel envisaged at this early stage a variety of new residential communities and foster homes that could cater specifically for the 'idiosyncrasies of insecure children'. In theory, the centres would, based upon a period of observation, make recommendations for which of these communities and homes could cater for an individual child, based upon their psychological and educational needs, and their social background (Rendel 1952: 9-10).

After reading Rendel's pamphlet in the late summer of 1943, and seemingly impressed by her proposed observation centres, Blacker met with her that autumn to discuss how such proposals could be implemented. He seemed eager to first clarify a few questions and probe her further on the nature of the centres. A central question was which government department could be the single 'co-ordinating' force under whose direct responsibility the centres would be. For both Blacker and Rendel this point grew to take on paramount importance during their early correspondence. Not only would confusion on this point fail to overcome the criticisms of the current system in the pamphlet – if the proposed centres were simply placed under the direct jurisdiction of the separate government departments – but that 'valuable data' on the nature and causes of the 'insecure and handicapped child' would fail to be gathered if children were once again lost within the varying institutions responsible to the three governmental departments. From the outset, Blacker's questions for clarity appear to be directly linked not only to the organisation of these proposed centres, but also the potential for the admitted children to become an experimental population from whom data on the nature and causes of their circumstances could be gathered. Early in his notes on the centre, this proposed experimental population was suggested to be characterised by the 'dull', 'twisted', 'constitutionally abnormal' and 'physically defective' children.[16]

After outlining the structural and legislative challenges posed by the current system, Rendel also emphasised the needs of children's education which appear to have resonated with Blacker's own eugenic perspective. She argued that a future system must apply a diversified approach to education that would not only cater to the individual intellectual capacities of children, but based upon psychological observation, would also manage their emotional and social development. This system would be based upon a graded intellectual classification to first identify

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[16] Blacker personal notes d. 21 September 1943 in a copy of *The Insecure Child*, SA/EUG/D.51, Wellcome Collection.

either ‘children with high mental ratios’ – based upon Intelligence Quotidian (IQ) ratios – in addition to children who were either ‘practical’ who could be given ‘technical training’, or ‘dull’, ‘backwards’, or ‘physically defective’ children in need of ‘special provisions’ (Rendel 1952: 11). These categories of intelligence classification reflected a series of underlying eugenic assumptions. They relied not only on the perceived capacities of children based upon IQ but also their potential contributions to society reflected in the types of education that should be given to them. Such considerations had permeated many of the interwar debates on the nature of the ‘Social Problem Group’, their contributions (or argued lack of) to society, and their identifiability by an innate constitutional disposition to low intelligence or ‘mental deficiency’.[17]

In November 1943, Rendel sent a revised version of her proposal to Blacker. There were several important changes in the revised proposal. Firstly, on Blacker’s suggestion, the term ‘observation centre’ was cut, changed to the benign name of ‘Children’s Reception Centre’. This change was made on the assumption that ‘mistrust and misunderstanding’ would likely arise among both relatives and the wider public about the idea of children sent to an ‘observation centre’.[18] The proposal also began to more fully engage with the organisation and structure of the centre, with additional concerns of staffing and residence, and the length of stay of children – ‘the period to be spent in the reception centre would vary from two to three days to a month or more’. This period of stay would again be determined by an initial assessment of the child, determining whether they were ‘normal’, with an aim to allocate them to a school and accommodation ‘without delay’, or whether the child was ‘mentally defective’, ‘physically defective’, had a history of ‘behavioural problems’, came from a ‘severely disturbed background’, or had arrived from ‘abnormal home conditions’, upon which the centre would require longer periods of ‘observation’. Though the name may have changed, the remit of these centres as primarily observational and data collection driven remained very much at the core of the proposal and would continue to do so.

The revisions of this proposal continued through to May of the following year. By the summer of 1944, one of the major additions to the

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[17] For extensive accounts of the role of intelligence testing had on eugenic ideas see, Gould (1996).

[18] Memo, ‘Regional Observation Centres’, d. November 1943, SA/EUG/D.51, Wellcome Collection.

proposed reception centres was the integration of a psychiatrist, educational psychologist, and psychiatric social workers. The integration of psychiatric workers appears to reflect a considerable shift towards viewing the reception centres as central locations for the coordination of proposed large-scale data collection on ‘insecure children’. These new additions included proposals for the work of the psychiatric staff to be guided by the collection of ‘data on the economic and psychological factors which make for broken homes’ and to record ‘intensive studies of each child’, complemented with ‘full investigations of his previous history, family and social environment’. This would be further supplemented by the collection of data on the ‘methods and organisations of all local ‘Homes’, children’s institutions and foster homes receiving children from the Reception Centre’.[19] By the May 1944 version of the memorandum, Blacker appears to have been convinced by the proposal, and suggested to Rendel that they should approach Farquhar Buzzard and Arthur Ellis, who were known to meet together frequently in the Senior Common Room at Oxford University’s Christ Church College, to enquire whether the proposed centres were eligible to receive a grant from the Nuffield Foundation.[20]

In his letters to both Ellis and Buzzard, Blacker stated that during the course of his Neurosis survey, he would like to see a children reception centre integrated into each regional psychiatric service for a regional population of one million people.[21] He was quick to say to each that the original idea of the proposed centres started with Rendel, and that his adoption of the organisation into his survey was inspired by her proposal. He suggested that both he and Rendel would like to first pilot an experimental version of the children reception centres through the Caldecott Community – stating that ‘Miss Rendel … is in my opinion an extremely intelligent and able woman who would carry out the proposed new tasks as well as, or better than, anybody else that I know.’ He argued that the experiment would yield results of psychiatric, paediatric, and sociological value, and as such queried whether such a scheme would be eligible for financial support through the Medical Advisory Committee of the Nuffield Foundation.

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[19] Memo, ‘Notes on a scheme to widen the present foundation and increase the work of the Caldecott Community’, d. May 1944, SA/EUG/D.51, Wellcome Collection.

[20] Letter from Carlos Blacker to Leila Rendel, d. 19 May 1944, SA/EUG/D.51, Wellcome Collection.

[21] Letter form Carlos Blacker to Farquhar Buzzard, d. 24 May 1944, SA/EUG/D.51, Wellcome Collection.

After waiting nearly two months for a reply, Buzzard's medical secretary, A. Q. Wells, a physician with Oxford University's School of Pathology, contacted Blacker. Though apologetic for the delay, it seems that Buzzard was impressed by the proposal and was keen to start discussions with the Medical Advisory Committee as soon as possible. He requested that Blacker send to Wells as soon as possible his views on 'how best to present the matter.'[22] However, Blacker was hesitant to reply. Though he had been in contact with Rendel for nearly a year, working together to refine the proposed reception centres, he had never visited the Caldecott Community, and had no first-hand knowledge of its activities.[23] Nonetheless, Buzzard remained keen to press on with the proposal. A few days later Wells contacted Blacker again requesting that he join both himself, Buzzard, and Arthur Ellis by car to visit Rendel.

Their trip seems to have been a success. Soon after the visit Wells contacted Rendel directly, not only stating that he had enjoyed the visit to Hyde Heath and the opportunity to witness the work of the Caldecott Community, but to also provide advice on preparing a proposal to fund the experimental reception centre.[24] He was keen to express that the proposal should explicitly tie the work of the Community, both present and in the proposed centre, to the 'problems of Social Medicine'. The suggestion reflected the broader discussion currently being had between the University of Oxford and the Nuffield Foundation about the future role of medicine both at the university and under proposals for a newly formed national health service in the wake of the Beveridge Report. The seeds of these discussions dated back to 1937, when Lord Nuffield donated £2 million to the university as an endowment to support medical research.[25] As early as 1939 it was felt by members of the university's Hebdomadal Council and members of the University's Medical Advisory Committee that some of the funds should be used to institute a new Chair of Social Medicine, with the aim of conducting teaching and research on preventative medicine. However, at this early stage 'Social Medicine' was only vaguely defined. Its meaning and scope and its relationship to the teaching of clinical medicine, surgery, and specialist subjects, such as psychia-

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[22] Letter from A. Q. Wells to Carlos Blacker, d. 20 July 1944, SA/EUG/D.51, Wellcome Collection.

[23] Letter from Carlos Blacker to A. Q. Wells, d. 24 July 1944, SA/EUG/D.51, Wellcome Collection.

[24] Letter from A. Q. Wells to Leila Rendel, d. undated, SA/EUG/D.51, Wellcome Collection.

[25] UR6/MD/13/10 File 4, Bodleian Library, University of Oxford.

try and psychology, was disputed among both the administrative staff and doctors at the university. Yet, in support of Oxford’s plan, in the Autumn of 1941, Buzzard outlined a proposed framework for the Social Medicine, and the prevention of disease under a new nationalised health service (Buzzard 1941). The chief aim of this new programme would be to identify and determine the sources of disease and disability by investigating ‘the influence of social, genetic, environmental, and domestic factors’ on human disease (Buzzard 1941: 703). Such a scope would encompass areas as diverse ‘as heredity, nutrition, climate, and occupation … the part played by individual and mass psychology’. Buzzard believed that if the scope of this enquiry was successful ‘we should see grow up an increasingly healthy and capable race and one much less dependent on the help of remedial medicine for its fitness and survival’. As he argued, central to this research would be the collection of data on the relationship between the social environment, physiology, the demographic distribution of disease and disability, and ‘its bearing on eugenics’ (Buzzard 1941: 704).

Working alongside Ellis, the changes to the proposed reception centres to coincide with this new shift towards Social Medicine by both Oxford and the Nuffield Foundation were only minimal, with slight changes to phraseology. According to Blacker all the outlined activities of the centre ‘have an obvious bearing on social medicine’ – particularly in the proposal’s emphasis on the interconnected nature of social conditions and their impact on medical outcomes in the context of child welfare and psychiatric care.[26] Yet, another hurdle to the proposal remained. As they had noted back during their first meeting in October 1943, they still had to outline on a firmer basis which local authority or group of authorities they were going to work with; either the Board of Education, the Home Office, or the Ministry of Health, or some new organisation encompassing the responsibilities of all three. For Wells, the question of whether the authorities would work with them, giving them ‘directive powers’ over the assessment and recommendations of children, remained. Though he did not wish to appear sceptical, Wells still believed that if the Nuffield Foundation were to take seriously the reception centre as a practical proposition, it must be clear on whether ‘the local authori-

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[26] Letter from Carlos Blacker to Leila Rendel, d. 29 August 1944, SA/EUG/D.51, Wellcome Collection.

ties were prepared to play'.[27] Yet, this would not remain an issue for long. In September, Rendel travelled from Dorset to Kent for a meeting with the Chief Public Assistance Officer for Kent – the official responsible for the administration of welfare provisions to families and children in the south-eastern county. The Chief Officer, as was reported by Rendel, was keen to support the centre, stating that if they were to set up the new centre in Kent the local authority 'could make full use' of the facilities, stressing that the centre 'not undertake any London children before you give us precedence!'[28]

With both the support of the Kent local authority and the integration of Wells' suggestion to link the reception centre experiment to the project of Social Medicine., Blacker and Rendel approached the Nuffield Foundation with their proposal. In December 1944, Ellis presented the proposal to the Medical Advisory Council of the Nuffield Regional Hospital Trust, with Blacker's support.[29] The proposal was received with 'much sympathy', and eventually received the financial support that would allow them to begin the experimental programme. What followed was a near two-year period of planning and negotiation with the Kent County Council on the children who would be sent by the local authority to the experimental reception centre. It would not be until the end of January 1947, that the County Medical Officer and the Kent Education Committee would confirm that the number of children likely to be admitted to the centre would be approximately thirty to forty in a year. Based upon the children who had been identified in the previous year from September 1945 to August 1946 who were the responsibility of the local authority, the children would be from the local urban areas, admitted from the towns and cities of the region, including Maidstone, Dartford, Broadstairs, Dover, Chatham, Ashford, and Tunbridge Wells, with a mixed age range from as early as 2 months to 13 years old. These children represented some of the most difficult cases brought to the attention of the Kent County Council, including instances of separation from parents admitted to mental hospitals and 'mental deficiency colonies', those

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[27] Letter from A. Q. Wells to Leila Rendel, undated, SA/EUG/D.51, Wellcome Collection.

[28] Letter from Leila Rendel to Carlos Blacker, d. 9 September 1944, SA/EUG/D.51, Wellcome Collection.

[29] Letter from Carlos Blacker to Leila Rendel, d. 4 December 1944, SA/EUG/D.51, Wellcome Collection.

who had been left homeless or had been deserted by their parents, or with parents who were unable to care for them.[30]

The first meeting of the Reception Advisory Committee would not be held until February 1947, hosted in the Library of the Eugenics Society, 69 Eccleston Square, London.[31] This committee included Blacker as its Chairman, Rendel and her longstanding collaborator Ethel Davies as Honorary Directors, Arthur Ellis, the psychiatrist and Maudsley colleague of Blacker, Aubrey Lewis, the paediatrician and Nuffield Chair of Child Health at University London, Alan Moncrieff, and the physiologist and Principal of Somerville College, Oxford, Janet Vaughan. The first task of this committee was to appoint a psychiatrist for the experiment. The choice, recommended by Blacker, was the psychiatrist Hilda Lewis. She was a close friend of Blacker, alongside her husband Aubrey Lewis, both affectionately referring to Blacker in correspondence with him by the nickname ‘Pip’. Both were also active with the Eugenics Society, particularly Aubrey Lewis who was made a Fellow of the Society in 1937. Hilda Lewis would become a Fellow in 1957, joining as a member of the Society’s Council until her death in 1966. Curiously, Blacker’s suggestion that Hilda Lewis takes on the responsibilities as psychiatrist for the experimental centre was not based in the first instance on her expertise but rather that she was ‘a mother of four children’.[32]

The Mersham Experiment

In 1947, the Caldecott Community left their accommodation in Wareham, Dorset, to take up residence in their new home, near the town of Ashford, in a large country house named Mersham-le-Hatch surrounded by large parklands and gardens. When children, such as Nellie, Edward, and Robin arrived at the Centre, they were often in the company of either their parents, a welfare officer into whose charge they had been placed, or if they had been sent by a court, by a police officer (Lewis, 1954, p. 3). When Nellie was admitted to Mersham in May 1948, at ten years old, she was frightened, particularly ‘at having to leave her adoptive father’. It seems that this was not uncommon. Lewis notes that many of the children who arrived were ‘disconsolate’. It was the role of the

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[30] Kent County Council, Public Assistance Department, memo ‘Children admitted to Public Assistance Establishments’, SA/EUG/D.51, Wellcome Collection.

[31] Letter from Leila Rendel to Carlos Blacker, d. 30 January 1947, SA/EUG/D.51, Wellcome Collection.

[32] Letter from Carlos Blacker to Leila Rendel, 6 June 1947, SA/EUG/D.51, Wellcome Collection.

warden, Miss F. Fretter, to settle them, explain why they were at the centre, and try to give explanations to their questions. If their parents accompanied them, they would be interviewed to gather as much data as possible on the child's history and background. All prior personal background would be collected at admission, including questions of the child's 'legitimacy', whether they had experienced adoption, their position in the family (in which order they had been born), if they had ever been separated prior from their parents, and their health and education history. Yet, this was to be the very beginning of the data collected. From the moment of their first entry, the children were to be observed by the warden of the Community, her assistants, the matron, and the teachers. This included a daily record of each child, keeping track of sleeping patterns, diet, routine habits, their behaviour when playing by themselves and with others, their attitude towards school, and their 'social and emotional responses' (Lewis 1954: 4). It took Nellie about two weeks to settle into her new surroundings at Mersham, after which she is recorded as becoming more 'composed', eating regular meals, playing with the other children, and responding 'pleasantly to adults' (Lewis 1954: 107).

The entries made in these initial weeks by the warden and her staff at the centre, particularly on the social and emotional responses of the children, were 'copious' and provided what would become the main material used in the comprehensive reviews of each child's condition and behaviour towards the end of their observation. For instance, the types of data collected on the social and emotional responses of the children would pay particular attention to instances of aggressive behaviour. After admission to the centre, Edward was recorded to be 'restless, talkative, babyish, and quarrelsome'. His time settling into the Community seems to have taken longer than Nellie. This may have been exacerbated by the presence of his older brother, also under care with the Centre, whom he had not had contact with since his separation from his mother and siblings over four years prior. The staff at Caldecott were attentive to recording his interactions with his brother, who Edward is said to have admired 'intensely', yet also fought with him to such an extent that they were eventually separated and 'could not be kept together' (Lewis 1954: 138). This was an experience similar to a number of the children who were admitted to Caldecott demonstrating 'severe disturbances of behaviour' (Lewis 1954: 44, 68-69). Lewis notes that among this group – 37 children in total – their social responses were marked by 'quarrelsomeness', 'constantly at war with the other children', where school became for them 'a battleground' (Lewis 1954: 69).

In addition to the psychological profiles made using observations of the social and behavioural responses, the children also underwent a battery of psychological evaluations, under the supervision of the psychologists attached to the experiment, Lucy G. Fildes and H. J. Schleicher.[33] Typically, these would begin after the first week and included a variety of tests, such as: the revised Stanford-Binet to assess intellectual and cognitive ability, i.e. IQ; Merrill-Palmer scales, a developmental abilities assessment focusing on cognitive, language, and motor skills; Gesell's developmental norms, to assess physical and neurological growth patterns; Goodenough's figure drawing test, to examine intellectual maturity and IQ based on drawings of people; Burt's educational attainments, based upon the eugenicist Cyril Burt's test to use reading and arithmetic skills to predict future academic achievement levels; Raven's progressive matrices, to examine abstract reasoning and problem solving ability via non-verbal tests; and Koh's blocks, a spatial intelligence test that used block patterns to assess creativity and spatial reasoning. Alongside these tests, the children were interviewed by Lewis with the purpose of assessing the child's personality based upon their own personal narratives of their situation and family life. This process was expressly aimed to discover any 'neurotic' patterns or signs of distress within the child's family relationships, school experiences, or broader social interactions. Crucially, these sessions sought to understand the child's rational world – in the hope to understand who the key figures of attachment in their lives were, particularly their relationship to their mother, and the impact of such separations.

Among some of the children, these tests would go even further. After his admission into the Community from a child-guidance clinic, Robin began approaching 'strangers' in the centre with 'demands to be lifted up and caressed'. His behaviour and temperament were also closely followed, and he was tested and found to be of average intelligence but 'emotionally unstable'. During the first three weeks at the centre, he was followed closely and was recorded as seemingly 'strained and preoccupied', acting emotionally much younger than his age with an inability to care for himself. He would attack some of the other younger children and

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[33] Lucy Fildes was an influential figure in the history of the British child guidance movement during the interwar period and had undertaken numerous experiments on child intelligence and education prior to the Second World War. For more information on Fildes' work on child guidance see, Stewart (2009). For details on Fildes experiments on child intelligence see, Fildes (1923; 1925). For details on Fildes views regarding the post-war necessity of child psychiatric residential care see, Fildes (1944).

was recorded to have been found cutting up frogs and insects. Under the assumption that his behaviour may be inherited due to a family history of epilepsy, he was administered an electroencephalogram test which showed neither ‘epileptic tendency’ nor ‘cerebral damage’ (Fildes 1944: 144).

Among the children undertaking these tests, particular attention was paid to a group of children who were categorised as belonging to ‘problem families’. This group took on a particularly important role within the experiment. At the close of the war, two years prior to the start of the Caldecott experiment, Blacker had begun to root the idea of the ‘problem family’ within the categories that marked the supposed ‘Social Problem Group’. These categories encompassed a wide range of ‘social problems’, from juvenile delinquency and neglect to physical uncleanliness and intergenerational dependency on public assistance. These characteristics, argued Blacker, were markers of a segment of the British working class who were characterised by supposedly social and biological deficiencies, including ‘mental defect’, ‘retardation’, and a behavioural tendency towards crime and recidivism (Blacker 1946b: 118, 123). Such ‘problem families’ were thus, not only identifiable by the conditions of poverty in which they lived, but were also characterised by their potential ‘eugenic value’. They were a supposedly clearly demarcated group, deemed incapable of producing and caring for their children, who were ‘undesirable’ due to their failures to provide a ‘happy and healthy home’. The emphasis on the eugenic value of the parents in this group – assessed both indirectly through the quality of their home environment and directly through the perceived qualities of their children – reflected the eugenic reasoning that had permeated the earlier interwar debate on the existence of the ‘Social Problem Group’. Blacker was emphasising the same position he had held prior to 1939, that parents who raised children in poor living conditions represented a ‘eugenically undesirable type’, linking ideas that pathologized the family home to the hereditability of the conditions of poverty and undesirable ‘qualities’.

Within the Caldecott experiment, the focus on the ‘problem family’ permeated the data collected on children specifically removed from their homes due to neglect and squalor. This attention to ‘problem families’ directed data which supposedly characterised the group, including whether the family was large, instances of intergenerational mental and physical disabilities in both the children and parents, and periods of unemployment and imprisonment within the family. Many of the children who fell into this category were from ‘low social class’, with 73 per cent.

falling into the Registrar General's social class category V – with parents in casual non-skilled labour or were unemployed. The size of these 'problem families' were found to be larger than the wider British population and the other groups admitted to Caldecott. The concerns to record family size echoed a much older concern among eugenicists about the relative birth-rate difference between this group compared to the rest of the population (Blacker 1937a: 120). Moreover, the children from these families, many of whom were admitted with their siblings as part of their wholesale removal from their homes, were tested for familial patterns of intelligence. Significant numbers of these children were characterised as 'dull' during their psychological testing. However, as recorded by Lewis, in many instances these scores could not be disassociated from the socio-economic conditions that had interrupted their education and did not reveal anything about the theoretical hereditability of intelligence among the group as a particular characteristic or identifier.

The individual stories of these families often defied the standardised eugenic reasoning that attempted to categorise them as a heterogenous bloc. Sixty-six 'problem families' were sent to Caldecott during the reception centre experiment; in total, 141 children. An example, as Lewis referenced a 'large problem family' admitted to Caldecott in 1947. At the request of the NSPCC, five siblings, Carol (9 years old), Stephen (7 years old), Ethel (6 years old), Bill (5 years old), and Sam (3 years old), were taken from their home together – a 'dirty ill-furnished hop-picker's hut' – on grounds of neglect. Their parents were categorised under the typical criteria that had come to identify the 'Social Problem Group' – their father being a farm labourer who was unemployed, 'who took life comfortably and wandered from job to job', and their mother being recorded as a 'dull, shiftless woman' (Lewis 1954: 154). The background collected at admission recorded that the family had never stayed in a single accommodation for any long period of time, travelling between a number of farm huts depending on the father's work. From 1943 onwards, the family grew quickly and needed public assistance. Shortly before their admittance to Caldecott, the family was destitute and the children no longer attended school. Yet, the family were deeply attached to each other; upon being offered temporary accommodation, the parents refused for fear they would be separated from their children. The children were fond of each other, and particularly 'devoted' to their father; they were also 'independent and capable at practical tasks'. However, the major concern of Lewis was that all the children were 'educationally backward', due to the interruption of their education by the conditions of poverty in which they lived. However, when each of the children were given the Stanford-Binet IQ test, they were 'found to be of average ability', except for one.

As this example shows, there were substantial issues with the conceptualisation and use of the 'Social Problem Group' and 'problem family' categories of identification. In this instance, the categories used to define the children and their parents as a 'problem family' reflected more the assumptions held against migratory workers and the unemployed and the conditions they faced, and less any supposed criteria of social, behavioural, intellectual, and constitutional value of the family. The criteria for categorising these families often stemmed from a perspective that overlooked the complex socio-economic challenges faced by these families, and in instances the lack of support in the form of public assistance they received during interruptions in earnings. The implied assumption that any 'deficiencies' were the cause of their poverty placed far too much emphasis on assumptions about the choices of such families and the supposed shortcomings in their 'qualities', rather than any broader institutional failures that may have exacerbated the conditions in which they found themselves. Unlike the characteristics outlined by eugenicists of the 'Social Problem Group' – as intergenerational criminality and 'mental deficiencies' – Carol, Stephen, Ethel, Bill, and Sam were observed to be kind, supportive to each other, adapted quickly, and 'behaved well'. The children were only at Caldecott for three weeks, after their parents were able to dismiss the charge of neglect before a magistrate court. They settled in temporary accommodation after being reunited. Yet, this would not be the last time they would enter through Mersham's doors.

Life After the Mersham Experiment

Based upon the observations and data gathering by the centre's staff, the future of the children in the experiment were debated in regularly held conferences. These conferences were led by Hilda Lewis, with contributions given by the Honorary Directors, Leila Rendel and Ethel Davies, the centre staff, and external welfare workers and probation officers familiar with the children (Lewis 1954: 5-6). These conferences were a critical juncture in the lives of the Caldecott children, that brought together their family histories, social background, their behavioural dynamics with other children and the adults at the centre, and the results of their psychometric assessments, including intelligence, to make recommendations about the next steps in their care and 'disposal' to the local authority. Notably, the discussions of these conferences would often extend beyond the child. They would examine the lives of their family and parents – the personalities and behaviours within the family, instances of mental and physical health or disease, and relationships between siblings. For instance, Nellie was recommended to a small hostel 'with a mild religious atmosphere', that also housed twelve other girls categorised as 'maladjusted' (Lewis 1954: 107). It was recommended that she be separated from her adoptive parent's home, instead meeting with them regularly under supervision at a local child-guidance clinic. Nearly six months later, the question of whether she should return to her adoptive parents was raised at one of the conferences. They believed that such a step would be 'inadvisable' as 'her adoptive mother could not be relied on' (Lewis 1954: 108).

Questions about each child's mother was particularly central to many of the recommendations the conference made for the Caldecott children. The question of the relationship between Robin and his mother came to prominence in the discussions about his care after the experiment – 'it was felt that if he returned home immediately he would relapse into his old ways' (Lewis 1954: 144). The conference suggested that Robin first be placed in a foster home, specifically one where he would be the 'only young child'. Yet, as no foster home of this criteria was found for him, he was instead sent home with his parents. The conference characterised Robin's mother as both dominating – not allowing him to 'go away again or attend the child-guidance clinic' – and as 'rude and spiteful' towards Robin, 'continually disparaging him'. After a short period, Robin began to 'pilfer' and was brought again to the child-guidance clinic that had referred him to Caldecott. Yet, he was not sent to the centre but rather to a school for 'maladjusted children'. In a follow-up interview with Lewis eighteen months after settling at the school, she notes that he was 'getting on satisfactorily at home'.

It is hard to ignore the often-eugenic reasoning that would come to permeate the choices made at these conferences, particularly in those outcomes which advocated for the separation of children from their families and segregation from the rest of the 'normal' population based upon perceived mental health and behavioural 'problems'. Children without familial support were often directed to foster homes, and siblings were often placed separately from one another. Those who exhibited observed 'neurotic behaviours', or who were deemed 'unfit' for return to their families, were placed in school and homes for 'maladjusted' children. For Edward, the conference determined, on account of his supposed 'insecure dependent attitude', that he should be placed in a foster home, separated from his siblings, ‘where there would be a foster-father as well as a kindly mother’ (Lewis 1954: 139). However, after being placed into a new foster-family, he would only last another six weeks before they asked him to be removed from their home. For the second time in a single year, in the summer of 1948, he was readmitted to Caldecott by the local authority, during which time he was recorded as being ‘forlorn’ and ‘more aggressive.’ After three weeks of observation, the conference suggested that he be placed in a hostel, under the supervision of a warden. Yet, this placement again did not last long. In winter 1949 he was referred to a child-guidance clinic, where he was then referred again to a school of ‘maladjusted children’. Within a month after admission, he was removed from the school, the headmaster stating they could do nothing for him. In 1950, he was readmitted for a third time to Caldecott, where they referred him to the Maudsley Hospital, where Aubrey Lewis had recently been appointed to the Inaugural Chair of Psychiatry. The rest of Edward’s adolescence was spent under ‘active treatment’ as an out-patient of the Maudsley (Lewis 1954: 139).

The families where the eugenic reasoning behind the recommendations of the conference were most stark were in those instances of children from ‘problem families’. After their parents had contested the NSPCC’s claim of neglect, Carol, Stephen, Ethel, Bill, and Sam, were readmitted to Mersham in 1951 (Lewis 1954: 155). In the years that had followed their initial admission to the Caldecott Community, the family was moved out of their temporary accommodation, their father’s work continued to be interrupted and migratory, and their mother had had a miscarriage. On accusations that the children were ‘dirty and ragged’ and that their parents were unable to send them to school, the siblings were again admitted to the centre. They were reassessed again and were found to be ‘self-conscious’ about their lack of education, illiteracy, and the low-test scores they received under a second battery of psychometric testing, yet there were no recorded changes observed in their emotional and social character. In total, seventy-one children from ‘problem families’ fell within the sample of 240 children that were part of a follow-up survey two years after admission. What was unexpected was that many children who had been categorised as belonging to ‘problem families’ were in a much better state than the other children in the sample group. About half of the children from these families – who were often sent to Caldecott under a charge of ‘neglect’ rather than any signs of ‘neurosis and maladjustment’ – were recorded as being in a ‘good’ condition. However, for Lewis, looking towards the future, particularly in those instances where either or both parents were categorised as ‘dull or defective’, the most ‘desirable’ course of action within ‘problem families’ would be to prevent them from having children through ‘effective birth control’ (Lewis 1955: 155).

The children who had come to Mersham from 1947 to 1950 were all from a generation of children that had lived under the conditions of a new type of war, characterised by the separation of families and the destruction of homes and cities on an unprecedented scale. Lewis could not deny that this was an extraordinary population of children; ‘their fathers were away in the Services for years … their mothers had worked in factories … and, after the war, shortage of houses exposed many of them to bad living conditions’ (Lewis 1954: xii). This being the case, it was not possible to view the Mersham experiment children as a fair sample of the average population in need of care, particularly a sample on which to base claims of the supposed environmental and hereditary causes of the social problems they were imagined to represent. The answer Lewis gave to this critique was lukewarm at best, claiming that context – ‘circumstances of time and place’ – were the essential feature to any claims of ‘social and psychological conclusions’. She argued that the extraordinary nature of the Mersham sample, marked by the ‘tribulations and turns of fate’ in their lives made it ‘possible to examine rather more readily than in ordinary and happier families the validity of some widely held beliefs about the influence of certain stresses and privations during childhood upon the healthy growth of personality’.

Of all the 500 children who were part of the Mersham experiment, only 42 were recommended to be returned to their parents. The vast majority were either sent to a foster home (104 in total) or a children’s home (189 in total) (Lewis 1954: 10). The recommendations also included sending children to boarding schools, adjustment hostels, schools for ‘maladjusted’ children or the ‘educationally subnormal’, or simply ‘other’ institutions. In some instances, these recommendations were not acted upon (119 in total) but for most cases they were (381). For Lewis, it cannot be disregarded that the decision to place children in foster care or to remove them from their home environment appears to have been at least in some part inspired by eugenic ideals. In October 1954 she was invited by Blacker’s successor as General Secretary of the Eugenics Society, the paediatrician Cedric Carter, to address the Society’s Spring Members’ Meeting about her work on the children reception centre at Mersham. Carter particularly requested that Lewis’ talk be based on ‘the relation between specific types of maternal inadequacy, and specific types of ab-normality and behaviour disorder in children'.[34] On this theme of questioning, Carter suggested the title 'Inadequate Parents and Psychological Disorder in their Children'. Her lecture, slightly amended to 'Unsatisfactory Parents and Psychological Disorder in their Children', explored the eugenic implications of changing the environmental conditions of children's lives to prevent 'maladjustment, delinquency, and ill health' (Lewis 1955: 153).

In the lecture, Lewis held to the idea that the personality of a child could 'suffer' by their environmental circumstances; that if they were cut from affection within family life this suffering could continue to adulthood, making them 'a liability or a danger to society.' She believed that an ideal 'Utopia', that all parents were 'wise and affectionate', and that all children 'would be healthy', was an unattainable dream, and that instead measures to intervene in the lives of children and families were necessary 'to mitigate and prevent the ill-effects of bad upbringing and harmful environment seen in each generation'. For the many children who were placed outside of their family home on the recommendation of the conferences held at the Mersham reception centre, Lewis caricatured their parents, particularly their mothers as the reason for their proposed separation. She claimed that these parents were 'grossly psychopathic', 'neglecting', or 'neurotic' and that there was 'much evidence' that it did the children 'good' to be transferred to an 'emotionally and socially favourable atmosphere', such as a foster home, boarding school, or local authority institution. Yet, Lewis had to admit the limitations of the study, in the attempt to establish any relation between heredity and the characteristics that supposedly defined the 'problem family' – stating, 'so far as anomalies are hereditary, their prevention calls for much fuller knowledge than we now have and, probably, more self-discipline and foresight than we can count on to-day.' Yet, this did not prevent her from returning back to eugenic beliefs about the supposed intergenerational inheritance of the characters that defined 'problem families'. She believed that if there was to be any 'promise of improvement' then it was the duty of psychiatrists and social workers to interrupt 'the vicious circle', via interventions in the lives of children through, in many instances, separation and segregation 'so that they do not carry with them into adult life a pattern of behaviour which will have an adverse influence on their offspring' (Lewis 1955: 161).

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[34] Letter from Cedric Carter to Leila Rendel, d. October 1954, SA/EUG/C.207, Wellcome Collection

In 1952, after the completion of the Mersham reception centre experiment, Rendel published a short pamphlet, a sequel in many ways to *The Insecure Child*, titled *The Child of Misfortune*. In the pamphlet Rendel explored the criteria that could be used to classify 'the problem of the Insecure Child, the rejected child, and the handicapped child' (Rendel 1952). She mentioned those categories which had become familiar over the course of the Mersham experiment: deprivation, economic 'depression', family illnesses, parental death, or distress in the family caused by 'difficulties and misfortunes'. However, Rendel appears sceptical of the assertions of those advocates of eugenics who had planned the experiment alongside her in the 1940s. She placed far greater emphasis on the environmental conditions and broader socio-economic circumstances affecting family life and children. In a lightly veiled criticism of her psychiatric colleagues and collaborators, she regretted that in the period following 1945 and the formation of the NHS, the 'medical world' still held to the view of the child as 'temporarily damaged goods', fit only for 'observation and preliminary investigation and a diagnosis' (Rendel, 1952, p. 10). She was sceptical of a medical view whose only interest in a child's welfare extended as far as to understand the 'nature and cause of his illness' and little else beyond. Rendel's view reflected what was a period at Mersham-le-Hatch characterised by a marked pathologization of childhood, and the families of vulnerable children. This pathologization was deeply influenced by the eugenic undertones of many of the ideas held by the psychiatrists and doctors involved in the planning of the children reception centre experiment. In many ways, from its conception through to its outcomes, the Mersham experiment, with its focus on observation and classification, perpetuated eugenic ideas of the inheritability of the causes of poverty and the innate disposition of some families towards criminality, neglect, 'mental deficiency', and 'feeble mindedness'. The experiment serves as an important example of the subtle ways in which such a deterministic, hereditarian, view of psychiatric epidemiology could continue to influence social policy and practices, demonstrating how eugenics was able to still carry influence within the structures and institutions that defined the welfare reformism of early post-war Britain.

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To Walk Again? The Children's Sanatorium in Momin Prohod for the Rehabilitation of Children with Poliomyelitis[1]

Abstract: *In the Bulgarian context of child healthcare and socialist health policy, this study focuses on the Children's Sanatorium in Momin Prohod, which was dedicated to the rehabilitation of children with long-term disabilities resulting from poliomyelitis epidemics. Established in the early 1950s, it was the only specialized healthcare facility of its kind in Bulgaria, combining both therapeutic-rehabilitative and educational work. The sanatorium gained international recognition and even treated patients from abroad, including from countries on the other side of the 'Iron Curtain'. Institutionally-focused in nature, this research is situated within the dominant medical model of the time. Chronologically, it spans the 1950s and 1960s, and is based on official documents from state archives.*

Keywords: *epidemic; poliomyelitis; Momin Prohod; children's sanatorium; disabilities; rehabilitation.*

In an attempt to make sense of global experiences engendered by the major poliomyelitis epidemics of the 20th century, more and more humanitarians in recent decades have been directing their attention to national histories of poliomyelitis, offering a variety of interdisciplinary approaches and perspectives to this once primarily medical problem. The rich Anglo-Saxon, especially American tradition of such studies (Sass, Gottfried, Sorem 1996; Oshinsky 2005; Shell 2005; Silver and Wilson 2007; Offit 2007; Hecht, 2009) also includes research on Eastern European countries (Vargha 2018).

This article is largely provoked and motivated by such studies. It focuses on the "legacy" of the poliomyelitis epidemics, which left behind

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crippled children's bodies (and fates), as well as on Bulgarian health policy aimed at minimizing the damage. It is zooming in on the only specialized health institution in Bulgaria for the recovery and rehabilitation of children with permanent disabilities acquired from poliomyelitis – the Children's Sanatorium in Momin Prohod.

Once enjoying a very good reputation not only in Bulgaria but also abroad, today the signs of memory of the sanatorium’s "identity" are fading. In 2005, the diplomat, writer, and translator Kiryak Tsonev bitterly observed in his memoirs: "Today this prestigious international medical facility, which brought thousands of dollars to the country, is in complete ruin, if not non-existent!" (Tsonev 2005). Few of the direct participants and witnesses of the sanatorium’s life – medical and other staff, patients, or just local residents – are alive, and memories have faded. The remaining information sources are scattered and rare. In reviews of the development of Bulgarian health resort management, the sanatorium is only mentioned in passing (Chalakova 2009; Kostadinov, Karakolev 1983; Karakolev 1994). Its presence is also modest in popular science literature on Momin Prohod and Kostenets as balneological centers (Kochankov 1977; Garvanov 1965; Stoykov, Dzhelepov 1957) and/or tourist destinations (Chervenkov 1983), as the focus there is different. It seems that local historian Miho Chervenkov, in volume 3 of his extensive research on Kostenets and its valley, is among the very few who pay special attention to it (Chervenkov 2013, 173-176).

The laconic character of the sanatorium’s historical narrative is another reason to choose it as a topic. Institutional in nature, the current study is situated in the leading – medicalising – model of the time. It only episodically and rather illustratively features personal stories or biographical notes about the people referred to, for convenience, as patients and staff. Chronologically, it mainly concerns the fifth and sixth decades of the past century when the sanatorium was aimed for children with residual disabilities from poliomyelitis. The study is based on the preserved institutional and party documents from and about the health institution – reports, accounts, protocols, orders, and others, usually addressed to or received from "above." Subject to the logic and philosophy of medical-clinical practice, they focus on dealing with the primary health problem, with patients playing the classic "role" of "objects" of therapy. The dialogue between the two sides in the treatment and recovery process, together with the layers of subjective perceptions and experiences of the ill children separated from their families and loved ones children, as well as the perspectives of the parents are all missing from the purview of the administrative-medical documentation.

Brief Background

Accompanying much of human history, the poliovirus has survived quietly and undisturbed over the centuries as an endemic pathogen. However, in the early 20th century, which saw rapid industrialization, urbanization, and population density, outbreaks became more frequent and affected more and more people worldwide. The first major epidemics appeared in Europe and America, quickly gaining momentum and peaking between the 1950s and 1960s.

Poliomyelitis is not considered to be among the deadliest diseases. However, once it enters the bloodstream and from there the central nervous system, the virus destroys motor neurons, leading to the sudden restriction or loss of movements and reflexes, as well as muscle weakness and acute asymmetrical paralysis in one, several, or all limbs, most commonly affecting the legs (Tanev 1959; Bratovanov, Gabev, Kuzmov 1974: 392-400; Bozhinov 1978: 261-269). Orthopedists have called it the "virtuoso of deformities”. It leaves about 40% of affected individuals disabled with varying degrees of chronic bodily damage and lost or impaired motor functions. Most affected tend to be children from 6 months to 4-5 years old. In everyday language, the disease is known as ‘infantile paralysis’. Although less frequently, epidemic waves can affect other age groups – children over 5 years, adolescents, and even adults.

In many of the most affected countries, health facilities and rehabilitation centers specializing in poliomyelitis were established aiming to restore the virus-affected atrophied neuromuscular system, to prevent subsequent bone and joint deformities and contractures, to build and develop compensatory mechanisms to take over impaired or missing functions, and to physically strengthen affected individuals. These centers combined modern medical achievements with age-old natural healing methods[2]. In the USA, for example, President Franklin Roosevelt, who underwent long-term poliomyelitis treatment in Warm Springs, Georgia, purchased about 500 hectares of land nearby in 1926 and founded the first modern rehabilitation institute specifically for the recovery of pa-

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[2] In ancient Egypt, they applied mud from the Nile River to relieve joint pain, while the Romans used to say 'Sanitas Per Aquam' ('health through water') and extensively used the healing properties of mineral springs.

tients with the disease[3] (Popov 2021). In Europe, the pioneer was Czechoslovakia, known for its mineral waters, long traditions, and school on medical rehabilitation. It has been the first on the old continent to turn in 1935 the Janske Lazne resort into a center for treating the long-term effects of poliomyelitis, using the natural resources of radioactive mineral thermal springs with properties similar to those in Warm Springs. From 1947, the USSR began building a network of poliomyelitis sanatoriums in the balneological resorts of Saki, Evpatoria, Odessa, Pyatigorsk, and others (Alexandrov, Badylkes, Bykhovsky, et al. 1958).

Bulgaria's path to creating such a specialized health institution was uneven. During the first significant spread of poliomyelitis in 1941, affecting about 70 counties with 471 registered cases (Rangelova 1963), the Main Directorate of Public Health considered an "important health and social task" not only the prevention of the disease but also the comprehensive medical care for already paralyzed individuals. On August 14, 1942, the head of the infectious diseases department at the Directorate, Dr. Hristo Danov, noted that they needed long-term, systematic "electro and hydrotherapy, X-ray therapy, and orthopaedics," which state hospitals could not provide. Only the Children's Clinic at Aleksandrovska Hospital treated poliomyelitis patients in their chronic stage, but its capacity was limited (to about 10 people) and so could not meet needs. His proposal was to establish a specialized hospital in a central location—Sofia, which offers 'the best amenities.' He also suggested considering the use of the state-owned mineral bath 'Ovcha Kupel' during off-peak times as a possible option. It had hydrotherapy, and electro and mechanotherapy devices, and it could rely on the Sofia State Level I Hospital or the university surgical clinics for X-ray therapy and orthopaedic specialists. He argued that with such an organization, about 150 patients would undergo specialised systematic treatment.[4]

The prospect of opening a hospital met with disapproval from the "Society for the Improvement and Elevation of the Ovcha Kupel Resort" and the neighborhood residents who argued it would be a "big mistake." Behind the concern for the resort was panic and fear of the disease: "Just the name 'Infantile Paralysis' painfully and frightfully tightens every parent's heart, let alone the existence of a hospital for such children... Is there no other place in our country for such a hospital, that it is necessary to open it here, in such proximity to the city with its densely populated

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[3] Central State Archive, fond 1305K, inventory 1, file 77, p. 62.
[4] CSA, f. 372K, inventory 1, file 2228, pp. 1-2.

neighborhoods?"[5] Judging by the preserved indirect traces in the archives, it seems that the hospital did exist for a short time.[6]

After this first compromise solution, the problem remained. In early 1945, the director of the University Children's Clinic, Prof. Dr. Vladimir Alexiev, also raised the issue of "special comprehensive balneological, physical, and orthopaedic treatment" for children transitioning from the acute to the paralytic stage of the disease, which the clinic could not provide, thus depriving the patients of the opportunity to get improvement at the most favourable time for them. He appealed for the creation of a "special institute for such children with specially trained staff for the purpose". During the next epidemic wave in 1947, at a conference convened by the Ministry of People’s Health, leaders and medical specialists again insisted on setting up a hospital for chronically ill patients, "where comprehensive treatment could be carried out".[7] Meanwhile, parents seeking a cure continued to wander between modern and traditional folk medicine, between hospitals and doctors, and healers, charmers, and folk orthopedists – or ‘chakraks’[8].

From 1948, there seemed to be some movement, with health authorities planning to open a "hospital-shelter" for those who had suffered from the disease. A year later, the intentions took on a more concrete shape, and the planned hospital began to be referred to as a hospital for "physically disabled children – Sofia and Bankya," which was to include "children suffering long-term effects of infantile paralysis", and which would provide comprehensive orthopaedic-surgical and physiotherapeutic treatment. However, an orthopaedic-surgical department failed to be established, and patients continued to rely on the university orthopaedic and trauma clinics. At the end of 1950, only a physiotherapy department with 50 beds was established. Over the course of nine months, 234 children were treated on an outpatient basis, with 153 undergoing inpatient care, and 53 registered as bedridden patients who had suffered from polio. The primary therapies used were hydrotherapy using mineral water from Bankya, and ‘mechanotherapy’ – therapeutic exercise and massage.[9]

The increasingly more frequent waves of polio in 1951, 1954, and 1957 (Rangelova 1963) occurred during a period of radical reform and

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[5] CSA, fond 372K, inventory 1, file 2230, p. 15.
[6] CSA, fond 160, inventory 13, file 135, p. 135.
[7] CSA, fond 160, inventory 21, file 25, pp. 1-4.
[8] CSA, fond 160, inventory 13, file 135, pp. 141, 162.
[9] Ibid., pp. 135-139.

socialist restructuring of the healthcare system (Popov 2009; Angelova 2021). These outbreaks threatened to undermine the Fatherland Front government's declared priority of child protection – combating child mortality, effective measures against childhood and all infectious diseases, and special care for adolescents, among others (Apostolov 1981, 132). The issue of establishing a specialized health facility for rehabilitating disabled children, repeatedly emphasized by medical professionals, became increasingly urgent and required a swift, radical, comprehensive, and sustainable solution. The health authorities chose Momin Prohod.

Why Momin Prohod?

Nature has been generous to Momin Prohod, nestled in the slopes of the Sredna Gora mountain range – with its south-facing exposure, proximity to the Rila massif with a fresh influx of clean mountain air, mild climate, and beautiful views of the Rila and Rhodope mountains. But its greatest treasure is the numerous warm and medicinal mineral springs, known since ancient times. Wounded and ill soldiers from the Roman legions found healing here. During the Ottoman rule, it was known as Solu-Dervent (Water Pass or Passage of the Waters), and its name is told in many legends related to the abundance of mineral waters and their healing properties.

The first detailed description of the mineral springs in Momin Prohod was offered by Herman Skorpil in his work "Natural Resources of the Whole of Bulgaria" (1884). Since 1900, the physicochemical composition of the water from the nine springs has been examined multiple times. The results characterize it as hyperthermal (56-64°C), highly radon-rich, moderately mineralized, of sulfate-bicarbonate, sodium, fluorine, and silicon content. It has anti-allergic, anti-inflammatory, immunoprotective, and general strengthening effects, and supports the treatment of a wide range of conditions including disorders of the musculoskeletal system, respiratory system, cardiovascular system, nervous system, digestive system, skin conditions, and more.

After World War I, the healing waters revitalized the area. Authorities capped the mineral springs and erected a solid bathhouse with a pool, an inhalatorium with a dispersion system and inhalation devices, and in 1933, a new spa was built with separate sections for men and women, complete with pools and baths, and with a fountain for drinking water treatment at the front (Chalkov 2009: 220; Kochankov 1977: 20-23).

Attracted by the area's natural resources and good railway connection, from the 1920s, politicians, ministers, wealthy merchants, industrialists, architects, doctors, lawyers, and others began building private villas for personal use and recreation or guesthouses to rent out. Villa "Switzerland," owned by a Bulgarian diplomat, impressed visitors greatly: "The furnishings in its 26 rooms and salon are excellent and make one feel at home. Each room has running mineral water. Baths can be taken in the very radioactive mineral water. The villa has electric lighting, radio, telephone, garden, and garage. In a word, Villa 'Switzerland' has a Western European setup: it can please even the most demanding taste" (cited in Chervenkov 2013: 85). Professional associations of administrative employees and those of teachers also acquired vacation sites in the area. Carriages transported new vacationers from the country and abroad to Kostinbrod station daily[10] (Kochankov 1977: 23; Stoykov, Djilepov 1957: 6). During the interwar period, Momin Prohod grew into a modern well-organized health resort.

After September 9, 1944, Momin Prohod followed the path of socialism’s emerging modernization. Healthcare and resort management were taken over by the centralized state administration. In 1948, a Resort Directorate was established within the Ministry of Health, renamed to ‘Sanatorium and Resort Management’ (SRM) two years later. The large private villas and guest houses were nationalized and repurposed as vacation accommodation for workers. The state invested heavily in developing the resort. The Ministry of Health, the Ministry of Internal Affairs, the Central Council of the Bulgarian Trade Union, the Central Cooperative Union, working peasants, and others acquired access to sanatoriums and vacation bases (Kochankov 1977: 24; Stoykov, Djilepov 1957: 6-7). Contemporary chroniclers of Momin Prohod claim: "It changed and improved the most under the people's government".[11] In 1950, it was declared a spa resort of national significance.

Momin Prohod's reputation and its healing springs, its infrastructure and its proximity to Sofia and Plovdiv whilst being at a sufficient distance away from large urban centers, were likely among the reasons for its development into Bulgaria’s center for the rehabilitation of children suffering from long-term effects of polio. In this context, the weighty endorsement of Professor Mikhail Petrovich Chumakov, Director of the Virology Institute in Moscow, who visited Bulgaria in the autumn of 1951 to provide urgent assistance in combating polio (Anchova 2023: 162-163), was significant. He "recommended establishing a sana-

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[10] State Archive – Sofia, fond 4199, inventory 1, file 17, p. 4.
[11] Ibid., p. 4.

torium here (in Momin Prohod – editor's note) for treating children with polio".[12] At the time the USSR, and specifically Pyatigorsk had acquired some experience using radon waters to alleviate the suffering of those affected by the disease.

The children's sanatorium – from initial steps to becoming a "leading center in the country for treating the aftereffects in children who have recovered from poliomyelitis"

The sources informing us of the year of the sanatorium's establishment are indirect[13], and the authors diverge. Some refer to 1952 – 1953, while others point to 1955 – 1957 (Kochankov 1977, 24; Chalakov 2009: 220; Chervenkov 2013: 174; Kostadinov, Karakolev 1983: 77). Each claim has its own basis in the stages of its organizational development. In 1952, the building of a large modern four-story sanatorium for adults attached to the Sanatorium and Health Resort Directorate (SHRD) was completed. A year later, a children's department was attached to it, housed in a villa with 30 beds. This could be considered the first step towards the creation of the Children's Sanatorium. Because of high demand it quickly expanded, and by 1954 it occupied additional villas and increased its capacity to 110 beds (Chervenkov 2013: 174). What was to become a separate medical institution started its life on a pavilion principle, using villas owned by the Education Union before September 9, 1944. Initially, it relied mainly on medical treatment, balneology, and physiotherapy. In 1955, a surgical-orthopedic department was established, for which the nationalized villa "Switzerland" was provided the following year.[14] Pressed by the most severe epidemic in 1957, with 1065 infected people from 476 settlements nationwide (Rangelova 1963), the Ministry of People's Health and Social Care developed a comprehensive package of measures to overcome the crisis and its consequences (Anchova 2023: 163). That same year, it was decided to close the sanatorium for adults and repurpose the large building for children with poliomyelitis disabilities. The Children's Sanatorium was finally set up and legitimized as a medical institution, and its bed capacity increased several times, accommodating 310 children in winter and 360 in summer.[15]

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[12] Ibid., p. 5.

[13] See CSA, fond 160, inventory 19, file 148, p. 1; SA-Sofia, fond 4199, inventory 1, file 17, p. 5.

[14] SA – Sofia, fond 4199, inventory 1, file 17, p. 5.

[15] CSA, fond 160, inventory 19, file 148, p. 1.

The health authorities acted decisively. The sanatorium was attributed key significance, and the state mobilized significant material, personnel, and financial resources for it. The goal was set for it to become the "leading center in the country for treating the long-term effects in children who have recovered from poliomyelitis"[16] and to ensure their long-term rehabilitation therapy.

The three established departments – admission & isolation (the so-called filter), physiotherapy, and surgical-orthopedic – covered the necessary range of outpatient treatment (medical, balneological, orthopedic, physical therapy, etc.), while numerous auxiliary units supported the administrative and economic activities. The order and overall organization of work were regulated. The treatment period was fixed at 100 days, but it could be extended. Upon admission, the children were placed in the filter to isolate them from the external environment and prevent the introduction of other potential contagion and infections. Here, the children adapt to the sanatorium regime, undergo functional and clinical tests, and receive an individualized treatment plan tailored to their age and the severity of their conditions. The initial procedures include mineral baths, massages, physical therapy (PT), and orthopedic prophylaxis. After the isolation period, the children are transferred to the physiotherapy and/or orthopedic departments, where the therapy is fully implemented.[17]

The early years of the sanatorium were marked by numerous problems, disorganization, and shortcomings. The former private villas were clearly not functionally adapted for a medical facility. Even the large sanatorium for adults did not meet the specific needs of children with mobility impairments, and the lack of an elevator further complicated their movement between floors. Poorly maintained medical records and patient logs hindered the execution of bed-day plans, resulting in either a shortage or surplus of beds, but overall, average occupancy is about 80%.[18]

There was "a certain level of inexperience and mistakes in medical care and child supervision during the initial period, due to the rapid conversion of the sanatorium into a children's facility with unprepared and insufficient staff."[19] The sanatorium was understaffed, and medical specialists were overburdened. One doctor was responsible for 40-50 hospi-

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[16] SA – Sofia, fond 1697, inventory 1, file 8, p. 21.

[17] CSA, fond 160, inventory 19, file 148, pp. 4-5.

[18] CSA, fond 160, inventory 19, file 148, pp. 2, 6.

[19] Ibid., pp. 1-2, 11-12.

tal beds, three nurses for 50 beds, and one massage therapist and one PT specialist for 30 and 50 children respectively.

The Children's Sanatorium in Momin Prohod, 1972[20]

This workload impacted the treatment process and individual care for the patients. The staffing standard did not account for the sanatorium's patient demographic – children with severe deformities, a third of whom were nearly immobile and/or very young and unable to care for themselves. The qualifications of doctors, nurses, orderlies, and other staff were inadequate. Most of them were holdovers from the adult sanatorium and had to "suddenly become pediatricians, nurses, and child caregivers". The workload, harsh working conditions, and low pay led to high turnover. Within a single year, the sanatorium changed several chief physicians – Dr. Raiko Popov, Dr. Stoyko Kravaev, and Dr. A. Dobrev.[21]

In terms of medical activities, a study of the medical histories of 700 children in 1956 revealed the following: 201 children (28.71%) were discharged from the sanatorium with significant improvements in all neurological status indicators, 273 children (39%) showed slight improve-

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[20] *Source:* CSA, coll. 720, inv. 5, a.u. 17(10), inv. № 57/2592-1.

[21] Ibid., pp. 5-6.

ments, and 226 children (32.29%) showed no response to treatment. Clinical observations indicated that the results of balneotherapy, physiotherapy, and surgery were better when conducted during the early recovery period.[22]

While the work of the surgical and orthopedic departments was rated as excellent, the balneotherapy and physiotherapy departments required modern equipment and the adoption of innovative methods gaining traction abroad. Self-taught Australian christian nurse Elizabeth Kenny (1880 – 1952) prescribed hot, moist compresses followed by gentle movements and exercises to strengthen unaffected muscle fibers and encourage surviving nerve cells. Her approach, known as "Kenny therapy," became the foundation for treating paralytic poliomyelitis and for physiotherapy in the mid-1950s. Czech physiotherapist Vladimir Janda (1928-2002), who had himself recovered from poliomyelitis, introduced a new method for testing muscle function (See Riazková 2013). To master and adopt these and other modern medical approaches, it was recommended to deepen cooperation with leading sanatoriums in Czechoslovakia and the USSR[23] as the most direct and accessible channels for new developments. There was also an urgent need for an in-house orthopedic workshop for splints, light plastic braces, and orthopedic shoes, without which motor deficits would worsen, and therapy would be in vain.[24]

"The Great Leap"

In the context of increasingly active state policies against poliomyelitis epidemics (Anchova 2023: 163), health authorities undertook vigorous actions to improve the functioning and organisational structure of the sanatorium. From 1958, staffing standards were in place for 14 doctors, 42 nurses, 14 masseurs, 8 therapeutic exercise instructors, 98 orderlies-nannies, 8 educators, plus auxiliary staff (Chervenkov 2013: 175). A new chief physician, Dr. Dimitar Hristov Petrunov, a long-time doctor with professional experience and organizational skills who was also well-positioned politically as a former political prisoner before September 9, 1944, was appointed. In 1959, the Ministry of People’s Health and Social Care strictly prohibited the admission of patients with other illnesses and

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[22] Ibid., pp. 3, 7.
[23] Ibid., pp. 11-12.
[24] Ibid., pp. 3, 7.

mandated, "only children who have recovered from poliomyelitis are to be admitted."[25]

Under Dr. Petrunov's leadership, the sanatorium was "better organized," with staff and party office feedback describing him as a "good leader and educator"[26] who "enjoys a good reputation."[27] The documentation for those needing treatment began to be standardized, and over 3,000 registered children were systematically called for check-ups or admission (Petrunov, Ivanova 1964: 79). The bed capacity stabilized at 260, and with a total staff of 247[28], the sanatorium presented a much more convincing image. Most of the doctors in the departments had medical specializations and experience in their fields, with external consultants called in when necessary. The chronic shortage of masseurs, instructors, and rehabilitators was partially overcome by retraining nurses. Orderlies learned on the job how to work with children. Some of the villas were repaired and renovated.

Measures were also taken to improve medical treatments. In 1961, the chief physician of a similar sanatorium in the Czech resort of Janské Lázně and the head of their therapeutic exercise instructors arrived for a 45-day exchange in Momin Prohod. They demonstrated Sister Kenny's method, impressing the Bulgarian colleagues with the precise handling of affected muscles and the perfect technique of therapeutic procedures, combined with individualized work with recovered patients (Ivanova 1960: 124-125). "Our team learned many new things from them. Particularly valuable was their attitude toward the sick child, their planning, and targeted work".[29] Soon after, "Kenny therapy" was introduced and added to the traditional range of procedures, including underwater gymnastics and massage, mud applications, manual massage, therapeutic exercise, physiotherapy with electrotherapy, and surgical interventions. In 1964, a therapeutic instructor was sent to Czechoslovakia for a three-month qualification[30], launching the adoption of theoretical principles and elements of the methods of Herman Kabat, Karel and Berta Bobath, as well as Václav Vojta, which focus on "unlocking" hidden, unmobilized functional potential by activating muscle tone and movements (See Ryazkova 2013). A much-needed orthopedic shoe and device workshop was set up.

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[25] SA – Sofia, fond 1697, inventory 1, file 8, pp. 20, 21.

[26] SA – Sofia, fond 4199, inventory 1, file 8, pp. 5, 13.

[27] SA – Sofia, fond 678B, inventory 1, file 8, p. 51.

[28] SA – Sofia, fond 1663, inventory 1, file 8, pp. 47, 83.

[29] SA – Sofia, fond 678B, inventory 2, file 1, p. 52.

[30] SA – Sofia, fond 678B, inventory 2, file 2, p. 19.

From the early 1960s, crutches began to be widely used, protecting children from worsening deformities and teaching them a more correct way of walking or creating additional compensatory possibilities. New equipment for underwater massage and other devices for mobilizing and treating damaged limbs was acquired. A new drug *Nivalin*[31] was acquired too, after being discovered by Bulgarian pharmacologist Dr. Dimitar Paskov, as it was found to be very effective in improving motor function in paralytic poliomyelitis and gained international recognition. From 1961, a 20-day summer health retreat in the seaside sanatorium in Tuzlata near Balchik was provided, initially for 150 patients and by 1965 for about 350 children. The therapeutic liman mud from the saline seaside lake, combined with sea and sun treatments, games, and entertainment, positively affected the children's mobility and psycho-emotional state[32], and the resort regime allowed for the expression of their spontaneous volitional activity (Petrunov, Ivanova 1964: 74-75).

In 1961, the sanatorium hosted a national rehabilitation meeting[33] and became a partner in the developments of the Research Institute of Balneology and Physiotherapy. Clinical observations conducted in 1964-1965 on 500 children with poliomyelitis treated in Momin Prohod with modern rehabilitation methods registered good outcomes. Improvement in the trophism of the affected muscles was observed in 396 children, and in muscle function in 411. Full or partial correction of restricted mobility was achieved in 226 cases. Of the 38 patients unable to move independently, 28 began walking with aids. Only in 11 cases (2.2%) was there no change observed. The remaining 97.8% showed some improvement from the treatment. The conclusion was that the results of previously applied surgical interventions could be achieved conservatively through innovative rehabilitation methods, which should continue to be pursued.[34]

Behind the dry, impersonal figures and percentages of the documentation lie personal stories and destinies of children who were relearning their motor skills and abilities in the sanatorium. "To lift the sick, even if on crutches or with a cane, to free them from the need to be served by another person and from a wheelchair, to make them able to self-serve and perform some socially useful work" is a long common

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[31] SA – Sofia, fond 1663, inventory 2, file 6, pp. 41, 60; file 8, pp. 12-13.

[32] SA – Sofia, fond 1663, inventory 2, file 7, pp. 1-3, 11, 15; fond 678B, inventory 2, file 3, p. 15.

[33] SA – Sofia, fond 678B, inventory 2, file 1, p. 52.

[34] SA – Sofia, fond 678B, inventory 2, file 5, p. 38-39.

route for patients and medical staff (Petrunov, Ivanova 1964: 78). A notable case is that of I. St. from Targovishte. About him, and others like him, we read in the documents: "This completely abandoned child, brought in immobile with 6 extremely severe contractures, severely delayed in mental development, barely able to speak despite being 11 years old. Now, the same child, with removed contractures, stands up, walks freely with crutches, climbs and descends stairs, and has learned to speak correctly and intelligibly".[35]

The multifaceted bio-psycho-social recovery process of the children extends beyond the field of medicine. The contours of their future life paths are blurred and uncertain; they will grow and develop as individuals, construct their social world, form friendships, master professions, and seek realization in the society of the healthy, while the stigma of a visibly "defective," "incapable" body will inevitably accompany them (Ivkov 2011). The health problem of the affected children will still sprout many offshoots.

First, prolonged treatment entails disruption of the normal educational process. To avoid interrupting classes, an elementary school was established at the Children's Sanatorium in Momin Prohod during the 1953/1954 school year, and medical rehabilitation began to be complemented with pedagogical rehabilitation. The school's representative Chronicle Book documents its journey. It started with 14 students taught individually and in groups by one teacher. Over the following years, with the expansion of the sanatorium's bed capacity, the number of school-age children increased. From 1957, the school gained the status of a sanatorium middle school, allowing students to complete the full course of junior and middle school education. Their number constantly varied – some arrived, while others completed their treatment and returned to continue their education in regular schools or as private students. In the 1958/1959 school year, 146 children from the elementary course and 73 from the junior high course passed through the school, and in 1960/1961, these were 153 and 58, respectively. Starting with one elementary teacher, ten years later, there were seven teachers: four with secondary pedagogical education for the elementary course and three with higher education for the upper course[36], covering the spectrum of general education subjects from the curricula of regular schools. To avoid hindering therapy, classes

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[35] SA – Sofia, fond 678B, inventory 2, file 2, p. 17.

[36] SA – Sofia, fond 4199, inventory 1, file 17, pp. 6, 7, 9, 13.

usually took place in the afternoon, conducted in hospital rooms due to a lack of designated classrooms.

In the joint "coexistence" of the priority therapeutic-rehabilitation work with educational work, a balance was found. Chief Physician Dr. Petrunov was motivated for the school to be on par with others: "We want our school to be no less than the one outside".[37] The sanatorium's party organization, using the language of the time, decisively argued: "We must dispel and will dispel the opinion among parents that our school is of poor quality and that they should send their children here only in the summer".[38]

At the end of 1963, a commission from the Ministry of Health and Social Care, the Research Institute of Balneology and Physiotherapy, and others noted the "great leap" of the sanatorium, which in many respects had become a "rehabilitation center comparable to those in the USSR, Czechoslovakia, and even Austria".[39] However, they did not overlook the still weak points, mainly related to the shortage of rehabilitation workers, masseurs, and instructors, and their training, as well as prosthetics, and the work of the orthopedic workshop, among others. Discussions were also held around the challenge of incorporating new and unexplored areas into the therapeutic process, such as play therapy for young children and occupational therapy for older ones, as well as activities involving music and visual arts[40] for their more comprehensive psychological, social, and physical development. Sources of pleasant emotions and experiences, these activities improved the overall psycho-motor status, stimulated motor activity, built skills for communication, interaction, orientation, and social adaptation, formed interests, and directed toward future accessible professions (Ivkov 2011; Parizov 2002). With the appointment of a music instructor and an intermediate-level technician for arts and crafts, the creation of a photo lab, and the start of woodworking activities, the sanatorium took its first difficult and tentative steps, with the recommendation that work on social and occupational rehabilitation, psychological and verbal support for patients be expanded and deepened.[41]

Very soon after, within a year or two, the party bureau would report: "One of the major tasks facing the team this year (1965) was to de-

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[37] SA – Sofia, fond 1663, inventory 2, file 5, p. 25.

[38] SA – Sofia, fond 678B, inventory 1, file 2, p. 35.

[39] SA – Sofia, fond 1663, inventory 2, file 5, pp. 17-19.

[40] Ibid., pp. 17-28.

[41] SA – Sofia, fond 1663, inventory 2, file 5, pp. 19-21, 25-26.

velop and introduce purposeful, educational, and emotionally enriching games, clubs, exercises, competitions, and work activities for the time outside procedures and classes. The organization and implementation of these should depend on the age, type of illness, degree and location of the impairment, as well as the mental abilities of the patient. These activities were to become an integral part of the individual motor regimen and daily schedule". In order "to heal, to enhance their sense of worthiness, and to properly guide them in finding their place in life", clubs for sewing and embroidery, cooking, photography, and electronics were established.[42] For the intellectual development of the youth, fiction literature was available in the sanatorium's library, with nearly two-thirds of its readers being children. The radio system also regularly broadcasted music, children's programs, and news bulletins from Radio Sofia.[43] These were the windows to the wider world awaiting them outside.

In the increasingly complex rehabilitation and social adaptation work with young patients, an important role was assigned to the educators and the educational work of the staff. The lack of maternal care, the prolonged disruption of the child-mother bond[44], and extended separation from family had additional psychological trauma. This is why, for Dr. Petrunov "Educational work among the children needs to be very good because it is our duty to leave them emotionally capable. Regarding work therapy and vocational guidance, educators should find the right approach, and the role of children's teachers should evolve into therapeutic-educational roles. They need to know the positions in which to place the child to avoid increasing contractures; such play therapy we can introduce here. We must also perform mental assessments. Other sanatoriums have psychologists, but here, the educators are the psychologists".[45] Such were the stated intentions which aimed to compensate for and fill the emotional vacuum created by the enforced isolation from the family environment.

For the future professional realization of the children, a social worker was appointed to assist in organizing vocational guidance towards special technical schools, schools, and crafts for patients who have completed their treatment. According to their abilities and interests, with the sanatorium's mediation with the Ministry of People's Education, many

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[42] SA – Sofia, fond 678B, inventory 2, file 3, pp. 12, 14-15.

[43] SA – Sofia, fond 678B, inventory 2, file 2, p. 28; file 3, pp. 21, 26.

[44] From the reviewed documentation, it could not be determined whether mothers were allowed as companions and if so, in which cases.

[45] SA – Sofia, fond 678B, inventory 2, file 2, p. 41.

students from the 7th and 8th grades were accepted to continue their secondary education in reputable educational institutions – economic technical schools, radio and television technical schools, chemistry technical schools, language high schools, and more.[46]

Care was also taken for the proper ideological and political education of the youth as citizens of the new socialist society. In alignment with the social environment, they were included in the framework of mass youth organizations. First, for children between 9 and 14 years old, the Dimitrov Pioneer Organization ‘September” was created, followed by the Dimitrov Communist Youth Union organization for the older ones. Significant dates and official holidays were solemnly celebrated, lectures and artistic programs were given, and the celebration of September 9th was accompanied by a pioneer bonfire.[47] In solidarity with their patients even after treatment, a meeting was held on May 16, 1960, at the Pioneer Palace in Sofia.[48]

In the ideologically and politically divided world of the Cold War, the sanatorium was a typical socialist health institution of a small country with limited resources from the Eastern Bloc. Inevitably subject to the prevailing political practices and ideologies, it followed congress decisions and directives, built party and other accompanying satellite organizational structures, participated in socialist competition, and propagated the advantages of the socialist model. However, beyond doctrinaire principles, encouraging results were achieved in restorative therapy.

The "domestic" account of the administrative-medical documentation for the progressive development of the Children's Sanatorium in Momin Prohod is confirmed internationally. Having fulfilled the state mandate to "become the leading center in the country for the treatment of the long-term effects in children who had polio"[49] and having established itself as the only first-class medical facility on the Balkan Peninsula with such a specialized profile (Cherenkov 2013: 176), it attracted patients from abroad. Authorities "from above" opened the sanatorium’s doors to them usually for payment to the state budget in hard currency.[50]

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[46] SA – Sofia, fond 678B, inventory 2, file 3, pp. 15-16; fond 1663, inventory 2, file 6, p. 124.

[47] SA – Sofia, fond 4199, inventory 1, file 17, pp. 7, 10, 15, and others.

[48] SA – Sofia, fond 1663, inventory 2, file 5, p. 9.

[49] SA – Sofia, fond 1697, inventory 1, file 8, p. 21.

[50] CSA, fond 882, inventory 2, file 416, p. 4.

The earliest fragmentary information is from 1959-1960 about two children from Romania.[51] A much clearer picture of the international prestige and interest in the sanatorium is given by the preserved lists of children admitted between 1961 – 1965 and 1967 from different parts of the world. The numerical expression over the years is: 1961/1962 – 19; 1963 – 36; 1964 – 50; 1965 – 56; and 1967 noted a several-fold increase reaching a peak of 131 foreign patients (likely data combined with 1966). Many of the entries indicate second, third, or fourth admissions.[52]

The geographical spread is interesting. Patients predominantly came from neighboring Balkan countries, mostly from Macedonia, followed by Greece, Romania, Yugoslavia, and fewer from Turkey. Others were commonly from socialist countries – Poland, Czechoslovakia, Hungary, East Germany, and the USSR. Some came from the other side of the "Iron Curtain" – Italy, West Germany, England, even the USA, and also from distant exotic destinations – Cuba, Tanzania, Ivory Coast. A notable increase in children from the Middle East was observedv– mainly from Israel, Syria, Lebanon, but also Jordan, Iraq, Kuwait, sometimes numbering around 75 individuals.[53]

The growing international popularity of the sanatorium coincided with the development in the late 1950s of the most famous Bulgarian medicine to this day which went under various names – *Nivalin,* based on an extract from the snowdrop flower. Previously used treatments for polio, such as serums, blood transfusions from parents, multivitamin products and vitamin B1, sulfa drugs, antibiotics, etc., were not particularly effective. However, the new medication showed good results in improving motor functions, offering new hopes for addressing the paralytic consequences of polio, and received wide recognition in medical circles, as well as in the foreign press, radio, and television. The Italian Communist Party's organ, "L'Unità," introduced Bulgarian discoverer Dr. Paskov to its readers in 1959, extensively covering the medication, the clinical trials conducted, noted mobility improvements, supported by specific cases, informing that in Bulgaria it was available in all pharmacies for 60 stotinki per ampoule and had already entered Belgium, France, Romania, Turkey, Germany, and others.[54] In 1961, French television made a film about the medication and Dr. D. Paskov who was invited several times to

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[51] CSA, fond 160, inventory 22, file 65, p. 38; file 66, p. 176.
[52] SA – Sofia, fond 1663, inventory 2, file 6, pp. 9-16.
[53] Ibid., pp. 9-16.
[54] Ibid., pp. 9-16.

lecture at the Sorbonne. That same year, for this scientific achievement, he was awarded the prestigious international "Enyo" prize in Naples.

The cumbersome procedures for the official recognition of *Nivalin* in various countries delayed its widespread entry into foreign markets. Addressed to Dr. Paskov, the Ministry of Health, the Central Committee of the Bulgarian Communist Party, and personally to Todor Zhivkov, and to newspaper and magazine editors, dozens of letters arrived from citizens of the USSR, Poland, Hungary, Germany, Belgium, and others, requesting the medicine in order to save their children from disabilities caused by polio[55]. In the spring of 1960, the Ministry of Foreign Affairs secretly informed the Central Committee that Luigi Longo, deputy to the general secretary of the Italian Communist Party, Palmiro Togliatti, had approached our embassy in Rome for the delivery of 100 ampoules for the treatment of "our comrade's children."[56] Again through party channels, in the same year, a visiting member of the Italian Communist Party Central Committee, Tabet, inquired: "Would our Central Committee agree to the sale of Nivalin in Italy through a party-designated company. Without publicizing it, of course, to allow the party to gain certain benefits and prevent excessive price hikes by other traders, as the base price here is already quite high, making it almost impossible for a worker or even for an average Italian citizen to afford Nivalin treatment".[57] Proven but still inaccessible and insufficiently available to the general "consumer" abroad, the new Bulgarian medicine was already integrated as an essential element in the therapy offered by the Momin Prohod sanatorium. This also contributed to foreign interest in the health facility.

Among many foreign patients, the progress achieved through medical rehabilitation at the sanatorium was visible. A Yugoslav citizen, ill since 1955 and almost immobile, after treatment, could walk well without a brace on one leg.[58]A girl from the USA, evidently with Bulgarian roots judging by her surname came to us in a very severe condition after four years of unsuccessful treatment there. Immobile, with severe bedsores and pelvic-reservoir disorders, her condition significantly improved within 7-8 months, and she could already take 20-30 steps".[59] The knowledgeable expert on the Arab world, Kyriak Tsonev, also added a

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[55] CSA, fond 160, inventory 22, file 66, pp. 88, 93-94, 110, 139-140, 248-249; fond 1B, inventory 24, file 254, pp. 2, 3-4.

[56] CSA, fond 1B, inventory 33, file 337, pp. 1-2.

[57] Ibid., pp. 3-5.

[58] DA-Sofia, fond 1663, inventory 2, file 5, p. 38.

[59] DA-Sofia, fond 678B, inventory 2, file 2, p. 18.

detail. In Syria, he said, there is an influential Atassi family from Homs, always in power, spanning from the far-right to the far-left, having given the country several presidents. In the city center, there is a pharmacy "Atassi," naturally also belonging to the family. "Its owner Hulusi simply revered Bulgaria – thanks to treatment at the Momin Prohod children's sanatorium specializing in polio, his completely immobile child had started walking". (Tsonev 2005).

With the discovery of the polio vaccine and the initiation of mass immunization, epidemics, including those in Bulgaria, receded and eventually subsided. Those who had been affected during the peak decades of the mid-20th century grew up and were predominantly no longer children. From the second half of the 1960s, the Children's Sanatorium in Momin Prohod began to gradually change and lose its strict focus on poliomyelitis. The traditions and achievements established over the years, the well-developed medical infrastructure, and the accumulated professional experience were redirected towards the treatment of other socially significant childhood diseases of the central and peripheral nervous system and the musculoskeletal system. For health authorities, institutional medical care for the recovery of those affected by polio epidemics ceased to be concentrated solely on Momin Prohod. It was dispersed and taken up by other sanatoriums for children or adults with broader scopes, such as Tuzlata, Kotel, Pavel Banya, Burgas Mineral Baths, Sapareva Banya, Velingrad, Vlas, and others. The chapter on the only specialized sanatorium in our country for the rehabilitation of children with permanent disabilities acquired from polio gradually turned and closed. The focus broadened and opened to other healthcare facilities.

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The "Family Children's Home" Experiment – an Alternative to Institutional Care (1984 – 1992)

Abstract: *Caring for children in need is a global issue and cause. Every country seeks effective models to implement and adapt in its social environment. An example of such an effort in Bulgaria is the creation and implementation of Family Children's Homes. This was a social experiment aimed at placing children in need within a family environment. The first of these homes was established in 1987 in Pernik, followed by additional homes in Sofia and Pleven. Inspired by foreign practices, the experiment began with the preparation and placement of children in "Family Children's Homes". Before introducing this alternative to institutional care in Bulgaria, the traditions of family orphanages in Czechoslovakia and Poland were studied. The concept of the experiment is closely resembling modern social service and protective measures such as foster care. The paper examines the emergence of family orphanages in the twentieth century as an alternative form of institutional care. It focuses on the experiment's development, set against the background of the general concept and organization of institutional care in Bulgaria. The research is grounded in fieldwork in the city of Pernik and the diary book "Hungry for Love" by Tsvetana Doneva, the director of the "First Family Children's Home" in Bulgaria.*

Keywords: *foster care; children at risk; foster parents; children's institutions.*

Childhood and child development, especially for children in need, are sensitive topics for any society. This necessitates the search for effective models and attempts to implement and adapt them in new social environments. An example of such an experiment is the introduction of "Family Children's Homes" (FCH) in Bulgaria, which involved placing children in need into a family environment. The first FCH was established in 1987 in the town of Pernik. Later, more family homes were opened in the country, in Sofia and Pleven.

The topic of this article is significant because it concerns the history of social policy related to "children at risk" and forms the basis of today's foster care system. The focus is on the Pernik's FCH because it was the only one that survived until the very end of the experiment. The others disbanded before the set end date for the experiment, and one, in the town of Vratsa, never even opened. The primary sources for the study include fieldwork in Pernik and the diary-book "Thirsty for Love" by Tsvetana Doneva (1998), the director of the first FCH in Bulgaria. Information and commentary from local and national newspapers, such as "Sapernik," "Rabotnichesko Delo," "Dimitrovsko Zname," "Demokratsiya," "Vtora Mladost," "Trud," "Noshten Trud," and magazines such as "Zhenata Dnes," "Semeystvo i Uchilishte," "Otechestvo," reflecting the topic or containing factual data on the subject, were also used in writing this article. Materials from the television program "Preday Natatak" (2015) and personal field material collected in May 2017 in Pernik, where I met with Tsvetana Doneva's daughter and son-in-law (AEIM, a.e. 1001-III), were also included. These sources reflect the lives of the main participants in the experiment from its beginning to its end. Further work with additional sources, such as documents in the archives of the Ministry of People's Education, as well as local archives where information about the experiment may be preserved, is forthcoming. The research also references studies by Milena Angelova, who examines a similar experiment conducted between 1936 – 1938 (Angelova 2011); research by Rositsa Stoyanova (Stoyanova 2012) concerning the Near East Foundation and its activities in Bulgaria, as well as the campaign for "family placement" of children; as well as research by Anelia Kasabova on institutional care during socialism and work by other researchers on childhood and children at risk (Kasabova 2010; 2011).

The article aims to examine the emergence of a different form of care for "children in need", such as the FCHs in the late 20th century, as an alternative form of institutional care in Bulgaria. The study’s primary objective then is to uncover the essence of the FCH concept, along with the difficulties encountered during the experiment and its outcomes, within a context dominated by institutional care for children deprived of parental care.

The first attempts at "foster care" in Bulgaria as a social service was a joint initiative of the American Near East Foundation, the Union for Child Protection in Bulgaria, the General Directorate of Public Health at the Ministry of Interior and National Health, and the Department of Social Care at Sofia Municipality for "placing abandoned children in families", which took place between 1936 and 1938 (Angelova 2011: 90). This was a relatively short-lived initiative and an early attempt to introduce "foster care" in Bulgaria. The main sources Milena Angelova uses include reports and surveys by the doctor and visiting nurses at the Health Advisory Station in Sofia under the American Near East Foundation and documents from the archive of the General Directorate of Public Health. Her conclusions are that this short-lived initiative is an emblematic example of collaboration between several institutions. Above all, the experiment registers society's sensitivity towards a group of people who need support and to whom state policy must also show commitment. Although forgotten over time and failing to receive adequate publicity, this experiment is an example of a good attempt at finding a solution to the problem of children in need and opportunities for building a network of measures and activities that promote the standards of this type of care in other countries (Angelova 2011: 95; Stoyanova 2012).

In 1938, the representative of the Near East Foundation for Bulgaria prepared a detailed report on its progress and the results of one year's efforts. It stated that the experiment observed 23 children aged from 23 days to 6 years, who were handed over to them by the Sofia Regional Inspectorate for Public Care and the Department of Social Care at Sofia Municipality. The report, as well as the supplementary reports by the doctor of the Health Advisory Station and the visiting nurses, detailed the difficulties and problems accompanying attempt to place children in foster families over the course of the year. They pointed out lack of information about the children due to the initiative’s campaign nature, which meant that some of the children were not "pre-screened", and they often had no documents. It became clear that in several cases, children were moved to another family within a year. The report also mentions the "group relocation of some children to families in Kalofer, much to the horror of the foster families". At this time, preparations were being made to expand foster care outside Sofia, and it is evident that some of the children were automatically included in the next campaign (Angelova 2011: 93-94).

This attempt to place children in foster families did not continue. A large portion of children without parental care in Bulgaria were placed in homes, some of which were state-run, while others were initiatives of societies which were also nationalized in the late 1940s. Living conditions in these homes varied, but even in well-run homes, children suffered from a lack of family environment and emotional connection. According to preserved archival materials studied by Anelia Kassabova, the conditions in institutions during the 1940s – 1950s included outdoor toilets and taps, lack of running hot water, dormitories with 20-30 beds, with some cases of two children per bed, heating problems, dampness, and more. During this period, similar living conditions were present in many family households, and even families who did not hold recognized "need" or "socially disadvantaged" status sought ways to place their child/children in a state institution (Kassabova 2011: 96).

By the mid-1960s, the network of state institutions for children and adolescents had expanded, with initial efforts focused on health, enhancing personal and general hygiene, preventing and combating infectious diseases, particularly those with serious social implications. "The mobilization of substantial material and professional resources, the development of a health and social care system extending further into rural areas, and the medicalization of social services led to a relatively rapid decline in pre- and neonatal mortality and control of widespread infectious diseases. However, the socialist state's focus on accelerated industrialization and rapid urbanization created challenges in establishing an adequate social system for children deprived of parental care, both in terms of quantity and quality. Facility-related issues persisted throughout the socialist period, including insufficient and non-compliant buildings, expansion primarily through extensions and conversions, minimal or nonexistent personal space for children, limited opportunities for sports, and supply shortages not only in inventory and fuel but also in food, medicines, toys, and educational materials. These institutions proved inadequate, unable to meet the physical, emotional, social, and educational needs of children deprived of parental care”. Such are the issues the management of these homes acknowledged. Despite significant differences between the homes, influenced not only by urban-rural divides but also by the specific management and staff of educators, caregivers, and medical personnel, common 'unresolved problems' were evident (Kassabova 2010: 99-107).

A connection is evident between the practice of patronage/individual guardianship, introduced in the 1950s and expanded during the 1980s. This practice involved staff members individually taking children out of the institution – for walks, to their homes on weekends, holidays, or other occasions, or on excursions with their families. For economic reasons, this practice was extended to include not just staff, but also private citizens, who were carefully vetted beforehand. However, this system was entirely based on unpaid labor, presented as a form of "maternal care," and remained uncompensated (Kassabova 2011: 223).

Care institutions for "children at risk" or "children in need" emerged as part of centralized state policy for children deprived of parental care. Despite some achievements, these institutions soon revealed significant shortcomings. The neuropsychological development of the children lagged behind age norms, and their behavior exhibited specific peculiarities. According to research conducted after the political changes, as deinstitutionalization took place, children from these institutions struggled to adapt to foster or adoptive families (Todorova-Lipcheva 2008: 7-8). Unlike children raised within families, these children lacked mechanisms of family socialization, missing out on observing and internalizing social roles and behavioral models within a family environment (Parvanova 2004: 137-138). For deinstitutionalization policies to be effective, an integrated approach is necessary, involving various measures: promoting family-based care for children deprived of parental care, reforming the care and child custody system, introducing early detection technologies for family problems and timely assistance to families and children, and restructuring child care institutions to create more favourable living conditions for children who cannot be placed with families (Volodina 2008: 2-7).

Family Children's Homes in Bulgaria

In 1987, the first Family Children's Home (SDD) was established in the People's Republic of Bulgaria. This initiative can be linked to the patronage/individual guardianship system introduced in "Mother and Child" homes (for children aged 0-3 years) in the 1950s. In the patronage system, "employees took a child under their care, bringing them home for holidays, weekends, or outside of working hours. The patronage was to be supervised by educators, and taking children home required written permission from the chief physician". As noted by Kassabova, "This practice likely arose spontaneously from the initiative of individual employees – there are no clear documents or archival materials. However, the system was quickly institutionalized. Recognizing the importance of personal patronage for the neuropsychological and physical development of children, and as a means of saving costs for the institution, it became a primary task in annual plans, and by the late 1970s, overnight stays were allowed (or introduced)” (Kassabova 2011: 190). With a view to boost the neuropsychological and physical development of children, and in order to save costs, in the 1980s the patronage/individual guardianship system was expanded, permitting children to be taken out not only by staff but also by pre-screened private citizens. Some directors of "Mother and Child" homes proposed other forms of care, citing the experience of "Czechoslovakia, Poland, and some capitalist countries [who used] more effective and cost-efficient" options for raising children, such as home care for pay (Kassabova 2011: 223). However, in the "Mother and Child" homes, patronage was presented as a form of "maternal care," requiring "love and dedication," "selflessness," and thus remained unpaid (Kassabova 2011).

These developments in child institutions likely contributed to exploring the traditions of alternative types of children's homes in Czechoslovakia and Poland. The SDD experiment in Bulgaria was inspired by the experiences of these socialist countries.

The process was hampered by the economic difficulties and shortages of goods during those years. The experiment in Bulgaria can be divided into three stages: the exploratory stage, involving the study of the process, selection of children and parents, etc.; the substantive stage – placement of children in families and monitoring the project; and the final stage, involving the synthesis of conclusions about the experiment and the fate of its participants.

Preparation for the experiment began in 1984 when the Council of Ministers tasked a working group from the Ministry of People's Education, the Ministry of People's Health, the Ministry of Justice, and the Commission for Labor and Social Affairs to study family children's homes in Czechoslovakia and Poland. These two countries were selected because this type of care for children in need was widespread there (Yaneva 1987: 15). By order dated 15.11.1986 from the Council of Ministers, the then Minister of People's Education Ilcho Dimitrov mandated the start of an experiment to "organize family children's homes" in several Bulgarian cities. 'Guidelines for the organization of family children's homes' were prepared (Borisova 2006: 61).

The SDDs were intended to be part of the boarding school system of educational institutions. Numerous public and state organizations were involved: the executive committees of the district people's councils in the respective cities, along with the Ministry of People's Health, district leadership of the Fatherland Front, the Bulgarian Women's Movement, and the Dimitrov Communist Youth Union (DKMS). The experiment was supervised by the "People's Education" departments of the district people's councils. Initially, the heads of the "People's Education" departments in Sofia, Pleven, Vratsa, and Pernik were tasked with organizing one experimental family home each. Criteria were set for selecting management – "directors" of the homes and providing them with housing if necessary. If the family did not have sufficient living space, they were to be provided with suitable accommodation and funds for repairs and furnishing. Directors were preferably married, though exceptions could be made, with the requirement that they have pedagogical skills, education, and experience. While not explicitly stated, women were preferred for the director role. Salary details and the selection process for children were also specified. The children had to be over 3 years old, have no parents, or if they had parents, they needed to have fully renounced their rights through official "Declarations of Parental Rights Waiver." For children over 7 years old, their wishes were considered, and for those over 14, their consent was mandatory. Preference was given to siblings to avoid separation (Yaneva 1987: 15-17; Valkova 1993: 138-139).

The residence designated as the "family home" had to meet certain requirements: it needed to have separate bedrooms for boys and girls, as well as spaces for children's study and service areas. The property could be state-owned or privately owned by the director, who would then receive rental payments. Conditions for undertaking repairs were specified, with funding allocated based on the number of children housed there. Additional staff could be hired under certain circumstances: for instance, if there are five children, three of whom are of preschool age, a general worker could be employed. Other specialists could also be appointed when there were significant behavioral or developmental issues observed in the children (Borisova 2006: 62). Children from the Family Childcare Homes were given priority when applying to kindergartens, schools, and recreational camps. They were exempt from fees at these institutions (Vulkova 1993: 139).

The concept of the Family Childcare Home reflects both the institutional-administrative approach typical of the existing system of social homes and the search for a new, informal form of care that closely mimics family conditions. The structure and status of the Family Home are clarified in Directive No. 10 of the Ministry of Public Education, which states: "The Family Childcare Home is a state educational institution which, through family upbringing methods and resources, provides conditions for the care and education of disadvantaged children who have permanently severed ties with their families and are deprived of parental care" (Ganchev 1988: 12). From the beginning of the experiment, its development was monitored and analyzed. Rositsa Georgieva, a research associate at the Central Laboratory of Psychology at the Bulgarian Academy of Sciences, notes: "The Family Home is not a family in the true sense of the word, but it can offer much for the emotional and social development of the child. Here, it's not just about meeting their needs for food, clothing, etc., but about the necessity of establishing a close emotional connection with a specific person" (Georgieva 1987: 8-9).

Initially, the experiment was planned to continue only until December 1, 1987, but was later extended by a decision of the Council of

Ministers until August 5, 1991 (the document does not mention the town of Vratsa). There was no change in the amount of funding, but provisions were made for establishing new Family Childcare Homes within the social care system (Borisova 2006: 61).

After the preparatory and research phase of the experiment, the actual organization began. Within a few months in 1987, three such family homes were established in Pernik, Sofia, and Pleven, accommodating children aged 3 to 10 years.

The first children were placed in the Family Home in Pernik at the beginning of 1987. The home was led by educator Tsvetana Doneva, a mother of a married daughter with a family. In her diary, she emotionally and meticulously describes this first day of the new home: "On January 16, 1987, Friday, I wrote in my diary, which I started keeping that day: 'Three children without parents found their home and a mother, whom they called their own, for the first time.' It can be considered their true birth date." Tsvetana Doneva kept a daily diary until the end of the experiment. It was published as a book in 1998, written in narrative form. The content is divided into three parts: "Living Story," "The Heavy Cross," and "Epilogue." The first part covers the children's first month in the Family Childcare Home, focusing on their daily life and reactions to the new environment. The second part highlights the difficult moments that followed, such as when the children began to fall ill, and the challenges they faced in adapting to a new school environment and their growing responsibilities. The third part, the shortest, discusses the difficulties faced during the early years of the transition after 1989 and the children's growth (Doneva 1998: 12).

In a local Pernik newspaper, the director described her role as more maternal than administrative: "[...] this is considered a state institution, and officially I am the Director of the Home, but from the first day, the children wanted me to be their mother" (Tsoneva 1995: 5). During my field research in Pernik, I learned that the boys from the home are still part of Tsvetana Doneva's family, despite her passing. They maintain a close relationship with her daughter, Lyubka, speaking regularly by phone, and even participated together in a television program dedicated to one of the boys. Lyubka initiated the television appearance, sensing the sadness of the older boy, Ventsislav, after her mother's death, and decided to encourage him. In the program "Pass It On," Lyubka shared how Bulgaria sought a person capable of successfully leading the experiment. Ventsislav spoke with sorrow about Tsvetana Doneva and how he came to live with another family in Stara Zagora, which had lost their son. He also called them his mother and father. This family contacted him through Tsvetana Doneva, asking him to fill the void in their lives after losing their son. He shared that both parents passed away in 2011, but he remained close to them until the end (btv.bg).

Tsvetana Doneva and the three boys from the Family Children's Home.[1]

Lyubka, Tsvetana Doneva's daughter, showed a folder containing newspaper and magazine articles about the experiment, which her family had collected over the years. According to her, her mother proved to be a very suitable person for the experiment. She had been a teacher, worked as an inspector in the Ministry of Education, and later in Pernik. In their case, the family used an apartment as their "home". Tsvetana was officially the director, with corresponding salary, while household management and daily life were strictly organized according to official records. According to Lyubka, Tsvetana took on multiple roles and managed everything herself. Together with another inspector, she personally visited orphanages to find suitable children for placement. She considered the apartment's capabilities and the children's health, as there was a requirement that they not have serious illnesses. The choice fell on two boys from the orphanage in Trun and a third from the orphanage in the village of Dren. The boys were aged 10, 9, and 7 years. These boys had not been considered for adoption because the eldest had strabismus, the middle

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[1] *Source:* Family archive of Tsv. Doneva's daughter. https://www.facebook.com/CvetankaGeorgievaDoneva/photos/pb.100063707850631.-2207520000/926022724087462/?type=3

one had a ruptured eardrum, and the youngest lacked a declaration of relinquishment for adoption since no one could provide it – his father was an alcoholic, and his mother was mentally ill (AEIM, Archive No. 1001-III from May 2017: 43-58).

The director's salary of the Family Childcare Home was equivalent to that of a Director of a Home for Children and Adolescents up to 11th grade. Increases were planned for staff with high qualifications and contributions to society. Oversight and monitoring were conducted by the District Council for Public Education, specifically by a school inspector responsible for the homes for children and adolescents in the district (Borisova 2006: 63). Each Family Childcare Home was allocated an annual budget, which included expenses for current repairs, rent, utility bills, the director's salary, and additional payments. Monthly, an advance was provided for food, clothing, cultural activities, and more. The exact amount of funding was not specified (Yaneva 1987: 15).

In the Pernik Family Childcare Home, there was no male figure, as Tsvetana Doneva was divorced, so the boys regarded Lyubka's husband as their "father". "We didn't live together with my mother, but he took on the responsibilities of sports activities – sports games, outings, etc.". Lyubka recalls that in the difficult years of the early 1990s, when the economic crisis hit the country and the home was left without state funding, they survived on supplies sent by Doneva's ex-husband from the countryside. "Even though they were divorced, he helped us. He had previously been a general director, so we had access to some scarce goods. The crisis was severe throughout Bulgaria" (AEIM, Archive No. 1001-III from May 2017: 49-52).

Soon after the home in Pernik, a similar one opened in Sofia, with an announcement of its opening appearing in the magazine "Family and School." The family of Silvana and Georgi Georgiev was chosen for this home. Children were placed with them shortly after the opening of the Pernik home. Silvana Georgieva was about 40 years old, a teacher and mother of two children, one of whom was an adult with their own family. As a motive for participating in the experiment, she mentioned that her children had grown up, and she had the necessary physical strength to care for children. S. Georgieva had experience as an educator in a home for children with intellectual disabilities. Again three children were placed in her care – Rumen, 3 years old; Emil, 4 years old; and Evgeni, 4.5 years old (Yaneva 1987: 17).

In September 1987, the third Family Children's Home (FCH) was opened in the city of Pleven. Initially, three children were placed there, with plans to accommodate two more (Doneva 1988: 3). Information about this home is scarce in the press, except for general observations on the experiment. However, from the few publications found in "Narodna Mladezh," it becomes clear that this home was the last to be opened, benefiting from the experience gained in the first two homes – in Pernik and Sofia.

According to the publications, the results showed that the Family Children's Home had undeniable advantages over institutions such as Homes for Children and Adolescents: "The main outcomes in both families are: the children fully adapt to the new environment, they have grown accustomed to each other, their parents, and their new situation; they quickly fill the often vast gaps in their knowledge, skills, and habits related to family life; they learn discipline and order; and they successfully integrate into their new environments, such as nurseries, kindergartens, and schools" (Ganchev 1988: 12).

The daughter of Tsvetana Doneva is not aware of details regarding the other FCHs, except that they were also opened in the same year. However, she believes they failed quickly. How quickly is unclear, but it is presumed that the children were returned to the institutions from which they were taken. Thus, her mother was the first to achieve lasting results, with the children in her home "graduating" (AEIM, arch. No. 1001-III, May 2017: 43-58).

There is no evidence of an FCH in the city of Vratsa. It is only certain that it was planned to be part of the experiment, but it remains unclear why its setup was discontinued and at what stage.

From the periodical press of that time, we learn that the Family Home did not lack negative comments from neighbors: "Someone was enjoying themselves, while you bear the burden." It is also mentioned that there were others interested in working at the Family Home but declined when they realized they would have to do "menial" household work (Yaneva 1987: 16-17).

In newspapers and magazines up until 1992, there are no critical comments about the the experiment; all information was presented to readers with a positive light. Later, in the newspapers "Vtora Mladost" and "SuPernik", Tsvetana Doneva spoke about the difficulties her family faced during the political changes after 1989: "The funds allocated for the children did not change, while inflation skyrocketed". Despite the challenges, she did not return the children to the institution (Apostolova 2002b: 5; Tsoneva 1995: 6).

The experiment with about ten children placed in FCHs has not been thoroughly documented or comprehensively analyzed, and there is no information about the responsibility for its development. The preserved documents are mainly financial reports showing the funds allocated and how they were spent. There is no methodological guide for the work (Borisova 2006: 63). There was an apparent effort to publicize the experiment, emphasizing its positive aspects, but in reality, the conclusion of the project was neither publicized nor analyzed. The end of the last FCH coincided with the introduction of SOS Children's Villages in Bulgaria, a similar but different form of child care.

As part of Bulgaria's institutional policy on the care of children in need, there was a search for new models borrowed from other countries. The two officially conducted experimental projects share similarities but also have distinct characteristics. The experiment from the 1930s, which involved more children, resulted from a civic rather than a state initiative. The experiment in the latter half of the 1980s was limited, involving a small number of children, but it deserves attention. Although short-lived and following other countries' examples, these attempts are part of the history of social policy in Bulgaria. There is a noticeable campaign-like nature to the experiments and a lack of public justification for their success or failure. In the period between the two experiments, there was also a latent effort to "move away" from institutional care through the practice of patronage/individual guardianship, which was introduced as early as the 1950s and expanded in the 1980s. It is evident that the care of children deprived of parental care and residing in specialized institutions is not new to Bulgarian theory and practice. The reduction of children growing up in institutions is at the core of social policy in Bulgaria in the 21st century, specifically the gradual closure of children's homes and the promotion of foster care not only as a social service but also as a profession.

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A Comparison Across the Iron Curtain. Continuities and Discontinuities of Residential Care in the Two German States

Abstract: *This article analyses the history of residential care for babies and toddlers in the two German states between the 1950s and the 1980s. A comparative perspective is employed to delineate similarities and differences in their developmental trajectories. Initially, parallel trends could be observed: in the first period, infant homes for babies and toddlers exhibited significant growth in East and West Germany, and the scientific discourse manifested conformity in both. Substantial disparities emerged only in the 1960s. In capitalist West Germany, these institutions were rapidly dismantled due to alarming findings from scientific research. In contrast, within socialist East Germany, the infant homes for babies and toddlers gradually vanished from public discourse while simultaneously enduring as an institution for residential care until the collapse of the German Wall in 1989.*

Keywords: *Residential care; comparative history; East and West Germany; attachment theory.*

Orphanage Childhood in Comparison – Theoretical Perspectives

Historical research on residential care for children has traditionally focused on national perspectives. Since the turn of the millennium, studies have respectively examined Western capitalist or Eastern state-socialist countries. These investigations have comprehensively demonstrated how cruelly children and youth were treated in infant homes across various nations. This single-state focus made sense, as the systems of residential care adhered to country-specific logics. For instance, in Canada and Australia, members of indigenous minorities were separated from their families of origin and raised in so-called "residential schools" (Regan 2010; Beresford et al. 2012). In Catholic-rigid Ireland, residential care primarily targeted "fallen mothers" (i.e., unmarried women and their children) (Ferguson 2007) – an influential trend also in Bulgaria (Kassabova 2023). In socialist East Germany, adolescents came under the scrutiny of the state authorities when they defied the rules of socialism (Laudien & Sachse 2012).

These differences are not questioned hereafter, but this contribution advocates complementing national perspectives with comparative approaches. As Haupt and Kocka (1996: 13) outlined, some functions served by comparisons in historical research can be distinguished:

- *Heuristic Function:* A comparison can identify questions and themes that would otherwise be challenging to recognize.
- *Descriptive Function:* Examining a single case, such as the history of an educational institution, can be enriched by a more detailed profile when compared to other institutions.
- *Analytical Function:* When different developments become apparent through comparison, questions arise about the conditions of origin, course, and manifestation of these differences. Although these questions may not be entirely answered through a comparative approach, they can be addressed to some extent.

Comparative methodologies are less well established in historical sciences compared to sociology, political science, or educational research. This could be attributed to historians' skepticism toward abstract explanatory models. Additionally, the methodological complexity of historical comparisons may contribute to their limited use. Comparative historical analysis is considered a challenging procedure because it requires determining whether the chosen units of comparison (e.g., nations, regions) are appropriate and whether the actual objects of comparison (e.g., infant homes) are suitable. "Comparison," as stated by Haupt and Kocka (1996: 23), "is the business of conceptually explicit, theoretically oriented, analytical historians with a certain distance from the historicist tradition – and thus far, the business of a minority."[1]

This article contributes a comparative history of residential care, focusing on a subject bearing two characteristics. Firstly, the emphasis is on infant homes for children under three years of age – a topic that has been scarcely researched. Secondly, the chosen units for comparison are the two German states – the capitalist Federal Republic of Germany (FRG) and the socialist German Democratic Republic (GDR) – during the Cold War. The starting point for these considerations is that at the end of the Second World War, residential care for children in the two parts of Germany hardly differed. Both states emerged from the German Reich after the defeat of National Socialism in May 1945; it can be as-

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[1] This and all further translations from German by the author.

sumed that their populations and institutional structures entered into the post-war period under similar economic, social, and psychological conditions (early work by Kleßmann 1993; recently updated with a gender focus by Hagemann et al. 2019). Therefore, Germany offers a unique case allowing for the separation of structural similarities from political and discursive differences.

The benefits of inner-German comparisons are debated among historians. Klessmann (1993) and Jarausch (2004) advocated for this method, arguing that the histories of the two states were marked by "entanglement" and "demarcation" in multiple ways. Both the FRG and the GDR, as actors in the competition between socialism and capitalism, consistently distinguished themselves from each other, highlighting the political, economic, and social shortcomings and mistakes of the other side. Simultaneously, both states were entangled through preceding economic, cultural, and social developments. This necessitates an analysis of both divisive and opposing elements, as well as a focus on persisting traditions and mutual connections (Klessmann 1993: 41).

Möller (2007) was skeptical about comparing the two German states, arguing that both were integrated into contrasting blocs. From that perspective, any blurring of this fundamental dichotomy is deemed a failure to recognize the differences between dictatorship (GDR) and democracy (FRG). However, even Möller conceded that comparisons could be useful for selected topics. For example, juxtaposing female employment in the two states could be reasonable (though female unemployment would not), and certain aspects of family or social policy might also be appropriate to take into account, Möller argued. A similar topic will be addressed here.

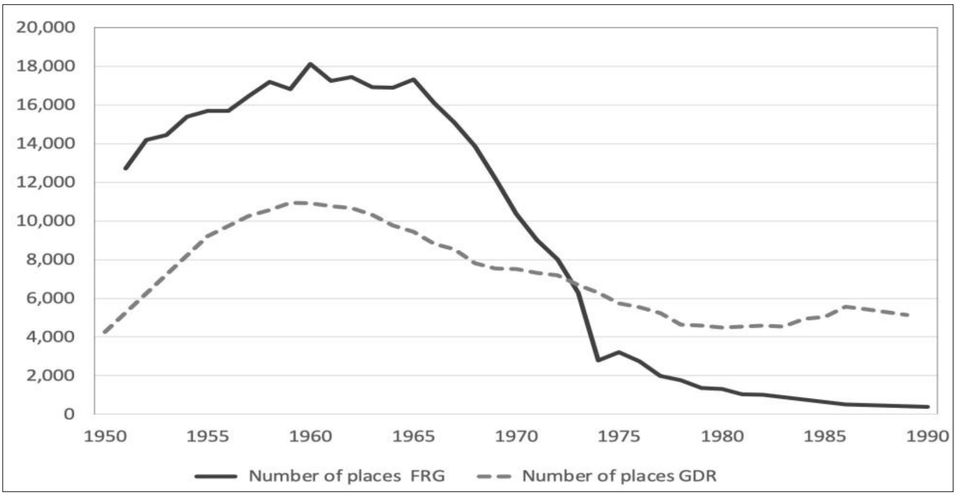
This history of infant homes for babies and toddlers in the two German states begins with a quantitative analysis – a method particularly suitable for comparative approaches (section 2 below). Next, East and West German research on infant homes in the 1950s and 1960s is presented (section 3). A brief description of children's living conditions in these homes follows, along with a depiction of the partially similar, partially different developments in both states (section 4). Finally, an analysis is conducted on the societal and political reactions to scientific studies in the FRG and the GDR (section 5). The conclusion (section 6) revisits the methodological benefits and limitations of the comparative approach.

How Many Babies and Toddlers Were in German Infant Homes?

The German infant and toddler homes took in children between the ages of zero and three years for permanent residence. The first homes were founded at the beginning of the 20th century. Unlike the older orphanages, these homes looked after children of unmarried, working or sick mothers (Schlossmann 1923). The development of infant and toddler homes in the Weimar Republic (1918 – 1933) and under National Socialism (1933 – 1945) has not yet been comprehensively investigated. State statistics indicate that in Germany before the Second World War, approximately 55,000 children lived in orphanages and 26,000 children lived in infant and toddler homes (Statistisches Reichsamt 1940).

After the War, there was no longer a distinction between orphanages and infant homes. All these facilities were now called "infant and toddler homes" in West Germany and "permanent homes for infants and toddlers" in East Germany. There is no official data for the first post-war years, but comprehensive statistics exist from 1950 onwards. One could assume that these facilities were primarily institutions of the immediate wartime and post-war era with its extremely challenging conditions for families. However, official data presents a different scenario for both West and East Germany (Fig. 1).

Fig. 1. Capacity of baby and toddler homes, FRG and GDR, 1950/51 – 1989/1990, absolute[2]



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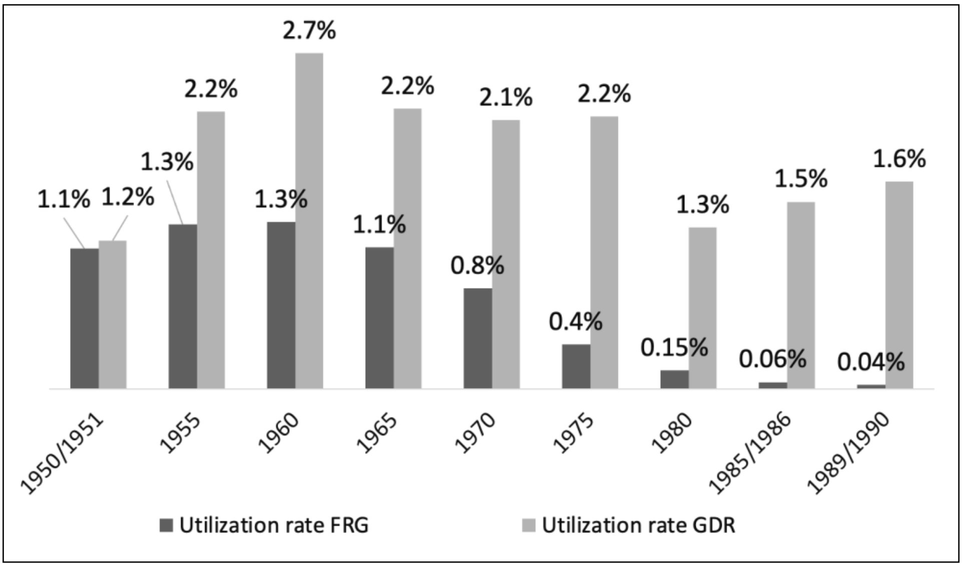
[2] *Sources:* Statistisches Bundesamt, Wirtschaft und Statistik (various years) / Staatliche Zentralverwaltung für Statistik (various years). Own presentation.

In both German states, there was an increase in the capacity of residential care for babies and toddlers until 1960, followed by a decline, faster in the West than in the East. When considering demographic development and assuming each place was occupied by two children per year (Hartung & Glattkowski 1965; Pechstein 1968), the picture changes somewhat (Fig. 2).

Fig. 2. Utilization rates of baby and toddler homes, FRG and GDR, 1950/51 to 1989/1990, as a percentage of all age-matched children, weighted (2 children per place and year)[3]



Now differences between West and East Germany become apparent. In the Federal Republic, utilization increased slightly in the 1950s, only to decline from 1960 onwards. At the peak in 1960, approximately 1.3 per cent of all children under three years in West Germany temporarily lived in an infant home, according to the conservative assumptions of the calculation. This corresponds to about one in seventy children. The disappearance of these institutions began in the early 1960s and continued in the 1970s. By 1980, these infant homes no longer played an important role in the West German welfare state.

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[3] *Sources:* Statistisches Bundesamt, Wirtschaft und Statistik (various years) Staatliche Zentralverwaltung für Statistik (various years). Own presentation and calculation.

In East Germany, utilization grew more strongly in the 1950s, reaching its maximum also in 1960. However, at that time, the value was 2.7 per cent of age-matched children. This means that an estimated one in forty children under three years in the GDR temporarily grew up in residential care. Strikingly, the rates in East Germany remained high until the mid-1970s, with only slight declines thereafter. Even at point of the fall of the Berlin Wall in 1989, these institutions had not disappeared in the GDR. At that time, according to these estimates, approximately one in sixty children under three years still temporarily lived in such institutions.

Attempting to quantify how many children were temporarily or permanently placed in these homes between 1950 and 1990, based on the assumption of two children per place and year, results in an estimated number of 1.3 million affected individuals. Assuming three children per place and year, this would yield a sum of 1.9 million children (Berth 2023a).

However, some uncertainties cannot be eliminated. Some babies and toddlers were placed in infant homes multiple times, so the total numbers may be higher than the real figures. Also, the lengths of stay may be different to what is assumed, leading to an under- or overestimation of the total numbers. In the GDR, there may have been overlaps with weekly crèches where children stayed from Monday to Saturday (Liebsch 2023). With regards to infant homes in the FRG, an overutilization of places leading to crowded homes was reported in the 1950s (Mausshardt 1962), and conversely, an underutilization in the late 1960s with only partially occupied facilities was also reported (Fuhrmann 1970). All these factors can lead to differences between what the data shows and what the real situation was. Nevertheless, statistical analyses indicate that these homes were not extremely rare. Despite the decline they further shaped the childhood of a minority.

Contemporary Perspectives on "Hospitalism" in the 1950s

In 1952, a photo reportage from a newly built infant home was published in the *Süddeutsche Zeitung* newspaper. The images depict, among other scenes, a young woman standing on a balcony, holding a warmly dressed toddler in her arms (Fig. 3).

Fig. 3. Photo reportage from a Munich infant home[4]

The white cap identifies the woman as a professional caregiver, not a mother. In the snow-covered garden below, there is a car with two pairs of skis on the roof. The caption reflects a perspective on early childhood prevalent at the time:

> "It is an issue that occurs in almost every family: to whom to entrust the toddler when you want to go on holiday or are sick? Often, parents hesitate to place their child in an infant home because the baby might lack personal care there. In most cases, they are surprised how well the child has fared in the infant home." *(Süddeutsche Zeitung*, 01.03.1952: 4*)*

This newspaper article asserts that the babies in this institution were doing exceptionally well because they had everything they needed for life: regular and high-quality nutrition, meticulous cleanliness of clothing and bedding, and trained caregivers. Similar contributions can be found in newspapers of the 1950s and 1960s, both in West German

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[4] *Source:* Süddeutsche Zeitung, 01.03.1952. Munich City Archives, Collection Rudi Dix, Signature FS-NL-RD2430A33

and East German media. Infant homes were often described in terms that made one think of vacations. The *Frankfurter Allgemeine Zeitung* (01.04.1961: 55) even avoided the term "infant home" and titled its sweetly romanticized reportage "One lives healthy and vibrantly in the 'Baby Hotel.'"

At the same time, psychoanalysts in the Anglo-Saxon world developed a contrasting perspective. René A. Spitz, John Bowlby, and Anna Freud published influential essays and books after the Second World War, emphasizing the importance of sensitive caregivers for the well-being of children. Bowlby, for example, wrote in his volume published by the World Health Organization (WHO):

> "Essential for mental health is that the infant and young child should experience a warm, intimate, and continuous relationship with his mother (or permanent mother-substitute)". (Bowlby 1951: 11)

In an institution like those described above, babies and toddlers would lack vital security, which only arises when the caregiver remains constant, argued Bowlby. In the USA, a psychoanalytically grounded parenting guide advocating for warm, benevolent, sensitive childcare was published in 1946: With an estimated circulation of 50 million copies, Benjamin Spock's "The Common Sense Book of Baby and Child Care" became the best-selling parenting guide worldwide.

Interestingly, this perspective quickly gained traction in the German academic world (Berth 2021; Berth 2023 a & b). Although the dissemination of scientific knowledge was slower than it is today, it took less than two years for Bowlby to be widely noticed by German experts. The first to do so in West Germany was Annemarie Dührssen (1916 – 1998), a physician and psychoanalyst from Berlin who founded the journal *Praxis der Kinderpsychologie und Kinderpsychiatrie*. In an early issue, Dührssen introduced Bowlby's book, summarizing its essential findings and considerations in a comprehensive text (Dührssen 1953). Over time, there was a seeping effect, especially in West German professional journals in the field of residential care: Almost all pedagogical authors gradually embraced Bowlby’s and Spitz’s arguments, and the term "hospitalism" entered the vocabulary of experts. In return, descriptions of idyllic life in residential care in professional journals became rare by the end of the 1950s.

Bowlby's work was also read in East Germany during this time, as an analysis of GDR professional publications from the 1950s shows. Although Stalinism tightly controlled research, and usually every scientific paper had to primarily refer to Soviet, supposedly ground-breaking work, the influential pediatrician Eva Schmidt-Kolmer (1913 – 1991) introduced the term "hospitalism" into the academic debate in the GDR. At least in the initial years, she referred positively to Bowlby's monograph (Schmidt-Kolmer 1957) and thus presented similar arguments to colleagues in Czechoslovakia (Henschel 2023).

Noticeable are parallels in research designs: the empirical work of both the West German Dührssen and the East German Schmidt-Kolmer compared the upbringing of babies and toddlers in various institutions – infant homes, nurseries, and their families of origin. Both, probably without knowing each other, consistently identified the greatest risks for child development in residential care. By the late 1950s, not only the West German but also the East German professional community was informed of the infant home risks.

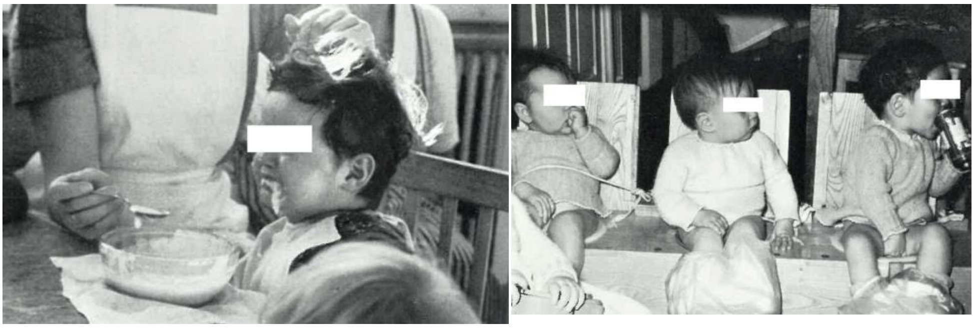
Living Conditions in Baby and Toddler Homes

While infant homes’ staff often romanticized the living conditions of children, as demonstrated in a widely circulated film by Bowlby collaborator James Robertson (Robertson, 1952; for the significant impact of this film, see Winnicott, 1959), the situation was often alarming from an external perspective. Reliable descriptions came from trainees who went to the infant homes for education. New to the job, they were not yet accustomed to what older professionals often considered commonplace and immutable. In 1957, a contribution from horrified young (and anonymized) trainees appeared in the West German professionals´ journal *Unsere Jugend*:

> "The number of caregivers is by no means sufficient. One lives in constant haste just to get somewhat finished at all. There is no time to think about why this infant does not want to drink today or why he cries. From the outside, everything seems well-ordered, impeccably clean, and hygienic. The main thing is that the weight curve is increasing. Children who eat poorly are held with their noses closed, and food is simply stuffed into them. While some children, standing between the knees of the caregivers, are fed at a lightning pace, others are tied to potties. They sit there for a long time, the shy and quiet ones the longest, as you have to deal with the screamers first. In bed, the children are re-tied. They are forced to lie on their backs the whole night." *(Anonymous, 1957, p. 102f.).*

Similar conditions prevailed in East Germany. In 1963, two trainees reported to health authorities about the conditions in a home in Blankenburg (Federal Archives DQ 1 6369). Once again, a picture of institutionalized violence and continuous neglect became evident, later also documented photographically by researchers (Fig. 4). Even the Attorney General of the GDR investigated several cases of death, neglect, and abuse in infant homes and crèches (Federal Archives DQ1 1994).

Fig. 4. Force-feeding and Fixations[5]



The institutionalized children often did not possess toys or clothing. At night, they were sometimes restrained with straps in bed (Liebsch 2023), and during the day, they were frequently bound to their potties for extended periods. The poorly trained personnel focused on hygiene and cleanliness; pedagogy played little to no role. The work overload of the staff could be observed in both parts of the country; simultaneously, outsiders reported a cruel atmosphere where the humiliation of small children was commonplace. Legal responsibility for the facilities did not play a major role: in the GDR the infant homes were almost exclusively state-owned, in the FRG they were typically run by private individuals or welfare associations. Legal forms had no impact on the neglect of the children.

Research in psychology at the time produced some dramatic findings. Infant home toddlers acquired speech with significant delays and lasting limitations. For example, two-thirds of 18-month-olds in Zurich homes failed to speak five words, and similar findings were noted for two- and three-year-old home children in Hamburg (Stier 1963; Meierhofer & Keller 1966). Studies reported significantly reduced and even declining intelligence quotients. In Dührssen's testing (1958), a quarter of

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[5] *Source:* Meierhofer and Keller (1966: 120, 176). The publication by Swiss scientist Marie Meierhofer was to Switzerland what Annemarie Dührssen's works were to West Germany and Eva Schmidt-Kolmer's to East Germany: pioneering research on infant homes. Meierhofer's work described caregiver routines and the psychological consequences of institutional care in precise terms.

the children had an IQ below 85; another 50 per cent scored between 85 and 100. Similar values were found by Weidemann (1959) and Meierhofer and Keller (1966). Children frequently exhibited neurotic symptoms, including bedwetting and stereotypical rocking movements. Cognitive and emotional difficulties increased with the length of institutional stays, and those children who had lived in institutions from birth were the most affected (Pechstein 1968).

GDR research was somewhat less comprehensive than West German research, but significant developmental deficits in infant home children were evident. At least in the 1950s, East German publications could be seen as offering critique of infant homes (e.g., Schmidt-Kolmer 1957; Kiehl & Petermann 1959; Korff 1959) – albeit less explicitly, as openly contesting the importance of female/maternal employment was not permitted in the GDR.

The social background of infant home babies and toddlers had only been partially analyzed. Contemporary GDR research often avoided this topic; West German works from the 1950s and 1960s (Dührssen 1958; Weidemann 1959; Stier 1963; Hartung & Glattkowski 1965) offer indications of highly problematic parental living conditions. About 60 to 80 per cent of children in infant homes were referred to as "illegitimate," the West German legal term until 1970. The mothers of these children rarely completed education and were often unemployed; about 20 to 30 per cent were listed in records as prostitutes. About a third of the mothers were described as homeless, and a similar number had serious illnesses. Nearly none of them could rely on support – e.g., from grandparents; many were socially highly isolated.

Social and Political Reactions in the 1960s

The question remains about the consequences of the attachment-theoretical knowledge imported from the Anglo-Saxon world. In West Germany, the municipal youth welfare offices were particularly relevant because they decided whether the state paid for institutional care or even went to court to achieve the placement of a child in residential care.

Numerous initiatives indicate that the new perspective, inspired by psychoanalysts like Bowlby, was translated into practical policies in the West. The Stuttgart authorities, for instance, constructed new residential homes for unmarried mothers and their children in the early 1960s to prevent separate child placement (Scholl 1960). In the city of Mannheim, counselling centres developed a guide warning against the institutionalization of young children (Hiemenz et al. 1964). In Braunschweig and

Salzgitter, youth welfare offices aimed to prevent "the degrading, though hygienically impeccable assembly line care of so many small, homeless children," as Andriessens (1966: 333) wrote. The influential lawyer Hermann Riedel (1963: 111) referenced Bowlby in his widely distributed commentary on youth welfare law, stating that the worst family is better than the best institution. With this, Bowlby had entered German legal interpretation.

The transformation of municipal social policy soon manifested in official data: nationally, statistics showed a rapid decrease in residential care after 1960 – this corresponds to the steep decline in West Germany in Figure 1. Towards the end of this process, in the late 1960s, a member of the Bundestag stated in parliament that politicians were "aware of the dangers of hospitalism, i.e., harm caused by institutional care," which is why the number of institutional spaces had been successfully reduced (Schroeder, 1968, p. 7543).

In East Germany, for ideological reasons, it was not possible to apply scientifically derived knowledge in practice. Pediatricians who examined the negative consequences of early institutionalization in the 1950s knew they were walking on thin ice. High maternal employment was one of the central state goals, partly because there was a dramatic shortage of labor and partly because of the GDR's concept of gender equality. Criticism of placing young children in daycare centres or institutions was unwelcome (Rosenberg 2021).

Therefore, pediatrician Eva Schmidt-Kolmer sought ways to improve the institutions. Numerous articles and books containing reform proposals were published, including an initial guide for education in daycare centres and institutions in 1957. Schmidt-Kolmer consistently advocated for stronger "pedagogical work" in the institutions, for which she also developed learning materials and instructions for their usage. Abolishing infant homes was not something she could (or would) demand.

However, even this was too much for the GDR authorities. In 1962, Stalinist Minister of Justice Hilde Benjamin wrote a letter to the Minister of Health sharply criticizing Schmidt-Kolmer's research on homes and weekly nurseries:

> *"Her views are in stark contrast to the needs arising from women's employment, and in particular the needs of women in management positions [...]. A woman who holds a position of responsibility in the state or in the economy and fulfils her social duties corresponding to that position cannot keep her eyes on the clock from 4:00 p.m. or 5:30 p.m. in order not to be late to take her child out of the crèche." (quoted in Plückhahn 2000: 63).*

Benjamin urgently demanded "ideological clarification by the doctors regarding the importance of placing young children in weekly homes for securing the enforcement of women's equality." Even if one only barely knew the Minister of Justice, her call for "ideological clarification" could be frightening. Some years earlier she had signed death sentences against "enemies of the republic" and had socialist Ministers put in prison.

Therefore, Schmidt-Kolmer officially communicated in the 1960s that hospitalism in socialist institutions had been completely overcome thanks to better pedagogical work. However, she knew that this was not true: "The manifestations of the so-called 'psychological' hospitalism in long-term institutional stays of infants, small, and preschool children are still clearly discernible," Schmidt-Kolmer wrote in 1962 in an internal memo (Federal Archives DQ 1 2004). Yet, the research and publication ban on this topic prevented infant homes in the GDR from being actively dismantled.

Thematic and Methodological Conclusions

In West Germany and East Germany in the 1950s, parallel developments in baby and toddler homes could be observed, as the institutions in both states underwent quantitative expansion. If they were discussed in the broader public sphere, this happened often in a naive and benevolent manner. However, with the psychoanalytical works of Anglo-Saxon research, this changed. The articles and books by John Bowlby, René A. Spitz, and Anna Freud from the early 1950s were soon read in both states. Empirical works by German pediatricians and psychologists followed, comparing infants and toddlers in various upbringing settings. Thus it became clear that the infant home was the most problematic environment, with children exhibiting significant deficits in cognitive and social development.

In the 1960s, differences between the two states became apparent. In West Germany, there was a rapid reduction of baby and toddler homes, a development driven by a combination of professional discussions, media discourse, and the actions of youth welfare offices. In East Germany, these institutions were scarcely researched and largely forgotten in public. Only with reunification in 1990 was the West German youth welfare system transferred to the East, leading to the closure of GDR infant and toddler homes within a few months – a transformation which has yet to be examined.

In terms of methodological assessment, some benefits of historical comparisons can be identified:

- *Descriptive Function:* Particularly in quantitative analyses, similarities and differences over time were discernible: baby and toddler homes expanded in the FRG and GDR in the 1950s; in the 1960s, they were slowly reduced in the socialist part of Germany but saw a more rapid reduction in the capitalist part. In this sense, the description initially points to a parallel development, then to a markedly different development. However, the question remains open regarding the reasons behind the increase in capacity in the 1950s, which surprisingly occurred in both German states. It could be speculated that the socio-moral concepts, especially concerning unmarried mothers, were still very similar in both German states during that period. This would need further analysis to clarify.
- *Analytical Function:* Several other similarities and differences in the history of caring for children under three years of age in institutions could be highlighted. These include scientific developments in West and East Germany, which initially converged but began to differ after the construction of the inner-German wall. Resemblances between living conditions in institutions were also notable. Hence, the comparative approach demonstrates analytical benefit.

One can summarize that the historiography of institutional care gains precision and analytical sharpness through a comparative design. This might be an argument for extending this perspective to other states on both sides of the Iron Curtain. It is likely that there are important similarities and differences in the history of caring institutions after World War II to be found.

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Corruption Practices in Homes for Children with Intellectual Disabilities and Neuropsychiatric Hospitals in the People's Republic of Bulgaria during the 1940s – 1970s[1]

Abstract: *This article seeks to trace the 'hierarchical' interconnections of corruption across three levels – institution, society, and the state – through an examination of institutions for mentally disabled children and the neuropsychiatric hospitals in the People's Republic of Bulgaria. The article focuses on several micro-historical cases between 1940s and 1970s, where we find clear direct and indirect evidence of financial and material abuses, even though inspecting authorities did not make any formal accusations in the courts in any of these cases. Seeing the institutions as part of the so-called "personal network society", whilst taking into account the objective realities of the era (e.g. personnel shortages, a "shortage economy"), the article theorizes a "paternalistic form" of corruption, which is essential to all hierarchical levels. The analysis draws on documents from care homes and neuropsychiatric hospitals located in state archives in Sofia and other regions, as well as the archives of the Ministry of People's Health and Social Welfare.*

Keywords: *corruption, communist Bulgaria, social care, disability studies*

Corruption[2] is an inevitable phenomenon in all types of state formations.[3] In socialist countries, it evolved and expanded into a core char-

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[2] Although the term 'abuses' is more appropriate for the Bulgarian version of the text, the broader term 'corruption' has become more established in the English-language literature on the subject. See, for example, Bloom (2013).

[3] There is a wealth of literature on various examples from 'non-socialist' countries and periods. See, for example, RoseAckerman (1999), Heidenheimer et al. (2001), Ledeneva (2006), Takacs, Rašković (2021).

acteristic of the regime and a reflection of society. Although the struggle between state authorities and abuses is traditionally seen as inevitable, the socialist fight against corruption took on different dimensions. As quoted by Ulf Brunnbauer from a 1980 document from the Ministry of Justice: "There is not a single area unaffected by [theft], except for healthcare and justice" (Brunnbauer 2007: 329).[4] However, as this article will demonstrate, healthcare should also be excluded as an exception from the realities in the People's Republic of Bulgaria.

Terminology and Sources

In this article, the term "corruption" will be understood as the "classical and relatively precise concept" used by Heinzen, which refers to "the abuse of official power for personal enrichment or to obtain other material benefits". This concept includes activities such as bribery, embezzlement, and/or the misuse of state/Soviet[5] funds by officials for personal purposes, as well as the unlawful appropriation of state/Soviet resources (Heinzen 2021: 8). However, even this broad definition, both in Heinzen’s work and here, is insufficient due to the specific nature of the source material and the characteristics of the socialist system.

As Heinzen notes, corruption was a "taboo" topic in the closed socialist society. As a result, documentary sources for this research are scarce (Heinzen 2021: 17). The primary sources used consist of unpublished archival data on illegal practices in homes and hospitals for people with psycho – neurological conditions. These archival documents, however, do not shed light on the causes behind the (desire to engage in) corruption, the actual extent of such practices, their consequences, or the punishments involved. In other words, the available data do not follow legal proceedings and do not represent filed court cases. Some of these aspects can only be inferred from the context of the events, the stage of development of socialist society and state, or from common everyday practices (*Alltag*).

A notable weakness of this type of document is that the individuals offering bribes or the non – state participants remain "invisible." This is also consistent with findings from similar academic studies (Heinzen 2021: 15).

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[4] Citing CSA (Central State Archive), fond 88, op. 36, file 75, p. 13.

[5] By 'soviet' here is meant the resources of various municipal and district people's councils, which, according to the regulations in the People's Republic of Bulgaria, are not considered state entities.

Research Objectives

The focus of this text is on the economic dimension of corruption in the People's Republic of Bulgaria (PRB). Within this framework, the primary objective is to test the thesis of the presence of a particular tolerance for abuses within the socialist state. Numerous microhistorical examples from the archives of homes and hospitals for children with intellectual disabilities are examined. The working hypothesis anticipates significant influence and widespread tolerance from the state and party, thus confirming the historiographical thesis that the regime maintained its stability by "corrupting" society.

Another important goal of this text is to trace the impact of these fraudulent practices on the lives of the residents. Unfortunately, due to the particular nature of the archival sources and the general financial data of the homes and hospitals, it is very difficult to objectively assess any measurable influence. The working hypothesis considers various variables and suggests that in certain cases, corruption directly harmed the patients and residents. In other cases, at best, it acted as additional funding for perpetually underfunded institutions, with the diverted funds potentially being used to improve the quality of life there.

Systemic Specifics

What is unique about corruption during socialism? Historiography and researchers from other scientific disciplines have extensively explored the genesis and meaning of this phenomenon. Economic historian Rumen Avramov emphasizes that corruption under socialism was democratic: "The state, which was once a prize accessible only to a limited circle of officials and politicians, was now available to everyone". Similarly, in the classic Soviet literary works "The Twelve Chairs" and "The Golden Calf" by I. Ilf and E. Petrov, the economy "imposes limits on permissible differentiation and free handling of money" (Avramov 2007: 122-123). In "The History of the People's Republic of Bulgaria", Ivaylo Znepolski identifies the genesis of corruption as inevitable, but not *structurally defining*: "The pervasive prohibitions and restrictions, along with absurd norms, make citizens feel constantly beyond the bounds of the permissible, while at the same time experiencing a perverse sense of personal satisfaction that they have the chance or life skills to avoid the lurking dangers". Moreover, he argues that this everyday corruption "which covers the entire society... [is one of] the principles of the communist regime that gives the appearance of its stability" (Znepolski 2009: 422, 424). Sociologist Andrey Raychev develops the argument that the creation of socialist society via ideology led to the emergence of a second center, a counterweight in conflict with the regime, but not seeking its overthrow. "I see no other meaning in the word 'society' under socialism than this alternative second network." Due to the backwardness and limited size of the state, these networks in the PRB primarily exchanged "goods" rather than "statuses" (Raychev 2011: 27). Corruption in an economy of scarcity (specifically scarcity as "shortage," not "absence") was neither for "survival" nor for "advancement," but a function of "improvisation" in response to the surrounding world, much like the realization of the socialist idea in the 20th century.

American researcher of the Soviet case D. Heinzen defines corruption and bribery as "an integral part of the unofficial but essential relationships necessary for the functioning of much of Soviet society and state administration". He does not refer to a network, but to a "second economy" in the form of abuses (based on Grossman) (Heinzen 2021: 9; Grossman 1977: 32-33). Stephen Kotkin views this economy as "a logical consequence of the official one," with both being unable to exist without each other (Kotkin 1997: 274). All these authors observe and account for the practically nonexistent active fight against corruption[6], especially during the so – called ‘developed socialist society’ period (from the 1970s onwards), which generates research interest.

The system from which the examples here will be analyzed is linked to a relatively underdeveloped area of healthcare and social care in the PRB – the psycho-neurological sector. For a long time (until the mid-1970s), it remained a non-priority area for development. The reasons for this are clear: the belief, especially in the early stages of the socialist regime, that socio-technological progress would lead to the disappearance of psycho-neurological diseases; the predominantly symptomatic medical treatment options; the lack of return on investment; the limited patient base (compared to the rest of society). The development of this sector faced underfunding, a shortage of facilities, limited international exchange and implementation of new practices, staffing problems, and more.

The dire state of this part of social and healthcare services over the decades can be traced through numerous examples from different locations: "patients are not bathed at least once every six months",[7] the pres-

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[6] Social historian D. Jones offers a high degree of tolerance toward corruption practices in his study of wartime and postwar Rostov-on-Don. See more in Jones (2008).

[7] CSA, fond 160, inventory 2, file 138, p. 45.

ence of lice and nits (including in the intimate areas of the sick)[8] (1940s in the psychiatric ward of the hospital in Lovech), "[the children] complain that the food is insufficient, that even the bread is given to them in inadequate quantities, and that they are hungry" (early 1950s in the village of Vidrare's Home)[9], insufficient quantities of neuroleptic drugs – hlorpromazine and reserpine (especially from the mid-1950s and 1960s until the end of the regime, practically throughout the entire sector)[10], and many others. This reality can be felt through the examples analyzed below and can be considered one of the factors contributing to corrupt practices.

Categorization and Examples

Based on the examined archives, a distinctive classification of corruption types can be constructed. Each type has different combinations of variables – perpetrator, objective, donor[11], and impact on the wards.

The first type of illegal practices resembles a form of extortion. Unlike the Soviet concept of "blat," this extortion is hierarchical. In a classic bribery or patronage situation, a lower – ranking individual seeks the support or advocacy of a higher – ranking person to secure a job or position. However, in extortion – like practices, the higher – ranking individual demands resources from the lower – ranking one, persuading them that these "services" are beneficial them. Heinzen posits that despite this hierarchy, there exists a peculiar "art of bribery [...] negotiations between Soviet citizens and state officials, sometimes with an element of coercion" (Heinzen 2021: 14). However, as we will see from the examples in the People's Republic of Bulgaria, no such "negotiations" took place.

An example from the archives involves the neuropsychiatric hospital in the town of Byala after the establishment of the Fatherland Front (OF) government. In 1945, Dr. Y. Kitov took over the management of the hospital. In line with the new political climate, he blamed all difficulties and failures on the previous administration while simultaneously claiming to transform the hospital's operations. However, during an in-

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[8] Ibid.

[9] CSA, fond 160, inventory 11, file 149, p. 82.

[10] CSA, fond 160, inventory 20, file 26, p. 24; fond 160, inventory 16, file 36, p. 5; fond 160, inventory 30, file 13, p. 10.

[11] In this article 'donor' refers to the aggrieved party. However, as the examples will show, the same party does not always perceive itself as 'aggrieved.' For this reason, the broader term 'donor' is used, which allows for a wider scope of reaction by the party itself.

spection in November (a month after his appointment), it was revealed that most of Kitov's initiatives either originated from his predecessors and deputies or did not reflect the reality on the ground.[12] The inspector reported a shocking scene:

"In one ward, 60 patients were either completely naked or poorly dressed, lying on bare wooden planks in a room with broken windows... The naked bodies of the patients, piled up in several heaps, resembled more of a stack of corpses than living people. Driven by the instinct for self-preservation, they huddled together to warm each other, seeking some form of protection... [The staff] could not [put in a stove or fill the mattresses] because the storekeeper was on leave and had not handed over the keys to the housekeeper. As a result, three of these patients died that very night and the next, without the manager knowing they were even ill... The identity of one of the deceased could not be established for a long time".[13]

The final point of criticism (point 16) against the hospital's director concerned corrupt practices, in collaboration with Professor (!) Angel Penchev. The Ministry of Health conducted an investigation, gathered letters, and took testimonies from the complainants. Kitov and Penchev demanded money from concerned parents of children in the hospital for their "private" treatment, citing a shortage of medicines and the general post-war scarcity in the institutions:

"Once you leave, send me the money by mail immediately, otherwise we will not take measures to treat them." Dr. Kitov claimed to have found notes showing that "... Prof. Penchev took money, but Dr. Kitov received no money from Prof. Penchev, and that if the father wanted his son to be treated, he had to leave more money".[14]

The accusation emphasized that the treatments provided by Kitov and Penchev involved "medicines from our pharmacy"[15], indicating misuse or partial use of the available medications in the hospital (according to the inspectors' data). The inspecting authorities likely became active due to the complaints against Kitov (which were documented just two weeks after his appointment), and the main burden of the accusations fell on his management of the hospital. The subsequent fate of the charges against Dr. Kitov and Prof. Penchev remains unclear. It is possible that

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[12] CSA, fond 160, inventory 9, file 192, p. 4-5.
[13] Ibid., p. 5.
[14] Ibid., p. 14, 17.
[15] Ibid., 7.

the accused Prof. Penchev is the same Prof. A. Penchev who was actively involved in the first national conference on neurology, psychiatry, and neurosurgery around 1954.[16]

The second type of corrupt practice also involves the personalized financial or material exploitation of the institution itself. The group most often involved consists of people working within the institution. Unlike the first type, here the criminal activity remains confined within the institution, with no outside parties involved. This practice is the most widespread, both in the inspections and as a characteristic of the "socialist way of life" (Brunnbauer 2007: 328). In certain cases, the wards of the institutions are directly harmed. The benefits derived from these activities are most often material, less frequently financial. The perpetrators, unlike in the next type, are mostly "exposed" because the archival data usually consists of revelations or accusations against specific individuals within the system.

Returning to the previous case in Byala, the director took cans of food from the hospital, "in which butter was sealed for him in our workshop; he used the hospital staff for his personal services, had about 40 kg of noodles rolled out in the hospital, and often traveled around the surrounding villages in the carriage to prepare preserves for himself, but did not think to do the same for the hospital".[17] Given the significant scarcity in the system and society during the 1940s, the diversion of foodstuffs certainly had negative consequences on the nourishment of the patients and the hospital staff.

Another similar case was documented in 1962 at *Home No. 8* in Sofia, a facility for children and adolescents with severe physical and mental disabilities. A municipal accountant conducted a surprise inspection and found discrepancies (mostly shortages) between the quantities of food products in the warehouse and those recorded in the books. While possible explanations could be sought in imprecise measurements and irregular record – keeping, no such circumstances applied to the case of the Home's accountant. She stole products purchased for the home and used one of the adolescents, "ward Kircho", to carry the goods away. Thanks to the boy's signature, the responsibility for the purchased and delivered goods was transferred onto him too.[18] It is interesting to note that according to the home's regulations from 1952, there were supposed

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[16] CSA, fond 160, inventory 14, file 198, p. 249.

[17] CSA, fond 160, inventory 9, file 192, p. 6.

[18] SA – Sofia (State archive – Sofia), fond 1917, inventory 1, file 14, p. 74-75.

to be children on duty in the kitchen 24 hours a day to monitor the movement and usage of the products.[19] The more capable children were given responsibility for other administrative tasks as well, including even paying their own fees for staying at the home. The inspectors disregarded the established internal rules and charged the accountant, the actual perpetrator of the crime.

This case can also be viewed through the lens of a unique study by V. Dimitrova, B. Zahariev, and M. Martinova on the stigmatizing public attitudes towards people with mental disorders. The study highlights three types of attitudes (through the contemporary Community Attitudes Towards the Mentally Ill or CAMI III): authoritarianism, benevolence, and liberalism. In the context of this micro-case, the inspectors did not accept the internal organization of the home, which entrusted responsibilities and decision-making to the wards: "No responsibility can be entrusted to the mentally ill" (Dimitrova, Zahariev, Martinova 2022: 300-351).

Another case involved the ‘Home for Idiot Children’ aged 3 to 10 in the village of Vidrare during the second quarter of 1950, where renovation of the dormitory and installation of water pipes were being completed. The next report finds that the water supply network was not actually completed, as "pipes and other parts for completion" were missing.[20] Although no direct accusations of theft were made, since all the materials were delivered and the project was neither revised nor rejected, the only remaining possibility was that the pipes were unlawfully taken by the home's employees, construction workers, or local people. As a result, the facility continued to "operate with a septic tank”.[21]

Such practices of personal gain not only directly deprive children of food and medicine, but also deny everyone there the basic hygienic conditions necessary for living. This is an extremely serious issue that contributes to outbreaks of contagious diseases, sometimes claiming children's lives. In various homes, the struggle for clean water supply and functioning sewage systems continues for years.[22] These abuses stand in direct contrast with the standardized architectural solutions for social institutions, developed and adopted since the late 1950s (partly taken

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[19] Ibid., file 10, p. 51.

[20] CSA, fond 160, inventory 11, file 149, p. 82.

[21] Ibid., p. 16, 23.

[22] For example, in the case of the home in Sladuк Kladenets, which during the 1970s continuously struggled with the Hunting and Fishing Union over the use of the nearby ravine and separately over the development of a sewage system project.

from the Polish People's Republic), all of which envisage water supply and sewage systems.

The third type is systemic impersonal (anonymous) corruption. It is carried out by employees as a collective group (i.e., collective action and shared (ir)responsibility) or by the management themselves with the knowledge of a significant number of subordinates. In all cases, these practices remain undisclosed or more precisely “invisible,” and the donor is the state itself or its local authorities. This type of abuse can be divided into two subtypes – staff-related (human resources) and resource-related (material resources). In both cases, there is no opposition from higher authorities. It is notable that these practices are not even "uncovered", despite being easily noticeable.

Staff-related abuses involve the fictitious allocation of staff positions, for which the people’s councils (regional and municipal) allocate funds. At the very least, the head and the accountant of the respective institution are involved in these schemes. These practices are difficult for researchers to detect, as they require parallel analysis of the rosters for staffing and layoffs. For the people’s councils of that period, it is significantly easier – they have the names and data of all employees in the subordinate homes and hospitals and can compare them with the incoming monthly/quarterly/annual rosters and allocated staff positions. Two examples can be given from the same home for children with disabilities – the one in the village of Sladuk Kladenets (Stara Zagora region) during the 1970s. The position of rehabilitator was introduced only in 1970. The salary for this position was comparable to that of medical staff, with a standard of 1 position for 60 beds. Until October 1977, the position remained unfilled. "The rehabilitator position has been on the roster for years, but we cannot find a candidate to fill the role. Even for part-time work, no one can be found".[23] This is why a rehabilitator was called weekly from the Home for the disabled in Stara Zagora "to give instructions to the nurses, who have no such training".[24] Despite this, the home in Sladuk Kladenets continually reported the position as filled and received budget funds for the salary.[25] The annual salary allocated for the rehabilitator was at the lowest rate – 95 BGN per month or 1,140 BGN

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[23] SA – Stara Zagora (State Archive – Stara Zagora), fond 1484, inventory 1, file 11, p. 35.

[24] Ibid., p. 34.

[25] Ibid., file 9, p. 32-33, 36 – data for the position for the entire 1974; file 5, p. 44-46 – quarterly breakdowns of the amounts requested by the home from the District People's Council, including for salaries.

per year, resulting in over 5,000 BGN in budget losses during the period in question.

An identical case occurred with the cook position. Like the rehabilitator, the position remained unfilled from March 20, 1974, onwards. The incumbent was "on sick leave to care for a sick family member, [and] had also submitted a resignation". In the financial records, the position was again listed as filled, and the home received funds from the District People's Council for it.[26] The lost funds for the state from this resource misappropriation amounted to 85 BGN per month or 1,020 BGN per year. By 1977, the position was filled, but by an unqualified cook, who was nevertheless paid the full salary.[27] Both cases illustrate a lack of prepared personnel for work or an unwillingness of qualified staff to work in this part of the healthcare and social care system.

Resource-related abuses involve inflating the weekly, monthly, or annual material requests to the people’s councils. At the very least, the head and accountant are involved in these schemes, and as seen in the examples, various lower – level employees of the respective institution as well. These abuses are easier to detect, but the fact that they are not identified by the authorities indicates that they are tolerated or even encouraged, meaning that the authorities themselves are directly involved in the structures of the "second network".

One example selected from the archives is from the District Psychiatric Hospital in Karlukovo, Lovech region. In the allocation of fabrics for sewing uniforms, the height of the employees is always recorded as a round number – 5 or 0. Most women are listed with a height of 170 cm or more.[28] The average height of women in Bulgaria, as well as in Europe, even to this day, does not exceed 170 cm (Rudnev, Soboleva, Sterlikov et al. 2014: 96-98). In the allocated fabric lengths, no additional material for repairs or sewing items is provided.

The second example requires the comparison of a significant amount of technical information. It is from the Home for Children with Disabilities in Sladuk Kladenets. From the beginning of its existence, the institution acquired a vehicle. According to the records, it traveled 30,000 km annually, consuming 12,000 liters of petrol. This means that the fuel

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[26] Ibid., p. 32-33, 36 – data for the position for the entire 1974; file 5, p. 44-46 – quarterly breakdowns of the amounts requested by the home from the District People's Council, including for salaries.

[27] Ibid., file 11, p. 124.

[28] CSA, fond 160, inventory 3, file 130, p. 248.

consumption was 40 liters per 100 kilometers.[29] Among the available vehicle fleet in Bulgaria, only trucks (e.g., the popular ZiL-130, KrAZ-255) had such fuel consumption. The allocated staff position was for a driver of a vehicle up to 1.5 tons (sometimes in the records, for unexplained reasons, this figure becomes 2.5 tons). This means that either the driver was not qualified to drive a truck, or the vehicle itself was not a truck. It turns out that the "vehicle" was the Polish "half-truck" (minibus) "Żuk".[30] All modifications produced by the factories in Lublin had the same engine – the *S-21* (widely used in other Polish vehicles like the *Warszawa*). The vehicle had a fuel consumption of 14 liters per 100 km when fully loaded. Since the Home, with about 80 children, likely rarely maximized the vehicle's load capacity of about a ton, this means that the consumption should have been about one liter less. Regardless of how heavily the minibus was loaded, the actual consumption was far from the 40 liters recorded in the reports – 2.7 times more! Technically, it is impossible to reach such consumption, even with improper use, lack of maintenance, and inefficient driving. This suggests that either fuel was being stolen for personal use (with many employees involved in the scheme), or the data was being inflated in the reports sent to the District People's Council in Stara Zagora to receive a larger budget for the home. Given the petrol prices[31] in Bulgaria during the 1970s (~8.5 stotinki per liter, and the driver's maximum salary of 100 BGN in the sector[32] (in the case of Sladuk Kladenets, the actual salary was 85 BGN)[33], the generated abuse amounted to several thousand BGN in just one year. Regardless of the case, the data on the vehicle's permissible consumption and the reported figures could easily be compared by the council using the vehicle's operation logs. However, this was not done, and it persisted for decades!

The analysis of the types of corruption examined can be conducted using various theories. One popular theory that can be partially applied here is that of A. Heidenheimer, who, in analyzing "political corruption," classifies offenses using a "color scheme." The different offenses are

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[29] SA – Stara Zagora, fond 1484, inventory 1, file 5, p. 29.

[30] Ibid., file 9, p. 53.

[31] According to production data, the most suitable fuel for the Żuk is 85 octane fuel (in Poland) or AI-93 (in the USSR). In the People's Republic of Bulgaria, A-86 and A-93 are available (the latter is of the same standard as in the USSR). Using petrol with a higher octane number reduces consumption.

[32] SA – Stara Zagora, fond 1484, inventory 1, file 9, p. 54.

[33] Ibid., p. 55.

grouped into three color categories – white, gray, and black. White evaluates offenses as insignificant, and neither society nor the state takes action, while black is condemned by both. Gray is much more flexible. In this category, the opinions of the elite and society differ – the former considers it beyond acceptable limits, while the latter finds it acceptable, though not in all cases. It is in this category that the corruption practices described here most often fall (Heidenheimer 2001: 3-14).

Many more examples of all types of corruption practices could be drawn from the archives of various institutions. All these groups and examples of corruption can be summarized as follows:

Type of abuse		**Objective**	**Donor**	**Direct harm to the wards Yes (+), no (–)**	**Authorities' attitude**	**Frequency**
Racketeering		Most commonly financial, less frequently material	Private individual outside the system	+/–	Conflict	Whenever possible
Personal		Supplies, other items	The institution	+	Conflict (only when uncovered or in case of whistleblowing)	Whenever possible/routinely
Systemic/anonymous	Staff-related	Financial	State or regional institutions	–	Complicity/non-intervention	Routinely
	Resources-related	Supplies, other items	State or regional institutions	–	Complicity/non-intervention	Routinely

The table shows that the state actively intervenes as a regulatory body only in cases of low-level corruption. This can also be felt from the investigations following reports and complaints by citizens directly to central authorities or in the press. This is a characteristic paternalistic feature of socialist regimes in Europe, which strive to be a "government close to the people," "our government".[34] Institutional financial and supplies frauds, which directly and systematically deplete the republican budget and significantly worsen the economic situation, remain largely unaffected by state control. "The state was informed of this but could do nothing to counteract it" (Brunnbauer 2007: 329). Homes for children with intellectual disabilities and psychiatric hospitals, as well as all institutions, require the legalization of their frauds by the state authority itself-in this context, through the approval of monthly/quarterly resource and funding requests. Counteraction only occurs when there is a decree from above to implement savings or when glaring errors in the overall accounting are made.[35] It seems "...as the Fatherland Front itself admits, in some of the most delicate cases, such as the widespread theft and abuse in collective enterprises, it cannot do anything" (Brunnbauer 2007: 328). In the corruption schemes in the People's Republic of Bulgaria, the goal is not to achieve status in the micro or macro society; all target points are either material goods or financial resources.

Conclusion

The presented groups of corruption practices and examples demonstrate the significant scale of abuses in social homes and psychiatric institutions. The reviewed and classified examples at the low institutional level and the analyses made confirm the working hypothesis that the state encourages corruption, but only in large and medium cases. In "isolated, non-systemic" cases, under certain circumstances, the authorities sanction the official but not the institution itself. This effectively shifts the problem "to the person" and deflects the problem "from the system." The party and state cannot combat fraud because doing so would first require declaring and exposing it to society. Fighting abuses requires additional institutional resources, and the actual costs far exceed the potential savings from such efforts. The authorities strive the society to live in in-

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[34] A similar feature is observed in the direct epistolary communication between the population and the higher administrative bodies/officials, known as 'letters to the authorities'.

[35] For example, SA – Sofia, fond 1917, inventory 1, file 4, p. 11.

creasing maximum comfort under the available conditions (Raychev 2011: 26), unwilling to return to the revolutionary romanticism of the past (Znepolski 2009: 422-423). The moment for a successful or even symbolic fight against corruption seems to have long passed, likely with the era of "laying the foundations" (as referenced in Penyo Penev's poem about the romanticism of socialist construction, "When the Foundations Were Being Laid").

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„Sparsamkeit, Sauberkeit, Genügsamkeit, sexuelle Enthaltsamkeit“: Mädchen in der öffentlichen Fürsorge in Deutschland

"Frugality, Cleanliness, Contentment, Sexual Abstinence“: Girls in Public Care in Germany

Abstract: *Social care in Germany for girls whose behavior deviates from societal norms has been characterized by stigmatization and a focus on controlling and educating them to conform to dominant ideals of femininity since the late 19th century. A central concept in social science regarding these children is "Verwahrlosung" (neglect), which for girls is often specifically referred to as "sexuelle Verwahrlosung" (sexual neglect). This article examines the discourse and practices of educational institutions for girls during the twentieth century, with a particular focus on the underexplored post-World War II period, when hundreds of thousands of children and adolescents were forced to navigate life independently, frequently in ways that contravened social norms. Research from this era typically pathologizes these individuals, overlooking their strengths. The analysis reveals a continuity in institutional practices from the National Socialist era, evident both in upbringing methods and personnel. It was only through the influences of the "new women's movement," anti-authoritarian attitudes, and the collaboration between politically active students and asylum "inmates" in the late 1960s that the process of deinstitutionalization began. The paper concludes that the effort to conduct "work of coping with the past" (Vergangenheitsbewältigung) in social work must extend beyond the National Socialist period to include the post-war years.*

Keywords: *Sexual neglect (Verwahrlosung); Pathologization; Germany; National Socialist period; post-World War II period*

In diesem Beitrag soll (vor dem Hintergrund einer kurzen Skizze der allgemeinen Situation von Mädchen in Einrichtungen der Erziehungshilfe im 19. und in der ersten Hälfte des 20. Jahrhunderts) schwerpunktmäßig die wenig erforschte Zeit zwischen dem Ende des Zweiten Weltkriegs und den Mitte der 1960er Jahre einsetzenden Reformen im Mittelpunkt der Betrachtung stehen. Dabei liegt das Augenmerk vor allem auf den gesellschaftlichen und fachlichen Hintergründen der Beurteilung der Mädchen – also auf den „diagnostischen“ Merkmalen, welche die Anordnung einer Fürsorgeerziehung oder Maßnamen Freiwilliger Erziehungshilfe nach sich gezogen haben, wobei der Begriff der „Verwahrlosung“ eine besondere Rolle spielt.

Meine Überlegungen beziehen sich weitgehend auf die Gruppe der schulentlassenen Mädchen, die im Rahmen von Freiwilliger Erziehungshilfe (FEH) und Fürsorgeerziehung (FE) in Heimen untergebracht waren. Der Anteil dieser jungen Frauen an den „Zöglingen“ der Heimerziehung war in den Jahren nach dem Zweiten Weltkrieg entgegen allgemeiner Einschätzung nicht unerheblich.

Die Beschäftigung mit ihnen ermöglicht deshalb eine realistische „Würdigung“ einer Gruppe, die bisher wenig Beachtung gefunden hat. Gleichermaßen eröffnet die Thematik die Chance zu einer exemplarischen Beschäftigung mit der Stigmatisierung sogenannter abweichender Ausprägungen von Weiblichkeit, die in den frühen Jahren „unserer Republik“ durchaus noch wirksam wurde.

Denn der Blick auf die Situation von Mädchen in der öffentlichen Erziehung deckt ein gesellschaftliches Segment auf, in dem die negativen Konnotationen des allgemeinen Mädchen- und Frauenbildes sichtbar werden, besonders, wenn man den Wandel bzw. die Kontinuitäten dieses Bildes im Laufe der historischen Entwicklung betrachtet. Dabei steht die seit Lommbroso gerne aufgegriffene These von der „sexuellen Prägung weiblicher krimineller Veranlagung“ im Vordergrund, die auch die Diagnostik der Jugendhilfe in den 1950er und 1960er Jahren dahingehend beeinflusst hat, dass abweichendes bzw. kriminelles Verhalten von Mädchen vorwiegend als „sexuelle Verwahrlosung“ gedeutet wurde.

Der Umgang mit sozialen Abweichungen in den Jahren nach dem Kriegsende schlägt sich aber auch in eindrucksvoller Weise in den Formen der Fürsorge nieder, welche sozial auffälligen Mädchen und jungen Frauen zuteil wurde. Nicht nur die Bewertung des abweichenden Verhaltens, auch die Einrichtungen und die Fürsorgemethoden konnten ihre Herkunft aus dem deutschen Kaiserreich und der NS-Zeit nicht verleugnen. Deshalb ging es im Rahmen der Jugendhilfe nur bedingt um Verständnis und Unterstützung, sondern um all jene Formen der „Besserung“, die aus obrigkeitsstaatlicher Sicht die Anpassung des Individuums an die gesellschaftlichen Erfordernisse hervorbringen sollen. Dabei sind nicht nur die allgemeinen Resozialisierungsziele (Gewöhnung an Arbeit und Pünktlichkeit) zum Zuge gekommen, sondern darüber hinaus auch diejenigen, die der spezifischen „Erziehung zur Weiblichkeit“ dienen sollen (Sparsamkeit, Sauberkeit, Genügsamkeit, sexuelle Enthaltsamkeit).

Rückblicke auf die Geschichte der Heimerziehung

Die unterschiedlichen Konnotationen des Verwahrlosungsbegriffs umfassten im 19. und frühen 20. Jahrhundert zunächst in allererster Linie das Phänomen des Umherstreunens – verbunden mit der Zuschreibung von Arbeitsunlust und Arbeitsverweigerung. Die Disziplinierung der Unterschicht mittels Arbeits- und Werkhäusern sollte entsprechend dazu beitragen, die „Streuner und Diebe“ unter den Kindern und Jugendlichen, die mehrheitlich männlichen Geschlechts waren, sesshaft zu machen und sie an geregelte Arbeitsprozesse zu gewöhnen bzw. sie darauf vorzubereiten.

Es liegt auf der Hand, dass gegenüber diesen überwiegend "typisch männlichen" Verwahrlosungsphänomenen die Zuschreibung der Verwahrlosung der Mädchen eher auf sittlichen bzw. sexuellem Gebiet angesiedelt und in der Regel zunächst noch nicht als Verwahrlosung, sondern als Sittlichkeitsproblematik beschrieben wurde: In dem Maße, in dem die Städte wuchsen, schien auch die Prostitution zuzunehmen. Die zügellose Körperlichkeit, die jungen Arbeiterinnen und Dienstmädchen unterstellt wurde, bedrohte die bürgerliche Selbstkontrolle und Ordnung, sie verführte angeblich zu einem unstatthaften Umgang mit den körperlichen Kräften der Männer und gefährdete die Gesundheit der Familien. Mit der Furcht vor dem Kontrollverlust durch eine überhand nehmende Prostitution wurden nicht nur Sperrbezirke zur Ausgrenzung der Prostituierten aus der bürgerlichen Welt errichtet, sondern auch Strategien zur Reintegration entwickelt.

Anna Pappritz hat im Jahre 1903 eindrucksvoll dargestellt, dass die Mehrheit der jungen Mädchen nicht aus Leichtsinn oder Triebhaftigkeit zur Prostitution kommt, sondern durch die Not und den Kampf ums das Überleben dazu gezwungen wird. Aufgrund ihrer Gegenüberstellung von Löhnen und Preisen kommt sie zu der Sclhussfolgerung:

> „Man kann berechnen, daß eine Arbeiterin bei so niedrigem Jahreseinkommen sich nur von Brot, Kaffee und Kartoffeln ernährt. Neben der gesundheitlichen Schädigung liegen die sittlichen Gefahren dieses Notzustandes auf der Hand. Wie sollen diese Mädchen leben, wenn sie nicht ihre Zuflucht zu dem schmachvollen Nebenerwerb der Prostitution nehmen“. (Pappritz 1903: 9)

Trotz des Kampfes der Frauenbewegung gegen die Prostitution und die dort vorherrschende Forderung einer gleichen Moral für beide Geschlechter, war die Doppelmoral, welche all die "Gefallenen" und "Gestrauchelten" ebenso wie die gewerblichen Prostituierten hervorbrachte, ein zu fundamentaler Bestandteil der Bürgerlichen Gesellschaft, um aus dieser eliminierbar zu sein.

Deshalb waren es nicht nur die Kirchen, welche – vor allem nach englischen und amerikanischem Vorbild – daran gingen, Einrichtungen wie Magdalenien, Klöster zum Guten Hirten und Wöchnerinnen-Asyle für unverheiratete und minderjährige Schwangere und ähnliche Einrichtungen zu gründen. Alle diese Initiativen verfolgten – cum grano salis – das Ziel, ebenso zur Abschreckung der "Unbescholtenen" wie zur Versittlichung und vor allem zur Verhäuslichung derjenigen beizutragen, die man – je nach Sachlage oder Zuschreibung – als sexuell gefährdet, verwahrlost, gestrauchelt oder verkommen bezeichnete. Die Gründung dieser Einrichtungen erfolgten mit ganz wenigen Ausnahmen, welche explizit dem Zwangserziehungsgesetz von 1878 oder dem Fürsorgeerziehungsgesetz von 1900 entsprachen, ohne Rechtsgrundlage, da sie nicht in das männlichen Lebens-, Verhaltens- und Deliktstrukturen entsprechende "Raster" der damals existierenden gesetzlichen Vorgaben passten.

Die allgemeine Entwicklung der öffentlichen Erziehung, welche weitgehend unabhängig von den Kasernierungs- und Erziehungsmaßnahmen für Mädchen und junge Frauen erfolgte, war seit Beginn des 19. Jahrhunderts durch den Prozess einer zunehmenden Pädagogisierung gekennzeichnet: Während die 12- bis 18 jährigen Straftäter nach dem Preußischen Strafgesetzbuch von 1871 noch eine "Besserungshaft" zuteil wurde, sah das Gesetz von 1878 eine Zwangserziehung vor, die in einigen Teilen des damaligen deutschen Reiches, z.B. in Hamburg, sogar mit einem gewissen Freiwilligkeitsprinzip verbunden wurde.

Von besonderer Bedeutung ist auch der Umstand, dass durch das 1900 in Kraft getretene Fürsorgeerziehungsgesetz erstmals Maßnahmen angeordnet werden konnten, welche nicht auf bestimmte Verfehlungen folgten, sondern dazu gedacht waren, Verwahrlosung im Vorfeld zu verhüten. "Damit wurde eine psychologisch-pädagogische Kategorie zur Tatbestandsvoraussetzung für das Eintreten öffentlicher Erziehung, deren Definition und Auslegung die Entwicklung der Erziehungshilfen bis zum Inkrafttreten des KJHG fast 100 Jahre später massiv geprägt haben."

Die Not der Bevölkerung, die durch den Ersten Weltkrieg hervorgerufen wurde, veränderte das Bild der Kinder und Jugendlichen, welche auf öffentliche Erziehung angewiesen waren bzw. dieser unterworfen wurden, noch weitergehend: Die Frage der "Schuld" an dem Zustandekommen der Hilfsbedürftigkeit, die bis dahin fast uneingeschränkt den betroffenen Subjekten zugewiesen worden war, wurde jetzt differenzierter gesehen, da – vor allem im Fall der Kriegswaisen - die gesellschaftliche Verursachung nicht mehr geleugnet werden konnte.

Diese Liberalisierung entlastete den weiblichen Teil der Klientel aber nur bedingt, da die bei den Mädchen und jungen Frauen vorherrschen Verfehlungen nach wie vor eher den "Gesetzen der Doppelmoral" entsprechend als vor dem Hintergrund sozialer Not bzw. gesellschaftlicher Verhältnisse gedeutet wurden. Die durch den Krieg in den Vordergrund gerückten bevölkerungspolitischen Perspektiven trugen im Gegenteil dazu bei, jegliche Form "sexueller Verwahrlosung" auf Seiten der Frauen strenger denn je zu ahnden, da es nun darum gehen sollte, Abtreibungen um jeden Preis zu verhindern und die Geschlechtskrankheiten unter Kontrolle zu bringen, um das "zerrüttete Familienleben" wieder zu konsolidieren und die Geburtenzahlen zu erhöhen.

Dass es zum Gelingen der bevölkerungspolitischen Ziele sinnvoller gewesen wäre, anstelle von mehr Restriktionen gegenüber den betroffenen Frauen vor allem wirksame Maßnahmen zur Senkung der Säuglings- und Kindersterblichkeit (die bei den nichtehelichen Müttern noch um ein Vielfaches höher lag als bei den verheirateten) durchzuführen, drang zwar zunehmend in das allgemeine Bewusstsein. Die Reformen, welche diesen Einsichten folgten, kamen zwar den Kindern und Jugendlichen zugute, veränderten aber die traditionellen Vorurteilsstrukturen nicht wirklich.

Die Reform des Jugendwohlfahrtsgesetzes, 1910/1911, beinhaltete zwar das "Recht auf Erziehung", trug aber verstärkt zur geschlechtsspezifischen Segregation im Bereich der durch die neuen gesetzlichen Vorgaben "aufblühenden" Heimerziehung bei. Der Umstand, dass die eingewiesenen Mädchen in der Regel älter waren und länger blieben als die männlichen Jugendlichen, verweist dabei vor allem auf zwei Aspekte ihrer "Sonderbehandlung":

> Zum einen wurde ihre "Gefährdung" erst zu einem Zeitpunkt "festgestellt", der in eindeutigem Zusammenhang mit ihrer Pubertät und der sich daran anschließenden Geschlechtsreife stand. Der Gefährdung der jüngeren Mädchen durch Missbrauch und Misshandlung innerhalb der Familie wurde bis in die 1970er Jahre hinein keinerlei Aufmerksamkeit zuteil, da weibliche Sexualität bis zu dem "feministischen" Parameterwechsel durchgehend als "Tatwaffe" und nicht als "Opferdisposition" gesehen wurde.
>
> Auf der anderen Seite verweist die Länge des durchschnittlichen Aufenthalts von Mädchen in den Heimen auch darauf, dass ihnen bei längerer "versittlichender" Beaufsichtigung bessere Resozialisierungschancen zugeschrieben wurden als den Jungen. Als Voraussetzung dafür wur-

> de jedoch eine "feste Bindung" zu einem Mann, besser noch die Heirat und Familiengründung für unabdingbar gehalten. Trotz der damals schon in empirischen Studien nachgewiesenen Tatsache, dass – gerade in sozial benachteiligten Familien – die Frau eine Stütze für ihren Mann, er aber keine Unterstützung für sie bedeutet, wurde also unbeirrt der Glauben an die segenreichen Auswirkungen der Verehelichung für junge Frauen aufrecht erhalten.
>
> Heike Schmidt stellt zusammenfassend für den Zeitraum von der Gründung der ersten Magdalenien in den 1830er Jahren bis zum Ende der Weimarer Republik einen bedeutsamen Gestaltwechsel des "typischen weiblichen Fürsorgezöglings" fest: "Aus der verführbaren Gefallenen war die für Delinquenz und sexuelle Entgleisung anfällige Verwahrloste geworden". (Schmidt 2002: 5)

Die Entwicklung der öffentlichen Erziehung in der NS-Zeit ist durch das – die gesamte Wohlfahrtspflege durchdringende – Prinzip der "Auslese und Ausmerze" gekennzeichnet gewesen. Auf der Seite der Auslese ist die eklatante Steigerung der Bedeutung "öffentlicher Erziehung" durch die Gründung der "Hitler-Jugend" (HJ) und der beiden Untergruppierungen, dem "Bund Deutscher Mädel" (BDM) sowie dem BDM-Werk "Glaube und Schönheit", als Konstituierung einer "Staatsjugend" zu registrieren, deren Mitgliedschaft für alle Jugendlichen im Alter zwischen 10 und 17 bzw. 18 Jahren verbindlich war.

Auf der Seite der "Ausmerze" kam es erstmals zur Gründung von Jugendkonzentrationslagern für "unerziehbare" und "erblich belastete" Kinder und Jugendliche in Moringen und der Uckermark. Aber auch in anderen Teilen Deutschlands existierten Lager für Arbeitsbummelanten". Daneben gab es weiterhin den zahlenmäßig dominanten Anteil an konfessionellen Erziehungseinrichtungen, in denen sich allerdings ein deutlicher Wechsel von der vordem christlichen zu einer 'modernen' rassistischen Auffassung von Verwahrlosung und damit auch zu einer ausleseorientierten Funktion als "erbbiologisches Sieb" vollzog.

Trotz der Bemühungen von Fachverbänden und Anstaltsleitern, die Jugendhilfe als 'volksaufbauende Erziehungsarbeit' zu definieren, konnte sich die öffentliche Erziehung in dieser Zeit nicht aus ihrer historisch entstandenen Zwitterposition als Verwahrungs-, Straf- und Erziehungsmaßnahme befreien, geschweige denn ihre Zöglinge vor den Übergriffen nationalsozialistischer Rassenpolitik schützen.

In Bezug auf die Mädchen ist ein bemerkenswerter Anstieg an Einweisungen mit der Diagnose "moralischer Schwachsinn" vor allem derjenigen zu verzeichnen gewesen, denen Umgang mit wechselnden Sexualpartnern nachgewiesen werden konnte. Es ist zu vermuten, dass dabei aber vorwiegend erbbiologische bzw. ausleseorientierte Aspekte im Vordergrund standen, da trotz des – in der NS-Zeit allgemein verbreiteten und bis heute tradierten – Bildes von der "sauberen deutschen Frau" und dem "Leitbild der Ehefrau und Mutter" keineswegs von einer unantastbaren nationalsozialistischen Sexualmoral die Rede sein kann.

Exkurs: Friedericke Wieking

Friedericke Wieking gehörte zu den einflussreichsten Frauen in der Zeit des Nationalsozialismus. Bekannt geworden ist sie als Gründerin der weiblichen Kriminalpolizei. Sie ist aber bereits 1938 von Heinrich Himmler ins Reichssicherheitshauptamt berufen worden, um die Organisation der Kinder und Jugend-KZ zu übernehmen.

Zuvor war sie in unterschiedlichen Einrichtungen der Mädchenfürsorge tätig. Besonders prägend war für sie ihre Arbeit in einer Hamburger Fürsorgeanstalt, die als eine der strengsten in Deutschland bekannt war. Die Einrichtung unterstand Pastor Johannes Petersen. Die Beschreibung Ihrer Tätigkeit und die der Lebensbedingungen der dort kasanierten Mädchen wirft ein bedrückendes Bild auf die damalige Anstaltspraxis.

Die Aufteilung der Zöglinge erfolgte über eine gestufte Separierung nach Alter, Grad der „Verdorbenheit“ und Ursache der „Verwahrlosung“. Die sexuell „schwer verwahrlosten“ Zöglinge waren in 44 Schlafzellen untergebracht. Die im besonders hohen Grad „verwahrlosten“ Mädchen wurden auch tagsüber von den übrigen und nachts auch untereinander strikt isoliert. Besonders schwierige Mädchen kamen in ein von der Anstalt abgeschirmtes Extragebäude mit separiertem Arbeitsraum.

Einige der winzigen Schlafzellen erinnerten eher an Käfige, wie Zeitzeugen berichteten:

> „Jedes Bett (wenn man diese Bezeichnung gebrauchen will) ist nach jeder Richtung hin durch eine Art von Lattenverschlag für sich abgeteilt und wird für sich vom Aufsichtspersonal abgeschlossen. Außerdem ist jede Schlafstelle noch extra mit Drahtgitter umgeben, so daß die Insassen in richtigen Käfigen schlafen. Das Drahtgitter ist so niedrig, dass man nicht in dem ‚Käfig‘ stehen kann. Außerdem wird die Schlafsaaltür noch extra abgeschlossen“. (Groß 2022: 52)

Die Nachkriegszeit

Die Mädchenfürsorge der Nachkriegszeit knüpfte an die skandalösen Verhätnisse der Vergangenheit unmittelbar an. Zum einen gab es das Massenphänomen der "Veronikas", d.h. der deutschen Frauen, die mit ihren – gegen "Liebesdienste" eingetauschten – Lebensmitteln, Zigaretten und Alkohol ganzen Familien oder Betriebsgruppen das Überleben sicherten, aber ungeachtet ihrer Verdienste von den Deutschen als Ami-Hure beschimpft und von der US-Militärverwaltung mit Steckbriefen als Infizierte kenntlich gemacht wurden. Da die Problematik dieser deutsch-amerikanischen Beziehungen daher nicht nur in der ungewöhnlich weit verbreiteten Unmoral, sondern gleichermaßen in den überhand nehmenden Geschlechtskrankheiten lag, wurde über das für beide Seiten so überaus peinliche Phänomen schnellstmöglich der Mantel des Schweigens gelegt.

Die offizielle Reaktion auf die damit verbundenen Kalamitäten bestand in einem Bündel von Maßnahmen zur Wiederherstellung von "Sitte und Ordnung" und zur Eindämmung der venerischen Infektionen. Besonders betroffen von diesen Eingriffen waren die schulentlassenen Mädchen, die aufgrund ihrer häuslichen Verhältnisse oder der unmittelbaren Kriegsfolgen ohne den Schutz der Familie dastanden und als "sexuell stark gefährdet" eingestuft wurden. Sie wurden strengen gesundheitspolitischen Untersuchungen unterzogen und in der Regel in geschlossenen Heimen außerhalb der Großstädte untergebracht.

Die Situation dieser Heime – in den Jahren nach dem Krieg bis zum Einsetzen der Reformen 20 Jahre später – ist eher durch Kontinuitäten als durch einen sozialpädagogisch geprägten Neuanfang gekennzeichnet gewesen: "Zwar wurden Jugend-Konzentrationslager und Jugendheimstätten geschlossen, aber in den meisten Einrichtungen der Jugendfürsorge und Erziehungshilfe der Nachkriegsjahre änderte sich weder das Personal noch der vorherrschende Erziehungsstil".

Das Ausmaß der Restriktionen, die damals vor allem in der konfessionellen Heimerziehung noch üblich waren, ist aber nicht hinreichend erfasst oder sorgsam ausgeblendet worden. Sogar eine Delegation von Fachleuten des englischen Innenministeriums kam im Anschluss an die Besichtigung von 78 Heimen in Norddeutschland zu einem recht moderaten Resümee: "Es hat uns gefreut, daß man wenig Gebrauch von körperlichen Züchtigungen macht. Wo davon Gebrauch gemacht wird, sollten sie durch schriftliche Anordnung geregelt werden. Wir sind davon überzeugt, daß man das Haarescheren und den Gebrauch von Zellen abschaffen sollte. Im allgemeinen schien das Verhältnis zwischen dem Personal und den Kindern gut zu sein".

Diese Einschätzung scheint auf die Mehrheit der Heime in Deutschland nicht zugetroffen zu haben. Aber erst Jahrzehnte später haben ehemalige Fürsorgezöglinge den Rechtsweg beschritten, um die vielfältigen psychischen und körperlichen Misshandlungen anzuprangern, denen sie als Kinder und Jugendliche ausgesetzt waren.

Jugend in der Nachkriegszeit

"Rettet die deutsche Jugend" – lautete die Überschrift eines Aufrufs, der 1948 von dem englischen Verleger Victor Gollancz an die Deutschen gerichtet wurde: "Als ich Deutschland im Jahre 1946 und 1947 besuchte, habe ich viele schreckliche und herzzerreißende Bilder gesehen. Nichts hat mich mehr betrübt als die Kinder und Jugendlichen, die ich in den Straßen herumwandern und in den Bahnhofsbunkern herumsitzen sah."[1] Er fährt fort: "Nur zu gut haben diese Kinder die Lektionen der Bomben und des Schwarzen Marktes gelernt und sind zu versteckten Dieben, zu Schmugglern und sogar zu Prostituierten geworden." Anders als der Großteil der Fachverbände im Arbeitsfeld der öffentlichen Erziehung, die damals bezogen auf diese Jugendlichen von "Unerziehbaren", "Psychopathen" und "abnormal Triebhaften" gesprochen haben, ist Gollancz zu der Schlussfolgerung gekommen: "Moderne Soziologen betrachten diese Kinder nicht als Verbrecher, sondern vielmehr als Opfer unglücklicher Verhältnisse und einer Umgebung ohne die Liebe und die Sicherheit, die Kinder brauchen, um sich normal zu entwickeln und aufzuwachsen (...) Ich bitte Sie deshalb, diesen deutschen Kindern etwas von der Liebe zu schenken, die sie so dringend nötig haben." Mit diesem Aufruf hat Gollancz sowohl die Frage aufgeworfen, in welchem Zustand sich die deutsche Jugend nach dem Krieg befindet, als auch den weiterführenden Aspekt berührt, welche Hilfe ihnen aufgrund ihrer Notsituation zuteil werden sollte. Beiden Themen soll im Folgen nachgegangen werden.

Die "Kriegsjugend" im Spiegel empirischer Studien

Die besten und informativsten empirischen Studien über die Situation von Kindern und Jugendliche in der Nachkriegszeit stammen von Gerhard Baumert, der fünf Jahre nach Kriegsende eine Befragung in Darmstadt durchgeführt hat, um "Lebensverhältnisse und Reaktionsweisen" der 10 bis 18jährigen zu erkunden und von Knut Pipping, Rudolf Abshagen und Anne-Eva Brauneck (1954). Der Baumert-Studie attestiert Theodor W. Adorno in dem Vorwort dazu, dass sie den Blick auf die Wirklichkeit eröffne, weil sie frei sei "von der Hysterie des Geredes von der entwurzelten Jugend..." (Baumert 1952: 10) – eine Formulierung, die nachdenklich macht.

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[1] Transskript einer Rundfunkansprache vom 11.12.1948., S. 1 (Rundfunkarchiv Hamburg AN 0022521)

Hinweise auf "asoziale" oder "verwahrloste" Jugendliche und deren Einweisung in Heime oder Strafanstalten enthalten beide empirischen Studien überhaupt nicht.

Die Wohnsituation dagegen verdient in der Beschreibung der Lebensverhältnisse von Jugendlichen in der Nachkriegszeit insofern besondere Beachtung, weil das Kriterium "eigenes Bett" oder gar "eigener Schlafraum" sehr eng mit der Frage der Affinität zu erlebter oder selber praktizierter Sexualität in Zusammenhang steht. Insgesamt sind die mehrheitlich beengten Verhältnisse nicht dazu angetan, die erhoffte "Versittlichung" der Jugendlichen zu fördern. Dabei gibt es durchaus Unterschiede: Sobald überhaupt in Bezug auf die Schlafsituation "Privilegien" zu vergeben sind, kommt es zu einer Bevorzugung der Jungen gegenüber den Mädchen. Vor allem aber die Nähe zum Schlafplatz der Eltern führt nicht nur zu einer unmittelbaren Konfrontation der Kinder mit deren Sexualleben, sondern auch zu Sittlichkeitsdelikten der Eltern gegenüber ihren Töchtern und Söhnen in beunruhigendem Ausmaß (Baumert 1952: 29).

Die Studien führen weiterhin zu der Einsicht, dass die Kinder und Jugendlichen in der NS-Zeit kein geregeltes Familienleben kennen gelernt haben. Die Mütter gingen zu relativ hohen Anteilen (schichtenabhängig zwischen 25 bis 50%) einer Berufstätigkeit nach. Dazu kamen eine Reihe von politischen Aufgaben (Sammlungen, Plakettenverkauf etc.), die relativ zeitaufwendig waren. Die Väter kehrten in der Regel erst zwischen 1946 und 1949 heim: "Noch im Winter 1949/50 wartete jedes zwanzigste der befragten Kinder auf die Rückkehr des Vaters" (Baumert 1952: 38-39)· Baumert nennt die Zahl, dass jedes zehnte Kind vergeblich auf seinen Vater wartete, Pipping vertritt die Auffassung, dass 19% der Väter im Krieg gefallen sind, wobei auch an dieser Stelle – wie bei der Quote der Einberufungen – auf die Bedeutung der Schichtzugehörigkeit, d.h. die besondere Benachteiligung der Arbeiterfamilien verwiesen wird.

Aufgrund der vielfach beschriebenen Entfremdungsprozesse[2] stieg die Zahl der Scheidungen nach dem Krieg bzw. nach der Rückkehr der Soldaten aus der Kriegsgefangenschaft auf das Dreifache der Vorkriegszeit an. Die Studien stufen aber auch die Konflikte in den nichtgeschiedenen Ehen als erheblich ein und kommen zu dem Urteil, dass nur 10% der damaligen Familien als "heil" betrachtet werden können (Baumert 1952: 51).

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[2] Zu den Entfremdungsprozessen vgl. u.a. (Meyer, Schulze 1984; Delille, Grohn 1985).

Bezüglich der Frage der Schulbildung der Kinder und Jugendlichen in der Nachkriegszeit ist zunächst zu berücksichtigen, dass es seit 1943/44 schulischen Unterricht nur noch in unregelmäßigem, stark reduziertem Umfang gab, und dass ein Teil der Klassen während der letzten Kriegsjahre gänzlich geschlossen war. Die Schülerinnen und Schüler wiesen entsprechende Defizite auf und waren bei ihrer Wiedereinschulung ab Sommer 1945 teilweise deutlich überaltert und zudem aufgrund der wenig kindgemäßen Erfahrungen, die hinter ihnen lagen, extrem "frühreif". Die Strategien der Eltern bei der Wiederaufnahme der schulischen Laufbahn ihrer Kinder weisen zwei – nicht nur für die damalige Zeit – typische Merkmale auf: Die Eltern aus den vertriebenen Familien versuchen die Integration und den sozialen Aufstieg ihrer Kinder durch besonderen Ehrgeiz zu fördern. Außerdem neigt ein Großteil aller Familien dazu, für die Söhne größere Opfer zu bringen und ihnen auch eine bessere Zukunft zu sichern.

Das soziale Verhalten der Kinder und Jugendlichen wird in den Nachkriegsstudien durchweg im Kontext der Zeitumstände beschrieben und bewertet. Baumert zitiert aus dem aktuellen Bericht einer Fürsorgerin: "Durch den Schwarzhandel, durch das Stehlen von Dingen, ohne die die Menschen nicht leben konnten, sank die Moral und der Anstand rapide. Das machte sich natürlich auch in der Erziehung der Kinder stark bemerkbar. Wenn die Jugend mitgenommen wurde zum Stehlen von Kohlen, Kartoffeln und anderen lebenswichtigen Dingen, so blieb das nicht ohne Folgen" (Baumert 1952: 90).

Aus den Ergebnissen der Darmstädter Studie ergibt sich der Eindruck, dass die Eltern – egal welcher Schicht sie angehörten – die Sondersituation ihrer Kinder respektiert haben. Sie haben erkannt, dass die Jugendlichen aufgrund der ihnen auferlegten Zumutungen nicht wie ihre Altersgenossen in "normalen" Zeiten behandelt werden konnten. Deshalb haben sie eine ganze Reihe von Verhaltensweisen akzeptiert, welche unter anderen Umständen – aber auch von Seiten der in der Fürsorge tätigen Erzieher/innen – als Verwahrlosungserscheinungen bezeichnet worden wären bzw. bezeichnet worden sind. Auch den Mädchen wurden - entgegen der allgemeinen Annahme und Gewohnheit – erstaunlich viele Freiheiten eingeräumt, sowohl in Bezug auf ihren Aktionsradius und ihren "Umgang" als auch bezüglich ihrer Ausgehzeiten (Baumert 1952: 90-91).

Deshalb stellt sich die Frage, in wessen Namen die Fürsorgeämter gehandelt haben und woher sie die Kriterien für die Erziehung einer Jugend nahmen, deren von ihnen apostrophierte Unerziehbarkeit und "Entwurzelung" - um noch einmal Adorno zu zitieren – möglicherweise nicht das Produkt der Wirklichkeit, sondern das Resultat einer gewissen Hysterie gewesen sein könnte.

Um dieser Frage nachzugehen, soll abschließend vor dem Hintergrund der Ergebnisse der Sozialforschung die Haltung der „Erzieher“ und ihrer Fachverbände zur „Kriegsjugend“ der Betrachtung unterzogen werden.

Die "Kriegsjugend" aus dem Blickwinkel ihrer "Erzieher"

Von den 1945 in Deutschland lebenden Kindern und Jugendlichen hatten etwa 1.6 Millionen durch den Krieg beide Eltern oder ein Elternteil verloren. Schätzungsweise 80.000 bis 100.000 dieser Kinder, die als bindungs-, heimat-, berufs- und arbeitslos" beschrieben wurden, vagabundierten umher. Sie stellten damals - zusammen mit den als jugendliche Prostituierte bezeichneten jungen Frauen - die wichtigste Zielgruppe der öffentlichen Erziehung dar.

Die Beschreibung der Problemlagen dieser Kinder und Jugendlichen und ihrer „Schädigungen“ lieferten den Schlüssel zum damaligen Selbstverständnis und zu den Konzepten der Profession – vorrangig repräsentiert durch den AFET. Eine der führenden Persönlichkeiten des katholischen Fürsorgewesens der Nachkriegszeit, Pater Petto, erläuterte 1947 die Probleme der Fürsorgezöglinge folgendermaßen: Ihre Situation ist aus seiner Sicht durch frühzeitige Belastung und vormilitärische Übungen und Verantwortungen, die nicht jugendgemäß waren, die Schrecken des Luftkrieges mit Todesangst und Sterben, das Leben im Luftschutzkeller, die Evakuierung und das Lagerleben geprägt worden. Sehr viele Jugendliche – so Petto – haben ihre Heimat verlassen müssen, haben Rohheitsdelikte, Vergewaltigungen und grausames Sterben erlebt und Sorge für Mutter und Geschwister getragen, die ihre Kraft überstieg. Die Folge ist aus seiner Sicht eine Art „Notreife“, durch die wichtige Entwicklungsjahre übersprungen wurden.

Eine weitere Beschreibung der "Kriegsjugend" und der Umstände, die sie geprägt haben, stammt von dem der Reformpädagogik zuzurechnenden Sozialpädagogen Hanns Eyferth: "Schwerste Erlebnisse – Katastrophen, Konzentrationslager, Verlust der Angehörigen – haben die innere Sicherheit der Jugend zerrüttet. Die Unordnung der Nachkriegsjahre mit raschem mühelosen Einkommen aus Schwarzhandel, Diebstahl, Bettelei und Prostitution hat oft zerstört, was noch da war an Halt und gutem Wollen. Zehntausende wanderten planlos über die Landstraßen, hausten in Lagern, tauchten in Ruinen und Bahnhofsbunkern unter. Inzwischen ist manches gebessert: das nackte Leben ist aus Flucht, Hunger und Wintersnot gerettet, viele Familien haben sich wiedergefunden, die verlassenen Kinder sind zunächst untergebracht. (...) Freilich die Lehrer und Ärzte, die Fürsorger und Heimerzieher beobachten täglich, wie viel Unsicherheit und Verwahrlosung, Not und Gefährdung geblieben sind." Die von ihm vorgeschlagenen Maßnahmen knüpfen an seine langjährigen Praxis als Heilpädagoge an und stellen den Begriff der "Fehlentwicklung“ ebenso wie das Erscheinungsbild des „abnormen und kranken Jugendliche“ in das Zentrum seiner Überlegungen" (Eyferth 1950: 7-8).

Speziell auf die Situation der Mädchen bezogen kommt eine Jugendpsychologin damals zu folgendem Schluss: "Wir stehen vor der Tatsache, daß die heranwachsenden Mädchen, belastet durch die körperliche Akzeleration, vorgeschädigt durch die vielfach gestörte Familiensituation, ohne geistig-sittliches Fundament und ohne emotionalen Rückhalt an der Familie sind. (...) Nach außen sind die Mädchen: fast bis zur Verachtung abweisend, zynisch derb, an Arbeit oder gar religiösen Fragen völlig uninteressiert (...) Nach innen sind sie: noch ganz unreif und doch schon alt, illusionslos, unsicher und zum Teil voll tiefer Angst, das Leben schon verpaßt zu haben oder doch noch zu kurz zu kommen. Man muß sich darüber im Klaren sein, daß sich die Mädchen gegen die (immerhin zwangsweise) Einweisung ins Heim noch zusätzlich auflehnen, obwohl der Heimaufenthalt für sie oft die letzte Chance ist" (Giesen 1962: 62).

Obwohl in diesen drei exemplarisch herausgegriffenen Zitaten deutlich wird, dass es in den Jahren nach dem Krieg durchaus ein Bewusstsein gegenüber sozialen "Umweltfaktoren" gibt, werden die Jugendlichen im Endeffekt nicht – wie bei Gollancz (1948) – als Opfer der Umstände gesehen. Auch ihre Not wird nicht wahrgenommen. Von ihren Stärken und ihren Fähigkeiten ist an keiner Stelle die Rede. Stattdessen ist die ihnen gegenüber zur Anwendung gelangende „Diagnostik“ deutlich im psycho- und sozialpathologischen Sinne defizitorientiert – und die Hilfen, die man ihnen anbietet, entstammen den altbewährten Traditionen der "Zwangserziehung".

Heimkampagnen und Reform

Diese Einschätzung scheint auf die Mehrheit der Heime in Deutschland nicht zugetroffen zu haben. Aber erst Jahrzehnte später haben ehemalige Fürsorgezöglinge den Rechtsweg beschritten, um die vielfältigen psychischen und körperlichen Misshandlungen anzuprangern, denen sie als Kinder und Jugendliche ausgesetzt waren.

Wie eng diese aus der Kaiserzeit und dem Faschismus stammenden "Erziehungsmaßnahmen" mit der nach wie vor auf schierer Beobachtung beruhenden stigmatisierenden Zuschreibungen und Kategorisierungen der Mädchen zusammen hingen, wird deutlich, wenn man die "Fachvorträge" analysiert, die in den 1950er Jahren vorgetragen worden sind - z.B. den Beitrag von Margaretha Cornils, der Direktorin des Mädchenheims Hamburg-Fuhlsbüttel, welche die bei ihr eingewiesenen Problemgruppen unumwunden als "Schwachsinnige", "Substanzarme", Psychopathinnen", "echte Dirnen" und "echte Diebinnen" bezeichnete.

Die dann Ende der 1960er Jahre einsetzenden lange überfälligen Reformen im Bereich der Heimerziehung sind nicht primär aus fachlicher Selbstkritik und pädagogischer Innovationsbereitschaft heraus angestoßen worden, sondern erfolgten im "Schlepptau" der Studentenbewegung als sogenannte Heimkampagnen. Obwohl diese Kampagnen, welche durch ein Bündnis zwischen politisch aktiven Studierenden und aufbegehrenden Fürsorgezöglingen das Ende der geschlossenen Heime für die Dauer von mehreren Jahrzehnten einläuteten, zahlenmäßig eher begrenzt waren, haben sie durch die große Publizität, die sie genossen, binnen kurzer Zeit einer wirkungsvollen Skandalisierung der traditionellen Fürsorgeerziehung Tür und Tor geöffnet. Spätestens im Anschluss an den 1970 in Nürnberg stattfindenden 4. Jugendhilfetag sprang der Funke der Kritik auch auf die Fachgruppen über: Die Heimerzieher/innen ebenso wie die an den Diskussionen intensiv beteiligten Sozialwissenschaften beschäftigten sich in diesem Zusammenhang mit Stigmatisierungstheorien und Konzepten der Deinstitutionalisierung und entwickelten daraus die Grundlagen für die bis in die heutige Zeit vorherrschende Strategie der Öffnung und Diversifizierung öffentlicher Erziehung.

Durch die Einflüsse der "Neuen Frauenbewegung" kam es darüber hinaus zu einem deutlichen Parameterwechsel in der Beurteilung der sozialen Lage und der Verhaltensweise der in den Einrichtungen der öffentlichen Erziehung befindlichen Mädchen und jungen Frauen. Die Neubewertung der Sexualität und die Abkehr vom Leitbild der Ehefrau und Mutter trugen ebenso wie das zum Leitmotiv der 68er-Generation erhobene "antiautoritäre Prinzip“ dazu bei, mit den alten Sozialisationskonzepten zu brechen und ein neues emanzipatorisches Verständnis von "Anpassung und Widerstand" im weiblichen Lebenszusammenhang zu entwickeln.

Die Veränderungsprozesse, die infolge von Politisierung und Frauenemanzipation in den Mädchenheimen vonstatten gingen bzw. zu der Schließung einer großen Zahl von Anstalten führten, hätten radikaler nicht sein können. Da die Heimerziehung der Bereich im Rahmen der Sozialen Arbeit gewesen war, der sich am nachhaltigsten den Reformen widersetzte, war er jetzt der Schauplatz der einschneidendsten Erneuerungen, die – vor allem im Bereich der konfessionellen Heime – häufig nur durch einen Generationswechsel auf Seiten des Personals vollzogen werden konnte.

Es schient deshalb an der Zeit zu sein, die „Vergangenheitsbewältigung“ der Profession über die NS-Zeit hinaus auf die Nachkriegsjahre auszudehnen.

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Eine verhängnisvolle Verstrickung – die Zusammenarbeit von Jugendhilfe und Psychiatrie in der Geschichte der Heimerziehung

A Fatal Entanglement – the Collaboration between Youth Welfare and Psychiatry in the History of Residential Care

Abstract: *The article traces the intertwined history of psychiatry and youth welfare in Germany, highlighting concerning continui-ties that persist to the present day. In the late 19^th^ century, psychiatry and youth social work in Germany developed their professional identities in parallel, with psychiatry emerging in adult "lunatic asylums" and youth welfare arising from the practice of "compulsory education" of children and adolescents in reformatories. As psychiatry transitioned into a medical discipline, youth welfare was formalized through legislation derived from Article 55 of the 1871 German Penal Code. Both fields were practised in large institutions of the "total institution" type analysed by Goffman. The discourse around 'neglected' children quickly became associated with eugenic-racist, psychiatric and criminological ideologies. The eugenic-psychiatric paradigm dominated even reformist-pedagogical views in the years following World War I, with the new generation of psychiatrists further classifying and pathologizing youth. During this period, social work organisations – Christian charities, liberal-humanist, social-democratic – did not oppose the racial-eugenic dis-course, but rather paved the way for Nazi population politics. The 1933 law on forced sterilization, enforced in early 1934, was a result of this ideological continuity. Even after 1945, the careers of many psychiatrists, like Werner Villinger, demonstrate the persistence of eugenic thinking in post-war Germany. In summary, there remains a demand for critical reflection on the histories of psychiatry and youth welfare in Germany.*

Keywords: *Psychiatry; youth welfare; total institutions; eugenics; Germany; 19th and 20th century.*

> „Werden Herrschaft und Selbstbeherrschung, zwanghafte Selbsterhaltung, 'Beherrschung der Natur drinnen und draußen zum absoluten Lebenszweck', dann muss alles, was dem ordnenden und verfügenden Zugriff sich entzieht, was außerhalb bleibt,

> als 'absolute Gefahr' für die Gesellschaft, als Quelle der Angst erscheinen und wird daher mit dem Stigma der Irrationalität, der Unvernunft versehen und ausgegrenzt“.
>
> Klaus Dörner (1969)

In ihrem Buch „Dialektik der Aufklärung“, auf das sich Dörner hier bezieht, haben Horkheimer und Adorno den Umgang der bürgerlichen Gesellschaft mit allen Ausdrucksformen des ihr „Unvernünftigen“ analysiert. Jugendhilfe und Psychiatrie verdanken ihre Entstehung dem Bedürfnis dieser Gesellschaft das „Unvernünftige“, das Funktionieren ihrer Wirtschafts- und Sozialordnung störende, zu neutralisieren bzw. es möglichst zu beseitigen.[1]

Entstehung der Jugendhilfe und Psychiatrie

Jugendhilfe und Psychiatrie entwickelten im letzten Drittel des 19. Jhdts. ihre fachlichen Profile: die Psychiatrie zunächst in den „Irrenanstalten“ für Erwachsene, die Jugendhilfe zunächst in der in Erziehungs- bzw. Bessereungsanstalten durchgeführten „Zwangserziehung“ von Kindern und Jugendlichen. Die Praxisorte beider waren große Anstalten vom Typ der von Goffman analysierten „Totalen Institution“. Dazu gehörte eine Klassifzierungspraxis, mit der entschieden wurde, welche Menschen in diese Anstalten gebracht wurden: die Erwachsenen sollten psychiatrisch behandelt werden, um sie als „brauchbare“ Menschen in die „Freiheit“ der bürgerlichen Gesellschaft entlassen zu können, oder, wenn das nicht gelang, sie hinter den Anstaltsmauern zu „verwahren“. Die Kinder/Jugendlichen sollten mit erzieherischen Mitteln „gebessert“ und für die Gesellschaft außerhalb der Anstalt „brauchbar“ gemacht werden, oder, wenn das nicht gelang, bis zu ihrer Volljährigkeit hinter Mauern „bewahrt“ werden, um sie anschließend der Psychiatrie zur weiteren „Verwahrung“ zu übergeben. Beide Systeme waren als Instrumente des intervenierenden Staates entstanden, dessen Aufgabe es war, den für die in der zweiten Hälfte des 19. Jahrhunderts expandierenden kapitalistischen Industriegesellschaften notwendigen ordnungspolitischen Rahmen herzustellen.

In Deutschland erreichte diese Entwicklung in den Jahren nach der Gründung des Reiches“ 1870/71 einen ersten Höhepunkt.

Während sich die Psychiatrie in diesen Jahren als medizinische Disziplin und als Profession weitgehende gesellschaftlich-politische An-

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[1] Der Text ist gründlich überarbeitete Fassung eines Vortrags an der Bergischen Universität Wuppertal (2016).

erkennung und zunehmende Unentbehrlichkeit erwerben konnte, entstand die staatliche Zwangs- bzw. Fürsorgeerziehung nicht, wie oft angenommen wird, aus einer zielgerichteten Expansion des schon Jahrhunderte alten Waisenhaussystems bzw. der im frühen 19. Jhdt. aus der „Christlichen Liebestätigkeit“ entstandenen „Rettungshausbewegung“, sondern aus den Konsequenzen des § 55 des Reichstrafgesetzbuchs (RStGB) vom 15. Mai 1871. Dieser lautete: „Wer bei Begehung einer Handlung das zwölfte Lebensjahr nicht vollendet hat, kann wegen derselben nicht strafrechtlich verfolgt werden. Gegen denselben können jedoch nach Maßgabe landesgesetzlicher Vorschriften die zur Besserung und Beaufsichtigung geeigneten Maßregeln getroffen werden. Insbesondere kann die Unterbringung in einer Erziehungs- oder Besserungsanstalt erfolgen, nachdem durch Beschluss der Vormundschaftsbehörte die Begehung der Handlung festgestellt und die Unterbringung für Zulässig erklärt ist.

Alle deutschen Bundesstaaten erließen zu dieser Bestimmung Ausführungsgesetze. In Preußen wurde1878 das „Gesetz, betreffend die Unterbringung verwahrloster Kinder“ verabschiedet. § 1 lautete: Wer nach Vollendung des sechsten und vor Vollendung des zwölften Lebensjahres eine strafbare Handlung begeht, kann von Obrigkeitswegen in einer geeigneten Familie oder in einer Erziehungs- oder Besserungs-Anstalt untergebracht werden, wenn die Unterbringung mit Rücksicht auf die Beschaffenheit der strafbaren Handlung, auf die Persönlichkeit der Eltern oder sonstigen Erzieher des Kindes und auf dessen übrige Lebensverhältnisse zur Verhütung weiterer sittlicher Verwahrlosung erforderlich ist. Die Staatsanwaltschaft war verpflichtet, der Vormundschaftsbehörde die strafbare Handlung eines Kindes mitzuteilen und diese war verpflichtet „in allen Fällen“ die „Ortspolizeibehörde“ über das Kind und seine Familie zu befragen. Damit waren der „Unterbringung“ eines Kindes außerhalb der eigenen Familie sehr enge Grenzen gezogen: Sie war an eine strafbare Handlung gebunden, die dazu noch „erheblich“ sein musste. Im Gesetzestext ist aber nicht von strafunmündigen Straftätern die Rede, sondern von „verwahrlosten Kindern“ und von drohender „sittlicher Verwahrlosung“. Damit war der „unbestimmte Rechtsbegriff Verwahrlosung“ angeführt, der auch damals schon mit allen Handlungen und „Eigenschaften“ gefüllt werden konnte und wurde, die den normativen Erwartungen an Kinder/Jugendliche aus dem Proletariat nicht entsprachen. Strafbare Handlungen von Kindern wurden nun auf „Verwahrlosung“ zurückgeführt und als „unsittlichem Handeln“ bewertet. Jedoch, und das ist von großer Wichtigkeit, wurde dieses „verwahrloste unsittliche“ Handeln nicht den Kindern als ihnen innewohnende Bereitschaft oder Anlage zugeschrieben, sondern der „Persönlichkeit“ der erziehenden Erwachsenen und den übrigen Lebensverhältnissen des Kindes angelastet. Ungünstige Verhältnisse/Lebensbedingungen die das Kind/den Jugendlichen verwahrlosen, mithin „exogene“ Ursachen für die Verwahrlosung „nicht verwahrter“ Kinder, sind, in dieser Sichtweise noch enthalten, wenn auch mit dem Verweis auf die „Persönlichkeit“ der Eltern schon eine Öffnung in Richtung auf „Heredität“ gemacht wird, wie die sog. Erbanlagen zunächst genannt wurden.

Erste staatliche Erziehungs- bzw. Besserungsanstalten

Für diese Kinder wurden nun die ersten staatlichen Erziehungs- bzw. Besserungsanstalten geschaffen, wobei die Besserungsanstalten die „schweren Fälle“ zugewiesen bekamen. Das waren Kinder, bei denen nach Ansicht der Justiz die „sittliche Verwahrlosung“ schon weit fortgeschritten war. Sie sollten mit härteren, deutlich an militärischer Disziplin ausgerichteten Methoden „gebessert“ werden, während für die anderen eine zur Arbeit und zu Legalverhalten motivierende „Erziehung“ für ausreichend gehalten wurde. „Zwangserziehung“ war also immer an eine Straftat gebundene und wurde gegen den Willen des Kindes und seiner Eltern angeordnet. Bis dahin gab es die Unterbringung von Minderjährigen in Erziehungsanstalten, Heimen, Rettungshäusern, Waisenhäusern nur mit Zustimmung der Eltern bzw. der Vormünder oder des Gemeindewaisenrates.

Neben den wenigen staatlichen Zwangserziehungsanstalten für strafunmündige StraftäterInnen, gab es für die vielen Tausend Kinder/Jugendlichen, die, aus welchen Gründen auch immer, nicht in ihrer Herkunftsfamilie aufwachsen durften oder konnten, allein in Preußen an die 700 protestantische und katholische Erziehungsanstalten, die sich unter der Bezeichnung „Christliche Liebesthätigkeit“ versammelten. Sie betrachteten die staatlichen Anstalten als eine Bedrohung ihres Alleinstellungsanspruchs und als Kritik an ihrer Kompetenz. Zugleich aber waren sie neidisch auf die Ausschaltung des elterlichen Willens durch den staatlichen Zwang. In einem frühen Kommentar heißt es: „Ihre bewunderungswerte Tätigkeit konnte trotz aller Hingabe und Opferwilligkeit ihr Ziel nur teilweise erreichen, weil die Anstalten in ihrer Tätigkeit auf die Einsicht der Eltern angewiesen (waren). Nur mit deren Zustimmung konnten die Kinder aufgenommen und festgehalten werden. [...] Zahllose Kinder, denen eine Fortdauer der begonnenen Erziehung dringend notwendig gewesen wäre, wurden bei deren Eintritt in das erwerbsfähige Alter (das damals bei 12 Jahren lag, M.K.) den Anstalten hier aus

Eigennutz, dort aus Kurzsichtigkeit der Eltern entzogen.“ (Ludwig Schmitz 1908). Der Autor unterschlägt freilich, dass die Kinder in den Erziehungsanstalten der kirchlichen Träger schon lange bevor sie das „erwerbsfähige Alter“ erreichten, in der Haus- und Landwirtschaft hart arbeiten mussten und ihre Schul- und Berufsausbildung zu Gunsten der Ausbeutung ihrer Arbeitskraft vernachlässigt wurde.

Während die kirchlichen Anstalten von pädagogisierenden Theologen und anderen „Geistlichen“ geleitet wurden, waren die Leiter der Zwangserziehungsanstalten Staatsbeamte: Juristen und Männer aus der Verwaltung, die sich als „Berufsarbeiter“ und als Pioniere eines zu entwickelnden Systems öffentlicher Jugendfürsorge. Ihre Praxis bezeichneten sie im Unterschied zur „christlichen Liebesthätigkeit“ als „staatliche Fürsorge für verwahrloste Kinder“.

Die Erwartungen an die kriminalpräventiven Wirkungen der staatlichen Zwangserziehung erfüllten sich aber nicht. Die vielen Straftatbestände im neuen Strafrecht, die schon bald auf den wirtschaftlichen Boom der „Gründerjahre“ folgende Wirtschaftskrise, (die zu einer rapiden Verschlechterung der Lebensbedingungen des Proletariats führte), die Zusammenballung des Industrieproletariats in den Arbeitervierteln der Großstädte und Industriereviere, führten, verbunden mit einer Ausweitung der Polizei zu einer starken Zunahme der registrierten Straftaten strafunmündiger Kinder. Diese sicherheitspolitischen, ökonomischen und strukturellen Ursachen der zunehmenden „Verwahrlosung“ proletarischer Kinder/Jugendlichen wurden von den Behörden und den Trägern der Anstaltserziehung allerdings nicht für die von ihnen beklagte Entwicklung verantwortlich gemacht. Sie führte aber zu einer Annäherung zwischen den Leitern der kirchlichen und staatlichen Heime, die nun gemeinsam eine vom Strafrecht unabhängige Rechtsgrundlage für die Unterbringung „verwahrloster“ oder von „Verwahrlosung bedrohter“ Kinder und Jugendlicher unter der einheitlichen Bezeichnung „Fürsorgeerziehung“ forderten. Der Zwang, die behördliche Anordnung, sollte zwar bleiben, der Geruch der Strafe sollte der erzwungenen Erziehung aber durch die neue Bezeichnung genommen werden. 1893 formulierten die preußischen Anstaltsleiter auf einer „Konferenz der Vorsteher an Rettungshäusern, Zwangserziehungs- und Besserungsanstalten“ Leitsätze, in denen sie das Scheitern der an den Bedürfnissen des Strafrechts orientierten Zwangserziehung beklagten, die Prävention der sich angeblich immer mehr ausbreitenden „Verwilderung, Verrohung und Begehung strafbarer Handlungen der Jugend“ durch Erziehung statt Strafe forderten, sowie die staatliche Überwachung der Erziehung „verwahrloster und verbrecherischer Kinder“. Sie verlangten die Aufhebung der unteren Altersgrenze von 6 Jahren und die Anhebung der oberen Grenze auf das 21. Lebensjahr und die Einrichtung von „besonderen Erziehungsämtern“. Sie forderten die Trennung der Geschlechter in allen Erziehungsanstalten, und die Beschulung der Kinder in den Anstalten. Begründung: „Wegen des schädlichen Einflusses auf ihre Mitschüler sind sie vom Besuch der öffentlichen Volksschule auszuschließen“ – ein Hinweis darauf, dass der Besuch von weiterführenden Schulen für proletarische Kinder/Jugendliche im Bewusstsein dieser Herren per se nicht in Frage kam.

Die §§ 1666 und 1838 des im August 1896 verabschiedeten Bürgerlichen Gesetzbuches (BGB), die eine umfassende privatrechtliche Grundlage für die Unterbringung von Minderjährigen ankündigten, gaben der Forderung der Träger und Anstaltsleitungen nach einem eigenständigen Fürsorgeerziehungsgesetz (FE-Gesetz) mächtigen Auftrieb. Am 1.1.1900 trat das Bürgerliche Gesetzbuch in Kraft. Die drei Jahre von seiner Verabschiedung bis zu seinem Inkrafttreten wurden in Preußen genutzt um ein komplettes FE-Gesetz auszuarbeiten, das am 2. Juli 1900 als „Gesetz über die Fürsorgeerziehung Minderjähriger“ von Wilhelm II. („Meinem Volk“) verkündet wurde. Fast alle Bundesstaaten folgten dem mit ähnlichen Gesetzen. Damit war die FE als breite Basis für die Entwicklung zunächst der „Jugendfürsorge, und von 1923 bis 1990 der „Jugendwohlfahrt“ mit in den verschiedenen politischen Systemen wechselnden Akzentuierungen gelegt. Erst mit dem 1990/91 in Kraft getretenen Kinder- und Jugendhilfegesetz/SGB VIII, mit dem der unselige Begriff „Verwahrlosung“ und die „Fürsorgeerziehung“ samt der „geschlossene Unterbringung“ abgeschafft wurden, kam es im Jugendhilferecht zu einem Paradigmenwechsel, dessen praktische Umsetzung seither aber nur teilweise geleistet wurde und der gegenwärtig mit der Wiederausbreitung der angeordneten „geschlossenen Unterbringung“ und sog. Freiheitsentziehender Maßnahmen in seiner Substanz gefährdet ist.

Doch zurück an die Anfänge im letzten Drittel des 19. Jahrhunderts.

Mit der Erfahrung des Scheiterns der staatlichen Zwangserziehung und der kirchlichen Anstaltserziehung in den 1880er bis 1890er Jahren entwickelte sich ein gesellschaftlicher Diskurs über das „Wesen der Verwahrlosung“, der zwar von den Leitungen und Trägern der Erziehungsanstalten ausging, sich aber mit anderen gleichzeitig sich entfaltenden Diskursen, dem eugenisch-rassehygienischen, dem medizinisch-psychiatrischen und dem kriminologischen, verband und von weiten Bereichen der Gesellschaft, von Philosophie, Politik und Wirtschaft aufgenommen wurde. Es handelte sich nicht um einen Streit darüber, welche Profession/Disziplin die Definitionsmacht über den Verwahrlosungsbegriff haben sollte, sondern um ein Aufeinanderzulaufen von Auffassungen/Sichtweisen über das „Anormale“ bzw. „Abnorme“ im Handeln von Menschen, die zeitgleich in der Strafrechtspflege, in den medizinisch-psychiatrischen Anstalten für sog. Geisteskranke und Irre, in der Bevölkerungswissenschaft und -politik, in der Wohlfahrtspflege und in der Anstaltserziehung von Kindern/Jugendlichen entstanden und im biologistisch- eugenischen Paradigma ihren gemeinsamen Dreh- und Angelpunkt fanden.

Dem ging eine tiefgreifende Veränderung in der Auffassung von drohenden Gefahren und ihrer Abwehr voraus, die sich im Lauf des 19. Jahrhunderts herausgebildet hatte: Von den bedrohlichen „Zufällen“ des Lebens, die alle wie Naturereignisse angesehen wurden, selbst wenn sie wie Epidemien und Kriege vom Menschen ausgingen, hin zum Menschen als Hauptbedrohungsfaktor für die Sicherheit und die diese gewährleistende staatliche Ordnung, von der Selbst- Behauptung des Menschen gegenüber den Gefahren einer ihn bedrohenden Natur hin zu den sozialen Beziehungen der Menschen untereinander, die nun zum Hauptbezugspunkt des präventiven Denkens wurden. Allmählich konzentrierte sich die Gefahrenabwehr auf solche „Individuen“ bzw. „Subjekte“ - das waren wirklich noch bis weit ins 20. Jahrhundert hinein diskriminierende Bezeichnungen, – die den angeblich freien sich selbst regulierenden Verkehr der Bürger in „ihrer“ bürgerlichen Gesellschaft störten und angeblich zunehmend bedrohten. Im Mittelpunkt der präventiven und kontrollierenden Aufmerksamkeit stand nun das „gefährliche Individuum“ mit seinen gegen die „Ordnung“ gerichteten Handlungen, für das in Konkurrenz und Zusammenarbeit Armenpflege, Kriminaljustiz, Psychiatrie die Zuständigkeit erlangten. In seiner Schrift „Morgenröte“ spottete Nietzsche [...] die Sicherheit betet man jetzt als die oberste Gottheit an. Es wimmelt von 'gefährlichen Individuen'! Und hinter ihnen die Gefahr der Gefahren – das Individuum“. (Nietzsche 1971:173).

Vom „gefährlichen Individuum“ zum „Gefährlichen im Individuum“

Vom „gefährlichen Individuum“ war es dann zum „Gefährlichen im Individuum“ nur noch ein kleiner Schritt, der um die Wende vom 19. zum 20. Jahrhundert „flächendeckend“ vollzogen war. Daran ansetzend entwickelten sich medizinisch-psychiatrische, kriminologische, fürsorgerische und sozialpädagogische Theorien und Methoden.

Während die eugenisch orientierte Psychiatrie und Sozialmedizin, für sich in Anspruch nahmen, die Entstehung des „Anormalen bzw. Abnormen“ in den „Anormalen“ und „Abnormen“ aufklären zu können und über effektive Methoden bzw. Verfahren für einen solche „Menschen vor sich selbst und die Gesellschaft vor ihnen schützenden“ Umgang zu verfügen, verhielt sich der gesamte institutionalisierte Erziehungsbereich, Schule und Anstaltserziehung, eher rezeptiv.

Die Hoffnung der Anstaltserzieher, mit der Herausnahme der Kinder/Jugendlichen aus dem sie verwahrlosenden Milieu, der Trennung von ihren „sittlich verdorbenen“ Eltern, ihrer „drohenden Verwahrlosung“ vorbeugen zu können und die bereits „eingetretene Verwahrlosung“ beheben zu können, hatte sich bei einer Mehrheit der „Zöglinge“ nicht erfüllt. Auch ein generalpräventiver Effekt ließ sich nicht feststellen. Auf die Idee, dass die „Mißerfolge“ der Zwangserziehung z.gr.T. von dieser selbst hervorgebracht wurden kamen sie nicht oder wehrten sie ab. Zu sehr waren sie, die Theologen und Pädagogen aus dem Bürgertum, davon überzeugt, dass ihr erzieherisches Handeln und seine Organisationsformen (totale Institutionen) ausschließlich dem Wohl der vernachlässigten und gefährdeten Kinder und Jugendlichen aus dem Proletariat diente, dass sie „brauchbare“ Menschen aus ihnen machen wollten. Wenn aber bei so vielen ihrer „Zöglinge“ ihre, wie sie glaubten, von christlichen und humanistischen Werten geprägte erzieherische Praxis nichts fruchtete, mussten die Gründe für das Scheitern bei den Kindern/Jugendlichen selbst zu suchen sein. Erklären konnten sie sich deren „unfassbares verdorbenes Wesen“ mit ihren überkommenen spekulativen theologischen und pädagogischen Sichtweisen aber nicht. Wissenschaftliche Aufklärung versprach ihnen nun die Psychiatrie und die nahmen die meisten Anstaltsleiter und Richter dankbar und mit wachsender Begeisterung an.

Wachsende Definitionsmacht der Psychiatrie in der Wohlfahrtspflege, der Kinder- und Jugendfürsorge

Ab 1895 erschien die „Zeitschrift für Kinderforschung mit besonderer Berücksichtigung der pädagogischen Pathologie“. Sie wurde von einem Medizinalrat und „Irrenanstaltsdirektor“ zusammen mit J. Trüper, dem Direktor des renomierten Jenaer Erziehungsheimes und dem Rektor der Elberfelder Mädchenmittelschule herausgegeben. Anfangs noch überwiegend pädagogisch/sozialpädagogisch ausgerichtet, dominierte schon bald die psychiatrische Sicht auf die „Kinderfehler“. Der Jahrgang 1904 enthält Abhandlungen mit Titeln wie: „Psychopathische Minderwertigkeiten als Ursache von Gesetzesverletzungen Jugendlicher“, „Medizin und Pädagogik“, „Schutz für Geistesschwache“, „Vererbung und erbliche Belastung in ihrer Bedeutung für Jugend- und Volkserziehung“, „Welche Bedeutung für die Schulhygiene hat die Psychologie und Psychopathologie der Entwicklingsjahre?“, „Über einige abnorme Erscheinungen im kindlichen Seelenleben“, „Zur anstaltlichen Behandlung unserer sittlich gefährdeten Jugend“, „Schwachsinn und Militärpflicht“. Als wichtige Fachliteratur wurden den LeserInnen der Zeitschrift folgende Bücher empfohlen: „Geistesstörung und Verbrechen im Kindesalter“, „Verhandlungen der IV. Schweizerischen Konferenz über das Idiotenwesen“, „Fibel für abnorme Kinder“, „Über abnorme Erscheinungen in der geistigen Entwicklung des Kindes“, „Über den angeborenen und früh erworbenen Schwachsinn“.

Um 1900 erschien das Fachblatt „Der Schularzt“. Die Schulärzte waren zwar i.d.R. keine Psychiater, eigneten sich aber eifrig psychiatrische Kenntnisse an und empfahlen sich der Jugendfürsorge als Ärzte mit einem am „jugendlichen Material“ geschulten unbestechlichen Blick für alle Formen des „Schwachsinns“. Einige Zítate aus dem „Schularzt“: Ohne ärztliche Beteiligung, werde „der pathologische Charakter vieler jugendlicher Vergehen und Verbrechen verborgen bleiben. Unter der Maske jugendlichen Leichtsinns, starker Sittenverderbnis oder häuslicher Verwahrlosung verdecken sich gar häufig Schwachsinn und sonstige psychische Abnormitäten. [...]. So bleibt z.B. bei dem häufigsten Vergehen, das die Kinder in Konflikt mit dem Strafgesetze und in Zwangserziehung bringt, dem Diebstahl, die inferiore geistige Beschaffenheit schwachsinniger jugendlicher Diebe oft um so eher unerkannt, als nicht selten ein ganz besonderes Raffinement in der Ausübung der Diebstähle an den Tag gelegt zu werden scheint. Für die Fürsorgebehandlung eines solchen jugendlichen Kriminellen ist aber gerade die Erkennung der psychopathologischen Basis seines Verhaltens von ausschlaggebender Bedeutung.“ Die Schulärzte hätten die Möglichkeit, „alle jene Zöglinge, die schulpflichtig (auch fortbildungsschulpflichtig) sind, (…) ärztlich zu untersuchen und zu begutachten.“[2] Von einem Mannheimer Schularzt wurde in der „Mannheimer Vereinigung für Kinderforschung“ ein Referat „Über die gewohnheitsmäßigen Schulschwänzer und Vagabunden im Kindesalter“ abgedruckt. Darin sagte er: „Für die Gesellschaft bedeuten diese Kinder eine Gefahr: sie sind die Rekruten des Landstreichertums und die Anwärter des Verbrechertums. Die Neigung zum Schulschwänzen stellt oft die erste Äußerung eines antisozialen Charakters und das

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[2] *Der Schularzt*, Jhg. 1906, S. 669 ff.

Frühstadium einer kriminellen Lebensführung dar. [...] Die Untersuchung hartnäckiger Schulschwänzer ergibt einen hohen Prozentsatz hereditär (erblich, M.K.) belasteter Individuen. Die Degeneration manifestiert sich häufig von vornherein durch einen egoistisch-antisozial gerichteten Trieb, so daß man wohl von dem 'geborenen Verbrecher' sprechen darf. Wir treffen hier den Schwachsinn, besonders auch den sog. Moralischen Schwachsinn, neurasthenische, psychasthenische, epileptische, hysterische Konstitutionen. (…) Für die Behandlung ist eine Durchforschung der äußeren Lebensumstände und des psychischen Zustandes in jedem Einzelfalle unerläßlich".[3] Gelinge das „Besserungswerk" nicht, müsse das Kind/der Jugendliche geschlossen untergebracht werden. Für „Zwangszöglinge mit Hang zum Vagabundieren" empfahl der Referent „das Verbringen auf Schulschiffe, wie sie in England und Frankreich für die Zwangserziehung nutzbar gemacht worden sind".[4]

Das Beispiel des „schulärztlichen Dienstes" zeigt, dass es um die Wende vom 19. zum 20. Jahrhundert zu einer weitgehenden Psychiatrisierung der Sozialmedizin gekommen war. Die Jahrgänge des „Schularztes" sind ein wahres Gruselkabinett, in dem die Definitionsmacht der Psychiatrie über alle „Abweichungen" proletarischer Kinder und Familien von den normativen Erwartungen der bürgerlichen Gesellschaft vorgeführt wird. Erwartungen, die als „heimlicher Lehrplan" und Messlatte der angeblich „naturwissenschaftlichen Diagnostik und Klassifizierung" der von ihrem Spezialistentum und ihrer Fachlichkeit absolut überzeugten Psychiater, zugrunde lagen.

1902 erschien der erste Jahresband der Sammlung „Juristisch-psychiatrische Grenzfragen", herausgegeben von den Psychiatern Hoche und Bresler und einem Juristen. Hoche prägte in den 20er Jahren den Begriff der „Ballastexistenzen" und befürwortete als einer der ersten Psychiater die „Vernichtung des unwerten Lebens". Dass Hoche in einer Publikation im „rassehygienisch" führenden J.F. Lehmanns Verlag (München) 1939 schrieb, die Psychiatrie sei eine „sehr schwierige Disziplin, die nur mit nüchternster Wissenschaftlichkeit nach Abstreifung aller vorgefaßten und mitgebrachten Meinungen gemeistert werden" könne, (Hoche 1939: 8) und es ein „Grundirrtum" sei, „daß seelische Störungen auf seelischem Wege entstünden, somit auch ebenso zu beeinflussen sein müßten, während sie in Wirklichkeit als Produkte eines kranken Hirnes, die ihren eigenen Gesetzen gehorchen, allen solchen

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[3] *Der Schularzt*, Jhg. 1907, S. 317 ff.

[4] Ebenda.

Versuchen widerstehen“ (Hoche 1939: 21), zeigt, mit welcher Unbeirrbarkeit und Kontinuität dieses angeblich naturwissenschaftliche Denken die Psychiatrie in die Mittäterschaft der rassehygienisch motivierten Verbrechen des NS-Regimes geführt hat. In den ab 1902 erschienenen Bänden finden sich diverse Abhandlungen über die angeblich erblich bedingte „Verwahrlosung“ von Kindern und Jugendlichen. Der Psychiater Gaupp von der Univ. Heidelberg schrieb im Jahresband 1904: „Abnorme Charaktere werden häufig als abnorme Menschen geboren. [....] Die psychiatrische Erfahrung lehrt, daß ein Mensch, der aus rein endogener Ursache, also infolge krankhafter Veranlagung, geistig abnorm oder geisteskrank wird, in der Regel schon von früh auf gewisse Abweichungen von der Norm zeigt, Eigentümlichkeiten der äußeren Erscheinung und namentlich des inneren Wesens, die vielleicht scheinbar gering sind, dem Sachverständigen aber als wichtige Signale dienen können. Wir können heute sagen: Menschen, die in ihrer seelischen Beschaffenheit von der Norm, d.h. vom gesunden Durchschnittsmenschen eines Volkes und einer Zeit abweichen – solche Menschen sind entweder von Geburt an deutlich abnorm – hierher gehören die Idioten und Schwachsinnigen, – oder ihre Abnormität tritt erst allmählich mit der weiteren Ausbildung der Persönlichkeit stärker hervor. […] Die Erfahrung lehrt uns die Zunahme der geistigen Anomalien und Störungen, die einer krankhaften Veranlagung entspringen; vor allem werden die Menschen immer häufiger, die zwar nicht eigentlich geisteskrank, aber von Haus aus andersartig, abnorm, minderwertig oder, wie man sich heute unter Betonung des endogenen Faktors ausdrückt, entartet sind. Die Entartung macht in unserem Volke zweifellos Fortschritte; sie gewinnt an Umfang und verrät ihre Anwesenheit immer mehr auch schon bei den Jungen und Jüngsten, deren Anomalie nicht durch die Stürme des Lebens, sondern durch das Erbteil der Eltern geworden ist. […] Im deutschen Reich nimmt die Zahl der jugendlichen Verbrecher rapid zu. Die Zunahme ist eine weit raschere als die der allgemeinen Kriminalität. Und ferner: die Zahl der rückfälligen und der wiederholt rückfälligen Verbrecher ist in besonders raschem Aufstieg begriffen. Die Unverbesserlichen, aus denen sich die Gewohnheitsverbrecher rekrutieren, werden immer zahlreicher, die schweren Verbrechen, die in der Gesamtkriminalität relativ abgenommen haben, werden bei den Jugendlichen immer häufiger. Die Erfahrung der mit der Zwangserziehung beauftragten Anstalten sind recht trübe, die Erfolge der Rettungs- und Erziehungshäuser äußerst geringe“ (Gaupp 1904: 51).

Ab 1906 erschien die „Zeitschrift für die Erforschung und Behandlung des jugendlichen Schwachsinns auf wissenschaftlicher Grundlage“.

Herausgeber waren der Leiter der Hamburger „Staatsirrenanstalt“, der Abteilungsleiter des neurologischen Instituts der Universität Frankfurt und wieder der Freiburger Psychiater Hoche. Zu den Mitherausgebern gehörten die führenden Psychiater Deutschlands, z.B. Binswanger.

Vogt, einer der Herausgeber, widmete sich in einem Vortrag auf dem „3. internationalen Kongress für Irrenpflege“ in Wien im Oktober 1908 der „Fürsorge, Pflege, und Unterbringung Schwachsinniger, Epileptischer und geistig Minderwertiger“ besonders der „Jugend der Individuen, wo die ersten Anfänge der Krankheit liegen“. Die Zeit sei reif für das wissenschaftliche „Hinabtauchen“ in das kindliche Seelenleben. Es habe sich gezeigt, „dass sich das Interesse diesen Dingen nicht nur zuwendete um des Studiums der kindlichen Verhältnisse willen, sondern um aus dem kindlichen Leben heraus die Zukunft eines einzelnen Menschen, einer Rasse, eines ganzen Volkes zu verstehen“. Und dann: „Auch die Tatsache jener erschreckend großen und wachsenden Durchsetzung der Bevölkerung aller Kulturländer mit psychopathischen Elementen musste aus dem Studium der kindlichen Psyche Anhaltspunkte gewinnen. Die Untersuchungen [...] konnten hierfür genaue Belege bringen.“ Sie konnten zeigen „wieweit Verbrechertum und Vagabondage, soziales Scheitern und antisoziales Verhalten mit ihren Wurzeln in Kindheit und Jugend und noch weiter in die ererbten Verhältnisse von Haus, Familie und Milieu zurückreichen“. Vogt umreißt in seinem Vortrag in vielen Passagen die Bedeutung der Psychiatrie als Leitwissenschaft für alle Probleme der Menschheit. Die Aufgaben des Psychiaters seien nicht nur „rein psychiatrisch“ gefasst. Die Psychiatrie bekomme „ihren höheren Wert durch ihre Beziehungen zu allgemeinen Fragen, durch die Pflege der Grenzgebiete“, vor allem aber durch ihre Bedeutung für die Aufklärung sozialer Probleme. Als soziales Problem bezeichnete Vogt den „Schutz der menschlichen Gesellschaft vor den Schwachen“. Ihre „Reizbarkeit, ihre Intoleranz gegen Alkohol, ihr ausgeprägtes Triebleben, ihre Unerziehbarkeit“ könne sie in „soziale Konflikte“ treiben. Es gehe aber nicht nur um den Schutz des einzelnen Bürgers vor den Schwachen, sondern auch um den „Schutz der Rasse“. Die Anstalten „in denen diese endogen minderwertigen Menschen, die sich dauernd zu einem freien Leben nicht eignen, untergebracht sind (erfüllen) auch den wichtigen rassenhygienischen Zweck, dass durch die Unterbringung dortselbst diese zur Vererbung minderwertiger Eigenschaften disponierten und die Rasse dadurch enorm gefährdenden, durch das Walten der Natur aber keineswegs zur Unfruchtbarkeit bestimmten Menschen von der Fortpflanzung ausgeschlossen werden“. Die engsten Verbindungen habe die Psychiatrie aber mit der Fürsorgeerziehung und der Jugendstrafrechtspflege, die durch das neue FE-Gesetzt ausgeweitet und vertieft worden seien. Dabei gehe es um die wichtige Frage: „inwieweit ist das frühzeitige soziale Scheitern auf ein krankhaftes Moment des Seelenlebens zurückzuführen? Inwieweit also begegnen wir unter den jugendlichen Rechtsbrechern Individuen mit einer krankhaften psychischen Veranlagung? […] Die jugendlichen psychopathischen Zustände, die uns im sozialen Konflikt entgegentreten, dürfen schon wegen ihrer allgemeinen Bedeutung an die Spitze der Angelegenheit gestellt werden. [...] Es handelt sich hier ja oft um das schwere, aber dankbare Problem, aus allen diesen Menschen noch ein brauchbares Material zu formen“. Nicht nur für die „extrasozialen“, den „geistig defekten Individuen, die „nie ein Verhältnis zur Sozietät gewinnen können“ und dauerhaft untergebracht werden müssen, sei der Psychiater zuständig. Der Rat des psychiatrischen Arztes sei „zum Nutzen für das Ganze“ auch dort unverzichtbar „wo mehr eine erziehliche und fürsorgerische Behandlung in Betracht“ komme. Vogt forderte eine obligatorische Beteiligung von Psychiatern bei der Einleitung von Fürsorgeerziehungsverfahren und bei der Durchführung der FE. Dabei gehe es um die Grundsatzentscheidung „ob geistig abnorm und ungeeignet zur FE“ oder „geistig abnorm und trotzdem geeignet zur FE“. Vogt fordert die Errichtung von Spezialheimen für die verschiedenen Gruppen und Schweregrade der „abnormen“ Kinder und Jugendlichen. „Betrachtet man heute das Insassenmaterial einer Schwachsinnigenanstalt, so ist das, was hier unter der Firma Schwachsinn zusammenläuft, in Wahrheit eine äußerst bunte Zusammenstellung der verschiedenartigsten jugendlichen geistig abnormen Zustände“. Zur Praxis referierte Vogt aus seiner eigenen Erfahrung: „Der Psychiater wird, das versteht sich von selbst, bei der außerordentlichen Vielseitigkeit der gestellten Aufgaben sich mit Lehrern, Juristen, sozialen Fürsorgern in die Arbeit teilen müssen, und deren Mitarbeit bald an diesem, bald an jenem Punkt auf das Lebhafteste begrüßen. [...] Gerade der Psychiater wird auf Grund seiner Kenntnis der Zustände dazu kommen, die ganze Angelegenheit als einen Bestandteil im sozialen Haushalt des Staates zu erfassen und als ein Problem in der Ordnung der Dinge der menschlichen Gesellschaft“ (Vogt 1909: 451). Den Psychiatern an den Universitäten und in der Praxis der Kliniken und Anstalten ging es darum die Psychiatrie zu einer „Leit-Wissenschaft zu machen“ und man muss ihnen bescheinigen, dass ihnen das, besonders in der Wohlfahrtspflege, der Jugendfürsorge und der Schule gelungen ist. Zwischen 1900 und 1914 hatten sie die Definitionsmacht über alles „Gefährliche im Menschen“ und über die von ihm angeblich ausgehenden „Bedrohungen“ für den Bestand der bürgerlichen Gesellschaft erlangt, bis hin zu ihren behaupteten „volkswirtschaftlichen Auswirkungen“.

Die führenden Psychiater wurden zu allen von Trägern und Verbänden der Jugendfürsorge, der Jugendstrafrechtspflege, des mächtig aufstrebenden „Hilfsschulwesens“ und der „Schul-Hygiene“ veranstalteten Tagungen, Kongressen und Fortbildungsveranstaltungen eingeladen. Den größten Einfluss hatten sie aber beim „Allgemeinen Fürsorge-Erziehungs-Tag“ (AFET) (heute „AFET e.V. – Bundesarbeitsgemeinschaft für Erziehungshilfen“). Der AFET hatte sich aus dem Erfahrungsaustausch der Anstaltsleiter heraus zur Dachorganisation der Träger und zur Fachorganisation für alle Fragen der Heimerziehung entwickelt. Im Gründungsjahr 1906 veranstaltete er den ersten seiner großen deutschlandweiten „Fürsorgeerziehungstage“ in Breslau. Das Eröffnungsreferat hielt ein Psychiater, Direktor der Provinzial Heil- und Pflegeanstalt zu Bunzlau. Er sprach über „Psychiatrische Gesichtspunkte in der Beurteilung und Behandlung der Fürsorgezöglinge“. Seine Ausführungen fasste er in „Leitsätzen“ zusammen, aus denen ich zitiere:

Unter den Fürsorgezöglingen finden sich eine erhebliche Zahl von psychisch minderwertigen, krankhaft veranlagten, in der Entwicklung zurück gebliebenen und abnorm gerichteten Individuen. Die Mitwirkung von psychiatrisch geschulten Ärzten an den Aufgaben der Fürsorgeerziehung ist deshalb unentbehrlich.

Die Provinzialfragebogen bei der Einweisung von Fürsorgezöglingen in die Anstalten sollen (nach dem Muster derjenigen, welche als Grundlage für die Aufnahme von Geisteskranken, Idioten etc. in die Heil- und Pflegeanstalten in Gebrauch sind) alle für die ärztliche Beurteilung erforderlichen Angaben enthalten.

Bei der Aufnahme in Anstalten sollen alle Zöglinge alsbald einer sorgfältigen, auch den psychiatrischen Gesichtspunkten Rechnung tragenden ärztlichen Untersuchung unterzogen werden; der Befund ist ausführlich schriftlich niederzulegen und von dem Anstaltsleiter zur Kenntnis zu nehmen.

An den größeren Erziehungsanstalten ist darauf Bedacht zu nehmen, dass eine sachgemäße Beobachtung und Behandlung vorübergehender psychopathischer Zustände stattfinden kann.

Dem Staate erwächst die Aufgabe Vorkehrung zu treffen, dass die mit der Fürsorgeerziehung berufsmäßig befassten Pädagogen etc., namentlich aber die Leiter der größeren Anstalten sich mit den Ergebnissen der einschlägigen Sonderforschungen und Erfahrungen auf pädagogischem, kriminalistischem, psychologischem und psychiatriscem Gebiete vertraut machen. Neben der Förderung von Bibliothekszwecken wird die Einrichtung besonderer Unterrichtskurse ins Auge zu fassen sein.

Das spätere Schicksal und Ergehen der Fürsorgezöglinge soll zwecks Sammlung von Erfahrungen nach Möglichkeit im Auge behalten werden.

Es darf gehofft werden, dass es auf diese Weise, durch Ermittelung und Berücksichtigung etwaiger individueller Defekte gelingen werde, auch eine Anzahl derjenigen Fürsorgezöglinge, welche sich bei den bisherigen Verfahren als schwer oder garnicht erziehlich beeinflussbar erweisen, in ihrer Entwicklung zu fördern, zugleich aber auch von dem Gros der übrigen Zöglinge schädigende Einwirkungen fernzuhalten. Die Erreichung dieses Zieles würde einen erheblichen Gewinn für die öffentliche Wohlfahrt bedeuten und eine nicht unbeträchtliche Ersparnis an Nationalvermögen“[5].

Die Ausführungen dieses Psychiaters fanden auf dieser ersten „Vollversammlung“ der Heimerziehung in Deutschland große Zustimmung. Er wurde 1908 in den Vorstand des AFET berufen und neben ihm noch zwei weitere Psychiater.

Auf dem nächsten Fürsorgeerziehungstag 1910 in Rostock hielt der Direktor der „Potsdamer Provinzialanstalten für Epileptische, bildungsfähige Idioten bzw. Schwachsinnige und Minderwertige“ (so stellte er sich selbst den versammelten PädagogInnen vor), einen Hauptvortrag „Über die vom psychiatrischen Standpunkt aus zu erfolgende Behandlung der schwer erziehbaren Fürsorgezöglinge.“ Er bezeichnete diese von ihm so klassifizierten Jugendlichen als die „der erzieherischen Arbeit am meisten widerstrebenden Elemente“. Die in zahlreichen Bezirken durchgeführten „irrenärztlichen Untersuchungen“ an Fürsorgezöglingen hätten zweifelsfrei festgestellt, dass mindestens die Hälfte „nicht vollwertige“, „mannigfach defekte“ und „abnorme Individuen“ seien. Diese „Untersuchungen“ wurden in Preußen im Auftrag der Provinzregierungen durchgeführt. Sie konnten sich auf den vom Erziehungsministerium verordneten „Personalbogen“ beziehen, der für jeden der FE überwiesenen „Zögling“ bei der Aufnahme angelegt werden musste. In einer Rubrik konnten „Landstreichen“, „Betteln“, „Trunksucht“, „Unzucht“ angekreuzt werden. In der Rubrik „Gesundheitszustand“ konnte bei „Geistige Gesundheit“: „gesund“, „beschränkt“; „schwachsinnig“; „idiotisch“; „epileptisch“ angekreuzt werden. Auch bei „Körperlicher Gesundheit“ lag der

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[5] Zitiert nach: 100 Jahre AFET – 100 Jahre Erziehungshilfe. Bd. 1, 1906-2005. AFET-Veröffentlichunegn Nr 66/2006, Hannover.

Schwerpunkt auf „erblichen Missbildungen“: „Hasenscharte, entstellende Mäler, Verbildung der Geschlechtsteile pp.“ Aber auch „Verwachs, Buckel, Klumpfuß“ und alle möglichen „Sinnesfehler“, und organische Krankheiten wie Tuberkulose (Tbc) die damals auch als genetisch verursacht galten. Außerdem musste bei der Aufnahme der Kopf vermessen werden (phrenologische Untersuchungen): „Kopflänge (zu messen vom Anfang der Nasenwurzel zur Mitte des Hinterhaupthöckers) Kopfbreite (die größte lichte Weite der Kopfgrenzen von oben her visitiert) Kopfumfang“. Dazu gab es Anweisungen, welche Geräte für die Messungen benutzt werden mussten. Als bekannt wurde, dass diese Messungen auch von ErzieherInnen durchgeführt wurden, erreichten die Psychiater mit einem Protest bei den Behörden, dass sie nur von „ärztlichem Personal“ durchgeführt werden durften. Die Fragen nach Eltern und Geschwistern waren ebenfalls überwiegend eugenisch konnotiert.

Auch in der gesetzlich vorgeschriebenen Fürsorgestatistik für Preußen finden sich gleichlautende Rubriken. Die Statistik für das Jahr 1905 weist unter den 3653 Neuaufnahmen 678 sog. Psychopathen unterschiedlichen Schweregrades aus und dazu noch 1355 mit sog. „schlechten Neigungen“. Da die von Psychiatern im Auftrag der Fürsorgebehörden über mehrere Jahre im Zeitraum von 1906 bis 1912 durchgeführten Untersuchungen konstant einen Anteil von ca. 2/3 als „psychopathisch“ eingestufter Fürsorgezöglinge ausweisen, kann man davon ausgehen, dass sie auch die in der FE-Statistik als mit „schädlichen Neigungen Belasteten“ dazugerechnet haben, denn „Landstreicherei“, „Betteln“, „Trunksucht“, „Unzucht“, „Stehlen“ waren in ihrem Klassifizierugssystem Hinweise auf „Psychopathie“. Auf diese Untersuchungen also stützte sich der Potsdamer Psychiater in seinem Vortrag und auf seine zehnjährige Erfahrung „an einem größeren Material dieser mangelhaft Veranlagten und psychisch vielfach geschädigten Fürsorgezöglinge“. Die „Schwererziehbarkeit“ seiner „imbezillen und idiotischen Zöglinge“ habe nicht so sehr auf „Einbußen ihrer Verstandestätigkeit“ beruht, sondern auf ihren „mannigfachigen Abweichungen im Empfindungs- und Gemütsleben“, die die „Entwicklung und Förderung dieser Defekte“ bewirken. Der Referent unterschied mehrere „Typen“ „psychopathischer Zöglinge“ mit jeweils unterschiedlichen Graden von Erziehbarkeit und illustrierte seine Klassifizierungen kasuistisch mit jeweils dazu passenden „Fällen“. Er berichtete auch von Erfolgen bei einigen seiner „Zöglinge“, die man „unter Berücksichtigung des so defekten und tiefstehenden Materials“ gewiß erfreut begrüßen könne. Voraussetzung für „eine wirkliche Besserung eines defekten und abnormen Individuums“ sei aber vor allem anderen „die Krankheitseinsicht, das Zugeständnis krank gewesen zu sein und dementsprechend gehandelt zu haben. Diese Überzeugung von der eigenen krankhaften Unzulänglichkeit muss auch dem degenerierten Fürsorgezögling zu eigen geworden sein, wenn anders von Besserung und Heilung bei ihm die Rede sein soll“. Das konnte er von den „schwereren Fällen psychopathischer Minderwertigkeit“ nach seinen eigenen Beurteilungen aber kaum erwarten: „Diese verstehen die gewöhnlichen Erziehungsmaßnahmen, Vorschriften und Disziplinierungen nur noch zur Hälfte oder überhaupt nicht mehr. Sie sind ja selbst nicht Herr ihrer Absonderlichkeiten und Abnormitäten, vielmehr stehen sie ja selbst wie Sklaven unter der Herrschaft ihrer krankhaften Vorstellungen, Empfindungen und Willensäußerungen“. Als Konsequenz seiner Erfahrungen und „wissenschaftlichen“ Erkenntnisse, empfiehl der Psychiater seinen pädagogischen ZuhörerInnen zuletzt die strikte Aussonderung der „schwereren Fälle von Minderwertigkeit“ aus den „gewöhnlichen Erziehungsanstalten“, da ihnen dort nicht geholfen werden könne: „Und nicht zu vergessen ist auch, dass die psychopathischen und hysterisch Degenerierten oft einen so unwiderstehlichen und dabei so bedenklichen Einfluss auf andere ausüben, die sie nicht so selten sich zur vollsten Abhängigkeit und Hörigkeit unterwerfen. Es gilt also auch, die gesunden Teile vor den pathologischen zu schützen! Die Erziehungsanstalt soll sich der leichteren Fälle getrost annehmen, bei diesen aber ebenfalls sorgsam auf alle Schwächen und auf alle Auffälligkeiten und alle Veränderungen im Wesen und Verhalten ihrer krankhaft beeinträchtigten Zöglinge achten“. Im Schlusswort betont Kluge mit Nachdruck, „dass die Arbeit des Arztes in allen diesen uns beschäftigenden Fragen angewiesen ist auf die Mitarbeit von Schule und Kirche. […] Wo immer bisher Arzt und Erzieher sich zu gemeinsamen Besprechungen zusammengefunden haben, immer ist laut oder leise ärztlicherseits mit Freuden hervorgehoben worden, welch lebendiges Interesse psychiatrischen Gesichtspunkten gegenüber und welch ernstes Verlangen, Wissen und Können zu vervollständigen, auf der anderen Seite anzutreffen waren“. Von einem gegenseitigen Lernprozess zwischen Sozalpädagogik/Erziehungswissenschaft und Psychiatrie ist in diesem Verhältnis nie die Rede gewesen.

Nach dem Schlusswort des Psychiaters wurde vom Plenum des AFET folgende Resolution verabschiedet: „Die mit krankhaften Mängeln und Abweichungen auf geistigem Gebiete behafteten Fürsorgezöglinge sind möglichst frühzeitig durch eine sachverständige Untersuchung zu ermitteln und in zweifelhaften Fällen einer gründlichen psychiatrischen Beobachtung in geeigneten Beobachtungsstationen zu unterwerfen. Am besten ist die Untersuchung bereits vor der Überweisung in die Fürsorgeerziehung vorzunehmen. Aber auch später erscheint die Herbeiführung einer solchen Untersuchung notwendig. Bei der Behandlung der bezeichneten Zöglinge soll die erzieherische Tätigkeit nach Möglichkeit im Vordergrund stehen. Sie kann aber der ärztlichen, psychiatrischen Mitwirkung nicht entbehren; diese wird in um so umfassenderer und eingehenderer Weise erforderlich, um je schwerere Defektzustände es sich handelt. Die leichteren Schwachsinnsformen – Debilität und auch Imbezillität leichten Grades – können in den Erziehunganstalten belassen bleiben, wofern diese für besondere Einrichtungen nach Art der Nebenklassen und Hilfsschulen Sorge tragen. Ebenso können Zöglinge mit leichteren nervösen und psychopathischen Erscheinungen unter Berücksichtigung ihrer speziellen Eigenart in den gewöhnlichen Erziehungsanstalten bleiben. [...] Diejenigen psychopathischen und dabei auch mehr oder weniger schwachsinnigen Zöglinge, welche nur unter großen Schwierigkeiten zu beeinflussen sind, die durch ihre Eigenart auf die leichteren Fälle von Minderwertigkeit und auf die gesünderen Elemente immer wieder ungünstig einwirken, sind in besonderen Erziehungsanstalten, sog. Zwischen- oder Verwahrungsanstalten unterzubringen“.

Im Bericht über diesen Fürsorge-Erziehungstag wird betont, „dass auch die anderen Referenten und Diskussionsredner, theologische und juristische, fast sämtlich zum Ausdruck (brachten), dass die Zusammenarbeit von Psychiatrie und Pädagogik für die FE unbedingt notwendig sei“ (Rein 1910: 82).

Es trifft sicher zu, dass der AFET die eher konservativen „Berufsarbeiter“ aus dem Bereich der Jugendfürsorge versammelte und ihre Interessen vertrat. Ein Blick in den 1. Jahrgang der 1910 gegründeten „Zeitschrift für Jugendwohlfahrt, Jugendbildung und Jugendkunde – Der Säemann“ zeigt aber, dass das eugenisch-psychiatrische Paradigma weit über den vergleichsweise engen Rahmen der Fürsorgeerziehung hinaus, das sozialpädagogische Denken dominierte. Die Zeitschrift wurde von der „Zentrale für Jugendfürsorge“ und dem „Bund für Schulreform“ gemeinsam herausgegeben. Diese Vereinigungen waren Sammelorte der von der bürgerlichen Jugendbewegung inspirierten ersten Generation von SozialpädagogInnen, von denen entscheidende Impulse für die „Reformpädagogik“ ausgingen. Die „Schriftleitung“ (die damals übliche Bezeichnung für Chef-Redakteur) hatte die erste Leiterin der „Deutschen Zentrale für Jugendfürsorge“ in Berlin, Frieda Duensing, die als eine der GründerInnen der organisierten Jugendfürsorge gilt. Sie unterrichtete als Juristin an der von Alice Salomon gegründeten Berliner Sozialen Frauenschule das Fach Rechtskunde und übernahm 1919 die Leitung der Sozialen Frauenschule in München. Viele Beiträge im von ihr redigierten „Säemann“ zeigen, dass es in den Jahren vor dem 1. Weltkrieg zu einer vom ganzen Spektrum der Jugendhilfe (konservativ bis fortschrittlich) mitbetriebene „Einverleibung“ des in der Jugendfürsorge gebräuchlichen Begriffs „Verwahrlosung“ durch den in der Psychiatrie gebräuchlichen Begriff „Psychopathologie“ gekommen war. Im 1. Jahrgang der Zeitschrift ging es bezogen auf die „Heimzöglinge“ hauptsächlich um die Frage „erziehbar“ oder „unerziehbar“. Der Psychiater Gruhle (während der NS-Zeit und in der frühen Bundsrepublik gehörte er zu den führenden seines Faches) schlug vor, die „Zöglinge“ nach folgenden Kategorien zu klassifizieren: „Unauffällig“ – „auffällig“, „sozialisierbar“ – „nicht sozialisierbar“. Einer kleinen Zahl von „Unauffälligen“ stünde in den Heimen eine sehr große Zahl von „Auffälligen“ gegenüber, die Gruhle so beschreibt: Es gibt „zahlreiche Jugendliche, die in ihrer Unermüdbarkeit, Rastlosigkeit, ihrem Tätigkeitsdrang die größten Schwierigkeiten bereiten. Jeder, der einmal in einer Anstalt gelebt hat, kennt diese finsteren, brutalen, rücksichtslosen, selbstbewußten Burschen, bei denen schon die plumpe Sprache, die gemeinen Ausdrücke, die ordinären Bewegungen, das völlige Fehlen jeder Selbstzucht viel Roheit und Ungezügeltheit beweisen. Es sind diese Jungen, die die Urheber der energischen Ausbruchsversuche, der Meutereien usw. sind; sie verstehen es meist ausgezeichnet, sich unter den anderen Zöglingen, oft auch beim Personal, Autorität zu verschaffen und sind von den Jungen oft nicht weniger gefürchtet als von den Erziehern. Diese besonders veranlagten Jugendlichen, wir rechnen jene hinzu, die bei der gleichen Aktivität an Stelle der rohen Kraft, Gewandtheit und Verschlagenheit besitzen (besonders unter den Mädchen) – müssen von den übrigen Zöglingen durchaus getrennt werden. Es geht keineswegs an, diesen schwierigsten Teil des Materials mit den Bessern gleichsam verdünnen zu wollen: selbst einzelne solcher Aktiven, in allen Künsten des Verbrechens erfahrene Elemente, können unter ihren harmloseren Kameraden unglaubliches Unheil stiften“ (Kappeler 2000: 719). Der Text zeigt, dass Gruhle die sich häufenden und die Öffentlichkeit beunruhigenden Heimskandale seiner Zeit den „aktiven“ Jugendlichen zuschieben will. Diese „Typen“ seien kaum noch erziehbar und der Grund dafür, dass man am Erfolg der Erziehungsanstalten “fast verzweifeln“ müsse. Er forderte die „langdauernde Unterbringung dieser Elemente in besonderen Anstalten“ zum Schutz der Gesellschaft vor solchen „jugendlichen Verbrechern“ gegen die sie durch das Strafrecht und die Justiz nicht hinreichend geschützt werde. Der Psychiater Gruhle hält diese Jugendlichen für nicht erziehbare und nicht behandelbare „geborene Verbrecher“. Behandelbar seien die „als eigentlich pathologisch sich erweisenden Kinder“, die Spezialheimen zugeführt werden sollten. Er schlägt drei „Anstaltstypen“ für die Durchführung der Fürsorgeerziehung vor, die die Möglichkeit der Abschiebung „ungeeigneter Elemente“ haben müssten. Die Entscheidung bei der Auswahl der Kinder/Jugendlichen für die unterschiedlichen Anstalten müsse dem „Irrenarzt“ obliegen. Gruhle referierte seine Vorschläge auf einer Diskussionsveranstaltung, zu der ein Anstaltsleiter aus Essen, ebenfalls Psychiater, „Ergänzungen“ vorschlug. Er plädierte für eine Kategorisierung der Kinder/Jugendlichen in „Erziehbare, sozial Verwendbare, Unerziehbare und sozial Unverwendbare“. Frieda Duensing, die die Veranstaltung leitete, fasste zusammen: „Lange haben wir mit mehr Herz als Kritik auch bei der Erziehung dieser schwierigsten Elemente den Satz befolgt: niemanden und nichts aufgeben! Diese schöne Maxime soll ihre volle Gültigkeit auch weiterhin als Regel für die Betätigung der menschlichen Liebe gegenüber diesen Unglücklichen behalten; sobald die Anwendung des Satzes die Gefährdung guter, gesunder, edler Teile der Menschheit in sich schließt, sollte ihr das Veto der Wissenschaft (das war die Psychiatrie, M.K.) und des Staatswohls mit aller Energie entgegengesetzt werden.“ In jedem Heft des „Säemann“ geht es um die Klassifizierung der Kinder und Jugendlichen und um die Kathegorisierung der Heime. In Heft 11 heißt es nach längeren Ausführungen zu diesen Themen: „Da nach den zahlreichen, in der Literatur niedergelegten, wissenschaftlich einwandfreien psychiatrischen Untersuchungen der Fürsorgezöglinge, etwa die Hälfte dieser Jugendlichen psychisch abnorm ist, so läßt sich ohne Schwierigkeiten durch einfachen Austausch der Zöglinge die Gruppierung in Fürsorgeerziehungsanstalten bzw. Heilerziehungsanstalten durchführen. […] Die Kosten für solche Anstalten würden gegenüber den ungeheuren Kosten der städtischen Irrenanstalten kaum ins Gewicht fallen, zumal eine nach modernen wissenschaftlichen und praktischen Gesichtpunkten betriebene Jugendfürsorge zweifellos zu künftigen Ersparnissen auf anderen Gebieten des städtischen Etats führen wird. Man scheue darum auch nicht die Sorge für eine ausgiebige psychiatrische Mitarbeit (Kappeler 2000: 719).

Der Fürsorge-Erziehungstag des AFET und der erste Jahrgang des „Säemann“ im Jahr 1910 markieren die endgültige freiwillige Anerkennung der Definitionsmacht der Psychiatrie über die Jugendfürsorge, die nicht widerwillig-resigniert sondern in Hochstimmung und mit Begeisterung im Sinne einer Verschwisterung erfolgte. Freilich handelte es sich um zwei sehr ungleiche Geschwister. Die inzwischen gesellschaftlich aufgestiegenen Psychiater neigten sich huldvoll den armen Lazarussen der Anstaltserziehung von Kindern und Jugendlichen zu, die diese paternalistische Geste als eigene Aufwertung verstanden und dankbar entgegennahmen. Allerdings hatte die Psychiatrie mit ihrem angeblich naturwissenschaftlich und empirisch begründeten Klassifizierungssystem den Pädagogen auch eine umfassende Absolution erteilt: das schlechte „Material“ war Schuld am pädagogischen Scheitern. Mit der eugenisch-psychiatrischen Verlagerung des Gefährlichen und der von ihm ausgehenden Gefahren ins Innere ihrer „Zöglinge“ waren für die Konservativen in der Jugendfürsorge auch die auf Ausbeutung und Unterdrückung gegründeten „Verhältnisse“ der bürgerlich-kapitalistischen Gesellschaft, zu deren Profiteuren sie selbst, wenn auch in vergleichsweise bescheidenem Ausmaß, gehörten, aus der Kritiklinie einer Pädagogik genommen, die sich durch die ihr zugeführten Kinder und Jugendlichen eigentlich täglich mit der Klassenstruktur der Gesellschaft hätte konfrontieren müssen. Dass die, die diesen Blick hatten, wie Frieda Duensing und viele ihrer MitstreiterInnen, sich ebenfalls kritiklos vom psychiatrischen Blick auf Kinder und Jugendliche aus dem Proletariat bestimmen ließen, ihre eigenen Sichtweisen diesem klassifizierenden Blick anpassten, zeigt, wie ratlos und verunsichert das gesamte sozialpädagogische Feld dem „Verwahrlosungsphänomen“ gegenüberstand.

Von den wenigen Jahren der Weimarer Republik in die NS-Zeit

So ging diese Pädagogik an der Hand ihrer jüngeren, aber dennoch größeren Schwester Psychiatrie im sich „patriotisch“ gerierenden Mainstream in den 1. Weltkrieg und aus ihm wieder heraus in eine mit der „bedingungslosen Kapitulation“ völlig veränderte Welt, mit der sie sich in den kurzen Jahren der Weimarer Republik, vielen Angriffen ausgesetzt, nur widerwillig arrangierte, aber politisch nicht wirklich anfreunden konnte. Die Heimrevolten der 20er Jahre, die Debatten im Reichstag und im Preußischen Abgeornetenhaus brachten die immer noch selben Anstaltsleiter und Vertreter der Fürsorgeerziehung in große Bedrückungen und Erklärungsnöte. Jugendliche in den Heimen pochten auf ihre Rechte in einer demokratischen Gesellschaft, wurden „aufsässig“, verweigerten mehr noch als schon immer Respekt und Gehorsam. Als die Nationalsozialisten 1933 dem „demokratischen und kommunistischen Spuk“ ein Ende bereiteten, atmeten die meisten Spitzenfunktionäre der öffentlichen und freien Träger und ihre Anstaltsleiter befreit auf, begrüßten freudig und voller hochgestimmter Erwartungen an die Rückkehr von Autorität und Ordnung die „neue Zeit“ und machten unverdrossen auf ihren inzwischen eingefleischten Wegen der eugenisch-psychiatrischen Klassifizierung weiter.

In den Jahren vom Beginn des Krieges bis etwa 1920 war eine zweite Generation von Psychiatern herangewachsen, die auf den Schultern der ersten mit weiter zugespitzten psychiatrischen Klassifizierungen und unverhohlenen bevölkerungspolitischen Ambitionen deren verhängnisvollen Weg der Ausgrenzung und Diskriminierung von Kindern, Jugendlichen und Familien weiterbetrieben. Alle Menschen, die nach ihren Kriterien der Gesellschaft keinen Nutzen brachten, lediglich Kosten verursachten, „Schädlinge“ und „Parasiten“ am „deutschen Volkskörper“ waren, sollten mit zunehmend radikaler werdenden Beurteilungen und Methoden von der „Volksgemeinschaft“ ausgeschlossen werden. Zu denken, diese Sprache und diese Methoden der Diskriminierung und Ausgrenzung seien erst von den Nationalsozialsten entwickelt und praktiziert worden, ist eine in der Sozialen Arbeit heute immer noch verbreitete Täuschung. In Wirklichkeit war diese ganze sozialrassistische Begrifflichkeit bereits in den frühen 1920er Jahren unter wesentlicher Beteiligung von Psychiatrie und Wohlfahrtspflege voll entwickelt und wurde ständig radikalisiert. Die sog. Schutz- und Trägermächte der Sozialen Arbeit, die christlichen Kirchen und Verbände, die liberal-humanistischen Zusammenschlüsse, die sozialistischen Parteien und Verbände setzten der eugenisch-rassehygienischen und bevölkerungspolitischen Radikalisierung nicht nur nichts entgegen, sondern beteiligten sich in der Gestalt bedeutender RepräsentantInnen daran. So wurden sie zu Wegbereitern der eine radikale „Auslese“ betreibenden NS-Bevölkerungspolitik.

Nach dem 1. Weltkrieg hatte der Psychiater Werner Villinger, ein Angehöriger der 2. Generation, einen bestimmenden Einfluss auf die Jugenwohlfahrtspflege. An seinem Beispiel will ich die Zusammenarbeit von Jugendhilfe und Psychiatrie während der kurzen Epoche der Weimarer Republik, ihre reibungslose Weiterführung im NS-Staat und ihre ungebrochene Fortdauer in der Bundesrepublik bis in die späten 70er Jahre darstellen.[6]

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[6] Die folgenden Ausführungen über Villingers Tätigkeit in der Hamburger Jugendbehörde beziehen sich im Wesentlichen auf Baumann and al. (1994). Die nicht im einzelnen nachgewiesenen Zitate sind alle aus dieser Studie.

Villinger übernahm 1920 die neu eingerichtete Kinder- und Jugendpsychiatrische Station an der Universität Tübingen. Am 1. Januar 1926 wurde er Leiter der ärztlichen Abteilung des Hauptjugendamtes Hamburg und hatte daneben die Funktion eines beratenden Oberarztes an der psychiatrischen Universitätsklinik. Schon ein Jahr später hatte Villinger zwei hauptamtliche psychiatrische Assistenten. Seine Aufgabe beschrieb er als „möglichst frühzeitige Erfassung von anormalen Erscheinungen“ bei Kindern und Jugendlichen.

1926 hielt er auf der in Hamburg stattfindenden „Reichsgesundheitswoche“einen Vortrag, in dem er eine „radikale Bekämpfung der psychischen Degeneration“ forderte. Es müsse gelingen, die „Erzeugung voraussichtlich von vornherein minderwertiger Geschöpfe zu verhüten“. Er forderte die „künstliche Unfruchtbarmachung“ und bezeichnete die Sterilisation als „harmlosen, in seinen subjektiven Folgen ganz unbedenklichen Vorgang“. „Künstliche Unfruchtbarmachung“ ist ein Zitat Villingers und war die verdeckende Bezeichnung für Zwangssterilisation durch einen medizinischen Eingriff in die eigentlich gesetzlich geschützte „Unversehrbarkeit des menschlichen Körpers“.

1928 veröffentlichte er sein eugenisches „Programm“ für die Jugendfürsorge in einer Festschrift des Hamburger Senats „Zur neunzigsten Versammlung der deutschen Naturforscher und Ärzte“, die in Hamburg stattfand. Detailliert beschrieb er darin seine Aufgaben als Psychiater:

„1. Beratung des Amts in allen die psychische Hygiene im weitesten Sinne (einschließlich Heilpädagogik) betreffenden Angelegenheiten und Problemen,

2. Untersuchung und gegebenenfalls Behandlung der „psychisch abwegigen einschließlich aller schwererziehbaren Zöglinge und Schützlinge des Amts,

3. Aufstellung eines Heilplanes bzw. Angabe eines Heilerziehungsweges für alle durch das Jugendamt oder die Fürsorgeerziehungsbehörde in Fürsorgeerziehungsanstalten, Sonderheimen, Pflege-, Dienst und Lehrstellen unterzubringenden abnormen Kindern und Jugendlichen,

4. Auswahl der jeweils geeignet erscheinenden Anstalten bzw. Heime,

5. Fachärztliche Überwachung der so Untergebrachten, ihrer Nachuntersuchung und Nachbehandlung,

6. Aussonderung „praktisch Unerziehbarer“ und ihrer Überleitung in Sonderanstalten,

7. Leitung einer Beobachtungsabteilung als eines psychiatrisch-psychologischen Klärbeckens und einer psychiatrisch-neurologischen Krankenstation,

8. Ausbildung und Unterweisung der im Amtsbereich (einschließlich Amtsanstalten) mit abnormen Kindern und Jugendlichen in Berührung kommenden Beamten und Angestellten über die wichtigsten einschlägigen Kapitel aus der Psychopathologie des Kindes- und Jugendalters, der Heilpädagogik und der sozialen Psychiatrie,

9. Auswertung der gemachten Erfahrungen in Form von Denkschriften, Kursen, Vorträgen und wissenschaftlichen Arbeiten.“ (Villinger 1928: 317). Im selben Beitrag heißt es weiter: „Die Zahl der psychisch Abnormen (einschließlich der durch psychische Fehlentwicklungen, Neurosen und dgl. schwer erziehbar Gewordenen) unter den Aufnahmen ist prozentual eher größer als die Zahl der körperlich Kranken oder Defekten. Ferner stellt die psychische Infektion bzw. Schädigung, die z.B. von frühsexualisierten Kindern, von Homosexuellen, Prostituierten, gewissen Formen von Psychoneurosen, Epilepsien und beginnenden Psychosen ausgehen können, für die übrigen, doch zum großen Teil auch psychisch recht labilen Zöglinge eine weit größere und folgenschwerere Gefahr dar als die körperlichen Infektionskrankheiten“ (Villinger 1928: 317). Villinger bekräftigte die Notwendigkeit der maßgebenden Mitarbeit von Psychiatern in den Jugendämtern und Erziehungsanstalten mit der wissenschaftlichen Arbeit seiner Vorgänger. Deren „psychiatrische Untersuchungen an Fürsorgeerziehungszöglingen (hätten) einst den starken Anstoß zur Vertiefung des Fürsorgeerziehungswesens zur wissenschaftlichen Beschäftigung mit den jugendlichen Verwahrlosten überhaupt und zur Entwicklung der Heilpädagogik“ gegeben. Er berief sich auf die vor 1914 durchgeführten Untersuchungen, wonach 50-70 % der Fürsorgezöglinge „anlagemäßig abnorm“ seien. Nur dem geübten Auge des Psychiaters würden die ersten Anzeichen der Abnormität, die „feinen Abweichungen von der Norm“ auffallen. In seinem Beitrag beklagt sich Villinger über die schweren Belastungen, die die Arbeit eines Psychiaters in der Jugendfürsorge mit sich bringe: „Die Schwierigkeiten […] beruhen zueinem großen Teil darauf, daß die zu Untersuchenden eine solche Untersuchung nicht nur nicht wünschen, sondern sich vielfach dagegen sträuben. Eine solche ablehnende Haltung trifft für mindestens die Hälfte der Fälle zu. Es darf hinzugefügt werden, daß die psychiatrische Untersuchung an sich schon wesentlich anstrengender für den Arzt ist als diejenige des Körpers oder selbst des Nervensystems (die übrigens stets vom Psychiater gleichfalls vorgenommen wurde), daß sie aber bei einer

derart abwehrenden Haltung doppelt mühsam wird“ (Villinger 1928: 317). Villinger formulierte für die ErzieherInnen und LehrerInnen in den Heimen und Anstalten Richtlinien für ihre Eintragungen in die von ihnen über die Zöglinge zu führenden Beobachtungsbögen. Diese Richtlinien, schreibt er, setzten das Erziehungspersonal bei der „Niederschrift ihrer fortlaufenden Beobachtungen“ in den Stand, „auf psychologisch-psychiatrische Erscheinungen zu achten und darüber in zweckmäßiger Weise Aufzeichnungen zu machen, die als Unterlagen für die Untersuchung dienen können.“ Und weiter: „Als eine für die Anstalten besonders wertvolle Tätigkeit des Psychiaters gilt die Aussonderung praktisch Unerziehbarer, d.h. mit den Mitteln der Fürsorgeerziehungsanstalten oder der betreffenden Anstalt nicht oder nicht mehr förderbaren Zöglinge. Bisweilen handelt es sich hierbei um psychisch besonders labile Individuen, die zu psychogenen Reaktionen neigen (Haltlose, Erregbare, Degenerativ-hysterische), meist um Schwachsinn höherer Grade, gelegentlich um Geisteskranke (Schizophrenie, leicht Manische oder Depressive), vereinzelt um besonders schwierige Psychopathen mit sexueller Triebhaftigkeit oder sexuellen Perversionen.“ (Villinger 1928: 317). Villingers verhängnisvoller Einfluss ging über den Bereich der Heim- und Anstaltserziehung weit hinaus: „Die Berufsberatungsuntersuchungen für die zur Schulentlassung kommenden Hilfsschüler, die Tätigkeit als Sachverständiger vor der Vormundschaftsbehörde und vor dem Jugendgericht, die Beratung der in den Arbeitslehrwerkstätten für Berufsschwache (Hilfsschüler) Auszubildenden […] Die zur Schulentlassung kommenden Hilfsschüler und Sitzenbleiber werden von der Abteilung für Wanderer-Arbeitsfürsorge des Jugendamtes erfaßt und vor der Arbeitsvermittlung dem Psychiater vorgestellt aus der Erwägung heraus, daß es sich hier durchweg um Abnorme (meist Debile) handle. Außer der Intelligenz, die übrigens bei den Kindern außerordentlich verschiedene Grade aufweist, ist bei der Untersuchung besonders auch die charakterliche Seite, die gerade bei der Verwendung solcher Debiler nachher oft ausschlaggebend wird, in Betracht zu ziehen und ein Urteil darüber zu gewinnen, ob eine Lehre (in sehr seltenen Fällen!) noch möglich ist, ob eine und welche ungelernte Arbeit in Frage kommt oder ob 'Anlernung' – entweder in den dafür eingerichteten 'Arbeitslehrwerkstätten des Jugendamtes' oder in geeigneten Privatbetrieben – geboten erscheint. Mitunter muß aber auch die Notwendigkeit der Überführung in eine Schwachsinnigenanstalt festgestellt werden oder die Notwendigkeit der Schutzaufsicht bzw. Fürsorgeerziehung“ (Villinger 1928: 317).

1928 äußerte Villinger gegenüber dem Direktor des Jugendamtes: „Die Unterwertigen stellen für die Gesellschaft nicht nur eine schwere finanzielle Belastung dar, sondern sie bilden für sie auch eine große Gefahr als Kriminelle, Prostituierte, Geisteskranke, Schwachsinnige. Dem Gedanken an die Verminderung der Fortpflanzung solcher biologisch unterwertiger Individuen, bei denen […] in einem hohen Prozentsatz abnorme Nachkommenschaft zu erwarten steht, liegen also nicht nur medizinische, sondern auch sozialhygienische Forderungen zu Grunde.“ Das Deutsche Reich müsse mehr auf Qualität als auf Quantität im Bevölkerungsaufbau achten: „Die ganze Sozialpolitik und soziale Fürsorge bleibt ein stümperhaftes Herumdoktern an den Symptomen, solange man es nicht unternimmt, das Übel kausal zu bekämpfen, d.h. die Erzeugung lebensuntauglicher Individuen nach Möglichkeit einzuschränken.“ 1929 schrieb er bezogen auf die „absolut endogen Unerziehbaren“, dass dieses Problem in Zukunft vom Eugeniker gelöst werde. 1930 erstellte Villinger nach ausführlicher Inspektion aller von der Hamburger Jugendbehörde belegten Heime eine Liste mit „Heimkategorien“, darunter Sonderheime- und Anstalten für „Psychopathen, Neuropathen und Schwachsinnige“.

Daß Villingers erbbiologisch-rassehygienischen Auffassungen auch außerhalb des Jugendamtsbereichs in Hamburg von den freien Trägern der Jugendwohlfahrt übernommen wurden, zeigt ein Beispiel aus der Gefangenenfürsorge. In ihrem Praxisbericht „Gezeichnete X“, der 1930 im Verlag des „Rauhen Hauses“ veröffentlicht wurde (Illustriert mit Bildbeilagen von Käthe Kollwitz), berichtet die Verfasserin von einem sie tief beeindruckenden Gespräch mit einem Psychiater, der der Diktion nach Villinger hätte sein können. Der „Professor“: „Also sehen Sie: alle Arbeit an Psychopathen, Sexualverbrechern, Schwerbelasteten erscheint mir wie die Arbeit eines Menschen, der, während der Wasserhahn in Strömen den Boden überflutet, den Fußboden aufwischt, anstatt erst den Wasserhahn abzudrehen. [...] Sie und alle, die sich mit diesem Problem beschäftigen, sehen doch hilflos zu, wie der Strom der Asozialen, Kriminellen anschwillt, wie die Gefängnisse und Zuchthäuser, Irrenhäuser und Bewahrungsanstalten sich füllen, wie wertvolles Menschenmaterial in oft erschütternder Sisyphusarbeit sich vergeblich müht, wie heilpädagogischer Einfluß versagt, wie der Staat belastet wird auf Kosten gesunden Menschenmaterials – kurz, sie drehen den Hahn nicht ab, sondern lassen den Strom der Belasteten anschwellen ins Uferlose! […] Es steht fest, daß die meisten Gewohnheits- und Sexualverbrecher aus erblich belasteten Familien stammen, und daß von ihnen auf dem Wege der Vererbung asoziale Anlagen weitergegeben werden. Die biologische Forschung ist hinreichend fortgeschritten, um diese Behauptung zu stützen und praktische Maßnahmen, die von ihr ihren Ausgang nehmen, zu rechtfertigen. Die ungeheure soziale Aufgabe, die Deutschland zu lösen hat, besteht darin, Mittel und Wege zu suchen, um die Vererbung asozialer und krankhafter Veranlagungen nach Möglichkeit einzuschränken. Operative Eingriffe sind bei Gewohnheitsverbrechern und Sexualverbrechern die einzigen und ungefährlichen Mittel. Wenn man, wie bekannt, einen solchen der bloßen Rassenveredelung dienstbar machen will, so sollte man dies um so mehr tun zum Schutz gegen verbrecherische Vererbung“. Seiner Gesprächspartnerin empfiehlt er, „den Belasteten zu überzeugen, daß in seinem Falle eine derartige Maßnahme das einzige Heilmittel ist.“ Das Gespräch mit dem Psychiater hatte sie vollkommen überzeugt: „Mir wurde es zur heiligen Gewißheit, daß durch das Überhandnehmen der minderwertigen, kriminell belasteten Nachkommenschaft das öffentliche Wohl, ja der Staat selbst in Gefahr gerät. Für solchen Fall muß dem Staat das 'Notstandsrecht' zugestanden werden, kraft dessen er in die Sphäre des einzelnen, sogar in dessen körperliche Integrität eingreifen darf. Vom Standpunkt der Sittlichkeit wäre diese Handhabung nicht zu beanstanden, wohl aber ist es unsittlich, zu dulden, daß jemand wissentlich die ganze Gesellschaft durch Erzeugung minderwertiger Kinder in Gefahr bringt oder seine Mitmenschen durch Sittlichkeitsverbrechen in Angst und Schrecken versetzt. […] Ja, hatte der Arzt nicht recht mit seiner Forderung, das Gift der ererbten Triebe aus dem Menschen zu entfernen?“ (Schucht 1930: 467).

Villinger schrieb 1933, auf dem Höhepunkt der Arbeitslosigkeit in Deutschland über „exogene und endogene“ Arbeitslosigkeit: Die ganz große Mehrheit der in der Arbeitslosigkeit kriminell werdenden Jugendlichen gehöre zu den „endogen“ Arbeitslosen, die „alle Symptome des Infantilismus: Lügen, Unehrlichkeit, Frechheit, Faulheit, Unzuverlässigkeit und andere Psychopathieformen“ zeigten. Die Jugendlichen würden von ihren „häuslichen Verhältnissen, die der „erbbiologischen Unterwertigkeit“ ihrer Eltern geschuldet sei, in ihrer „Arbeitsscheu“ bestärkt. Dem müsse mit eugenischen Maßnahmen begegnet werden, „die das A und O jeder wirksamen Verbrechensbekämpfung und Wohlfahrtspflege“ seien. Vor allem aber gehe es um die „Verhinderung der Fortpflanzung und Vermehrung der biologisch Unterwertigen“. Ebenfalls 1933 forderte er ein Zurück zu den „Grundsätzen der Zucht, der Autorität, der Einfügung des Einzelnen in das Ganze, der Gewöhnung an Arbeit und Pflichterfüllung“.

Zur NS-Staatsdoktrin

Man kann Villinger nicht vorwerfen, dass er diese „Grundsätze“ 1933 veröffentlichte, um sich den an die Macht gekommenen Nationalsozialisten zu empfehlen. Er war kein „Wendehals“, sondern von seinen Auffassungen überzeugt und freute sich darüber, dass seine von ihm schon seit langem vertretenen Sichtweisen und Forderungen im NS-Regime zur Staatsdoktrin geworden waren. Er konnte sich in seinen sozialrassistischen Auffassungen in vollem Umfang bestätigt fühlen und entsprechend begeistert wurde der NS-Staat von ihm und allen, die so dachten wie er, begrüßt. Sein größter Triumpf war der Erlass des „Gesetzes zur Verhütung erbkranken Nachwuchses“ des sog. Zwangssterilisierungsgesetzes, am 14.6.1933, das am 1.1.1934 in Kraft trat. Im November 1933 schickte Villinger an alle Abteilungen und Einrichtungen der Hamburger Jugendhilfe ein Rundschreiben, in dem es heißt: „Alle der Sterilisierung bedürftigen Fälle / Zöglinge, Schützlinge, Mündel als auch deren Mütter und Väter werden unter Vorlegung der betreffenden Akte […] der ärztlichen Abteilung mitgeteilt, die darüber zu entscheiden hat, ob eine Weitermeldung an die Gesundheitsbehörde zu erfolgen hat. [...] Ein besonderes Augenmerk ist auf diejenigen Fälle zu richten, die in absehbarer Zeit aus der Anstaltserziehung entlassen werden und die Erzeugung erbkranker Nachkommenschaft befürchten lassen, sowie auf diejenigen, welche nur oder vorwiegend deshalb in Anstaltserziehung zurückbehalten werden, weil dadurch unerwünschte Fortpflanzung verhindert wird. Auch solche Fälle sind namhaft zu machen, die den Dienststellen des Jugendamtes (einschließlich der Anstalten und Heime etc.) aus den letzten Jahren als sterilisierungsbedürftig bekannt sind, auch wenn sie sich bereits nicht mehr im Zuständigkeitsbereich des Jugendamtes befinden, ihre Sterilisierung aber an Hand der Akten begründet erscheint.“ Villinger hatte die Hamburger Jugendbehörden auf die Zwangssterilisierung von Kindern und Jugendlichen umfassend vorbereitet, so dass sofort damit begonnen werden konnte, als das Gesetz am 1. Januar 1934 in Kraft trat.

Er selbst ging genau an diesem Tag als Chefarzt an die v. Bodelschwinghschen Anstalten in Bethel. Sein wissenschaftlicher Ruf und seine Erfahrungen als eugenischer Pratiker in der Jugendhilfe hatten die Leitung dieser bedeutenden diakonischen Anstalt und Ausbildungsstätte zu seiner Berufung nach Bethel bewogen. Villinger machte die Anstalt zu einem Zentrum der Sterilisierungspraxis. 1937 gab er zu Protokoll: „Bei 750 durchgeführten Sterilisierungen haben wir keine nachteiligen Folgen körperlicher oder psychischer Art beobachtet. Bei FE-

Erziehungszöglingen besitzen wir die Erfahrung über einige hundert Fälle (nur männlich) und haben nie gesehen, daß ernstliche Folgen aufgetreten sind.“ (Castell 2003: 467). 1934 schon hatte er auf dem Allgemeinen Fürsorgeerziehungstag des AFET, gesagt: „Wer in der Alltagsarbeit immer wieder die Erfahrung machen mußte, daß aus Schwachsinnigen- und Trinkerfamilien Fürsorgezöglinge besonders häufig hervorgehen und viele Kinder früherer FE-Zöglinge wieder fürsorgeerziehungsbedürftig werden sah, der hat gerade im Hinblick auf die Fürsorgeerziehung nicht anders gekonnt, als sich seit Jahren für das Zustandekommen eines Steriisierungsgesetzes […] mit Eifer und Nachdruck einzusetzen.“[7] Villinger verstand sich als gläubiger Christ im Sinne des „positiven Christentums“. In der Verbandszeitschrift „Innere Mission“ wurde 1935 sein Vortrag “Sittlichkeit als Grundlage der Volksgesundung“ publiziert. Darin schreibt er, dass der Nationalsozialismus einen „Sturmwind neuer Hoffnung“ für das deutsche Volk gebracht habe, mit dem „positives Christentum und hohe sittliche Ideale“ wieder Auftrieb bekommen hätten. Dazu zählte er „Blut und Rasse“. Das „deutsche Sittlichkeitsempfinden“ sei „blutsmäßig“ bestimmt und bei den Germanen schon rein ausgeprägt gewesen, in der Weimarer Republik aber missachtet worden: „Mit Schaudern denken wir an die Jahre nach dem Krieg zurück […] Fortschrittsglaube, Freihandel, Frauenemanzipation, Pazifismus, Koedukation, Gleichheit aller Menschen, Aufklärung, Nacktkultur, vor allem aber 'Freiheit', und diese wieder am uneingeschränktesten auf dem Gebiete der 'Liebe' – wir kennen alle diese Schlagwörter und Bestrebungen, die in jener Zeit die Köpfe […] verwirrten. […] Bis endlich der langersehnte Umschwung kam und mit ihm biologisch fundiertes Denken und Handeln beim Staat und von da aus auch bei unserem ganzen Volk seinen Einzug hielt.“[8] Villinger hielt diesen Vortrag als Vertreter Bethels auf der Jahresversammlung der „Christlichen Arbeitsgemeinschaft für Volksgesundung“. Villinger vertrat Bethel im „Ständigen Ausschuß für Fragen der Rassenhygiene und Rassenpflege“. Ab 1937 war er nebenamtlicher Richter am Erbgesundheitsgericht beim Oberlandesgericht in Hamm. 1937 wurde er Mitglied der NSDAP. An seinen ehemaligen Chef Friedrich von Bodelschwingh schrieb er im November 1945, Betheler Ärzte hätten ihn zu diesem Schritt geraten, weil „man einem so großen und zu

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[7] Vgl. Wilkes, J., Wie erlebten Jugendliche ihre Zwangssterilisation in der Zeit des Nationalsozialismus. Aus dem Bericht eines verantwortlichen Arztes. In: *Der Nervenarzt*, Jhg. 2002 Nr. 73 S. 1055 ff

[8] In: Innere Mission, Nr. 8/9 1935.

einem guten Teil nationalsozialistisch gewordenen Ärztekollegium wie dem von Bethel nicht länger zumuten könne, einen Nicht-Pg als Chefarzt zu haben.“ [9] Wieviele Menschen dort insgesamt der Sterilisierungspraxis zum Opfer fielen, ist m.W. bis heute nicht ganz aufgeklärt worden. Ernst Klee hat nachgewiesen, das unter Villingers Leitung bis September 1936 schon 2854 BewohnerInnen Bethels als „erbkrank“ an die mit der Durchführung des „Zwangssterilisierungsgesetzes“ beauftragten Gesundheitsämter gemeldet wurden. (Klee 2003: 641).

Am 1. Februar 1940 wurde Villinger als Ordinarius für Psychiatrie und Nervenheilkunde an die Universität Breslau berufen. Auch in Breslau war er Richter am Erbgesundheitsgericht. Außerdem war er im Rang eines Oberstarztes nebenbei als Wehrmachtspsychiater tätig. Auf zwei Listen mit „Gutachtern“ für die Euthanasieaktion T4 wird Villingers Namen geführt. Er hat zeitlebens bestritten in dieser Funktion tätig gewesen zu sein.

Kontinuität des eugenischen Denkens in der Kinder - und Jugendhilfe nach 1945

Trotz seiner tiefen Verstrickungen und seiner Täterschaft während des NS-Regimes, konnte Villinger seine Karriere nach 1945 ohne Verzögerung fortsetzen: 1946 Direktor der Universitäts-Nervenklinik in Marburg – 1949/50 Dekan der medizinischen Fakultät – 1952 Auszeichnung mit dem Großen Bundesverdienstkreuz – 1951-53 Präsident der Gesellschaft Deutscher Neurologen und Psychiater – 1952 Mitautor des damaligen Standardwerkes „Lehrbuch der Nerven- und Gemütskrankheiten“, dass von dem führenden NS-Psychiater Hans Walter Gruhle herausgegeben wurde[10] – 1955/56 Rektor der Marburger Universität – 1959 Ehrendoktorwürde der juristischen Fakultät der Universität Hamburg – 1958 Vorsitzender der Deutschen Gesellschaft für Sexualforschung – 1961 wurde Villinger vom Deutschen Bundestag als Gutachter in den Aus-

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[9] Zitiert nach Klee (1987), Was sie taten – Was sie wurden. Ärzte, Juristen und andere Beteiligte am Kranken- oder Judenmord, S. 170, Frankfurt/Main. Der Brief Villingers an Bodelschwingh, nebst einem weiteren mit ähnlichem Inhalt, befindet sich im Hauptarchiv der v. Bodelschwinghschen Anstalten unter der Archivnummer 2/33-529. Pg war die umgangssprachliche Abkürzung für „Parteigenosse“ und bezog sich immer auf ein Mitglied der NSDAP, da im NS-Staat nur diese Partei zugelassen war.

[10] Sein 1943 erschienenes Buch *Grundriss der Psychiatrie* war ein Standardwerk für die Diagnostik zur Feststellung der „Sterilisierungsbedürftigkeit und enthält einen „Leitfaden“ für Ärzte zum Gesetz zur Verhütung erbkranken Nachwuchses (Grule 1943).

schuß für „Wiedergutmachung“ berufen. In dieser Funktion setzte er den Begriff „Entschädigungsneurose“ durch, der dazu führte, dass die ca. 400 000 im NS-Staat zwangssterilisierten Frauen und Männer nicht als Opfer des NS-Regimes anerkannt wurden und keine Entschädigung erhielten. Kurz darauf, am 3. Mai 1961, berichtet der „Spiegel“ über Villinger als T4-Gutachter. Am 26. Juli 1961 wird Villinger wegen dieser Vorwürfe durch das Amtsgericht Marburg vernommen. Am 8. August 1961 verunglückt er tödlich bei einer allein unternommenen Bergwanderung in den österreichischen Alpen. An der Universität Marburg vermutete man Selbstmord. Erst 1998 erklärte der Bundestag auf Betreiben der Grünen das „Gesetz zur Verhütung erbkranken Nachwuchses“ für rechtswidrig und „entschädigte“ die zu diesem Zeitpunkt noch ca. 12 000 Überlebenden mit einer Rente von 250,-- DM.[11]

Villinger hatte nach 1945 als „Sachverständiger für Fragen der Erziehungsfürsorge“ bei der 1949 gegründeten „Arbeitsgemeinschaft für Jugendfürsorge und Jugendpflege“ (AGJJ, heute AGJ) beim AFET und beim „Deutschen Verein für öffentliche und private Fürsorge“ (DV), den drei führenden Dachorganisationen der Sozialen Arbeit in Deutschland, anknüpfend an seine Tätigkeit in der Jugendhilfe der Stadt Hamburg bis Ende 1933, wieder erheblichen Einfluss. Seine Definition von „Verwahrlosung“ als eine „durch psychische Anomalien bewirkte abnorme charakterliche Ungebundenheit und Bindungsunfähigkeit, die auf eine geringe (oder geringer gewordene) Tiefe und Nachhaltigkeit der Gemütsbewegungen und Willensstrebungen zurückgeht und zu einer Lockerung (oder Unterentwicklung) der inneren Beziehungen zu sittlichen Werten führt“, war unbestritten. Sie wurde ins „Fachwörterverzeichnis für Jugendwohlfahrtspflege und Jugendwohlfahrtsrecht“ aufgenommen, das der AFET 1955 herausgab. Die Jugendämter, Jugendgerichte und Vormundschaftsgerichte orientierten sich in ihren Entscheidungen zur Heim- und Fürsorgeerziehung ganz überwiegend an Villingers Verwahrlosungs-Definition. Das „Fachwörterverzeichnis“ des AFET gehörte während meiner Ausbildung zum Wohlfahrtspfleger ab 1959 zur Pflichtlektüre. In ihm wurden auch die von der SS in Zusammenarbeit mit dem von Has Muthesius geleiteten Referat Jugendhilfe im Reichsinnenministerium eingerichteten und von NS-Kriminalbiologen für „Forschung“ an lebendem „Material“ genutzten Jugend-Konzentrationslager Mohrungen und Uckermark als „Fürsorgeerziehungsanstalten“ bezeichnet.[12]

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[11] Vgl. dazu ausführlich Kappeler (2008: 109).

[12] Zu Villinger ausführlich Schäfer (1991).

Für die Kontinuität des eugenischen Denkens in der Kinder- und Jugendhilfe nach 1945 stand neben Villinger sein bekanntester Schüler und Kollege Hermann Stutte. Er studierte in den 20er Jahren Medizin, trat 1933 in die SA ein, promovierte 1934 im Fach Humanmedizin und habilitierte sich mit einer Nachuntersuchung an ehemaligen Fürsorgezöglingen. 1938 übernahm er in Tübingen das nach eugenischen Gesichtspunkten arbeitende „Klinische Jugendheim“ der psychiatrischen Universitätsklinik, an dem auch Villinger seine Laufbahn begonnen hatte. Er wurde NSDAP-Mitglied, trat in den NS-Ärztebund ein und war 1940 Gründungsmitglied der „Deutschen Gesellschaft für Kinder- und Jugendpsychiatrie“. 1941 begrüßte er in einem Artikel den sozialrassistischen Kurs der NS-Bevölkerungspolitik und forderte die psychiatrische Untersuchung aller FE-Zöglinge nach erbbiologischen diagnostischen und prognostischen Gesichtspunkten mit der Begründung, dass der Staat „aus finanziellen und erbbiologischen Gesichtspunkten ein natürliches Interesse daran“ habe, „zu wissen, ob sich im Einzelfall die Erziehung auf öffentliche Kosten auch wirklich lohne“ (Klee 2001: 13). Stutte wurde noch während der NS-Zeit Dozent an der Universität in Tübingen. Von dort ging er 1946 zusammen mit Villinger als Oberarzt an die Universitätsnervenklinik in Marburg. 1948 forderte er zusammen mit Villinger von der Kinder- und Jugendpsychiatrie die Klassifizierung „des von ihr betreuten Menschenmaterials“ nach erbbiologischen Kriterien, um deren evtl. „sozialbiologische Unterwertigkeit“ festustellen. Die beiden führenden Kinder- und Jugendpsychiater schrieben: „Die Sichtung, Siebung und Lenkung dieses Strandgutes von jugendlichen Verwahrlosten“ sei Aufgabe der Kinder- und Jugendpsychiatrie und forderten dafür die Asylierung der „Verwahrlosten“ in Arbeitslagern (Klee 2001: 15). 1950 wurde Stutte Professor und Abteilungsleiter der Kinder- und Jugendpsychiatrischen Universitätsklinik. 1954 bekam er den ersten Lehrstuhl für Kinder- und Jugendpsychiatrie als neuer medizinischer Spezialdisziplin in Deutschland an der Universität Marburg. Er wurde Vorsitzender der neu gegründeten „Deutschen Gesellschaft für Kinder- und Jugendpsychiatrie“, Präsident der „Union Europäischer Pädopsychiater“, Mitglied des Wissenschaftlichen Beirats der „Lebenshilfe für das geistig behinderte Kind“, bekam Ehrendoktorwürden an den Universitäten Marburg und Göttingen. Die Sonderschule an der Marburger Universität und das Fortbildungszentrum der „Lebenshilfe“ wurden nach ihm benannt.

In unserem Zusammenhang ist das Wirken Stuttes in der Kinder- und Jugendhilfe von besonderem Interesse. 1954 wurde er in den Beirat des AFET berufen. Ab 1964 gehörte er zum Vorstand und seit 1966 wurde er Vorsitzender des AFET-Forschungsausschusses. „Als Ausdruck des Dankes und der Würdigung seines Einsatzes für den AFET“ wurde ihm anlässlich seines 60. Geburtatages die AFET-Ehrenmitgliedschaft verliehen. In dem Standardwerk „Handbuch der Heimerziehung“ (Trost/Scherpner, Frankfurt 1957) trat Stutte dafür ein, „die besonders infektiöse Kerngruppe chronischer Asozialität möglichst frühzeitig […] einer geeigneten Sonderbehandlung zuzuführen.“ 1958 veröffentlichte der AFET in seiner Schriftenreihe Stuttes Arbeit „Grenzen der Sozialpädagogik – Ergebnisse einer Untersuchung praktisch unerziehbarer Fürsorgezöglinge“ (Marburg/L. 1958), die an die Mitgliedsorganisationen verteilt wurde und zu den Standardwerken der Fürsorgeerziehungsliteratur bis in die 70er Jahre gehörte. In den 60er Jahren gab Stutte die „Wissenschaftlichen Informationsschriften des AFET“ heraus. Heft 1 hatte den Titel: „Jugendpsychiatrische Probleme und Aufgaben in der öffentlichen Erziehungshilfe“. Im Vorwort schrieb der 1. Vorsitzende des AFET, Pastor Wolff, Leiter der diakonischen Fürsorgeerziehungsanstalt „Stephansstift“ in Hannover: „Es ist das Verdienst insbesondere des Herrn Professor Dr. Stutte in Marburg, daß dieses Unternehmen in Gang gesetzt werden kann.“ Zu seinem 60. Geburtstag (1. August 1969) wurde Stutte in den Fachzeitschriften regelrecht gefeiert. In der damals für die Heimerziehung wichtigsten Monatsschrift „Unsere Jugend“, deren Mitherausgeber er war, heißt es: „Das Werk von Professor Stutte zeigt eindringlicher als Worte es vermöchten ein ungewöhnlich intensives Ringen um wissenschaftliche und fachärztliche Klärung der Hintergründe bei psychisch, somatisch und sozial bedingten Abweichungen im Kindes- und Jugendalter – mit dem Ziel, krankheitsadäquate Hilfestellung zu bieten. Ein breites wissenschaftliches Arbeitsfeld ist mit Liebe, Verantwortungsbewußtsein und Engagement beackert worden dank des überdimensionalen Einsatzes von Professor Stutte.“[13] In der Zeitschrift „Praxis der Kinderpsychologie und Kinderpsychiatrie“ , in deren Beirat Stutte ebenfalls war, wird auf seine Zusammenarbeit mit Villinger verwiesen und mitgeteilt, das zu den besonderen wissenschaftlichen Interessen Stuttes „die Prognose jugendlicher Dissozialität, jugendkriminologische und sozialpädagogische Fragen“ gehören. Die „Deutsche Vereinigung für Jugendpsychiatrie“ verdanke ihr „Wachsen und Gedeihen vor allem seiner Dynamik und Arbeitskraft. […] Prof. Stutte gehört zu den führenden Vertretern seines Faches, die Kinderpsychiatrie nur in enger Arbeitsverbindung und Integration mit Rand- oder Spezialdisziplinen verstanden

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[13] *Unsere Jugend,* Jahrgang 1969, S. 374.

wissen möchten. [...] Wir gratulieren ihm von Herzen und wünschen noch viele Jahre Schaffenskraft zum Nutzen gemeinsamer Anliegen bei psychisch gestörten und kranken Kindern.“[14] Diese Geburtstagsehrungen Stuttes erfolgten auf dem Höhepunkt der 1968 begonnenen „Heimkampagnen“, denen es erstmals in der bundesrepublikanischen Nachkriegsgeschichte gelang, die systematische Verletzung der Menschenrechte und der Menschenwürde von Kindern und Jugendlichen in der Heimerziehung öffentlich zu skandalisieren. Diese Initiativen hatten einen ihrer Schwerpunkte in Hessen (Staffelberg), sozusagen vor Stuttes Haustür. Welche Bedeutung Hermann Stutte für den Dachverband der Heimerziehung AFET hatte, wird in einem Nachruf auf ihn (er starb am 22. April 1982) im „AFET Mitglieder- Rundbrief“ deutlich. Dort heißt es: „Sein Leben und sein vielfältiges Wirken – insbesondere auch im AFET – wurde anläßlich seines 70. Geburtstags im Mitglieder-Rundbrief 4/1979, S. 64 f. eingehend gewürdigt. Eine sehr bemerkenswerte Bibliographie seiner umfassenden und vielgestaltigen wissenschaftlichen Veröffentlichungen ist in der Festschrift zu eben demselben Geburtstag „Jugendpsychiatrie und Recht“ (Köln, 1979) erschienen. Der AFET verliert mit diesem langjährigen Vorstandsmitglied und seit 1979 Ehrenmitglied des Verbandes nicht nur einen besonders fachkundigen und hochengagierten Mitstreiter für die Belange der jungen Menschen in der Erziehungshilfe, einen Kollegen, der stets verbandliche Aufgaben übernommen hat, einen Wissenschaftler, der die Erkenntnisse vieler Disziplinen zu vereinigen und für die Praxis fruchtbar zu machen wusste, sondern auch einen liebenswerten Menschen, dem wir uns stets freundschaftlich verbunden fühlten. Wir werden Hermann Stutte, der zu den prägenden Gestalten innerhalb unseres Verbandes in der Zeit nach dem Zweiten Weltkrieg zählt, stets ein ehrendes Andenken bewahren“.[15]

Stutte und Villinger und mit ihnen die gesamte bundesdeutsche Kinder- und Jugendpsychiatrie, konnten ihr für Hunderttausende Kinder und Jugendliche verhängnisvolles Wirken, über die NS-Zeit hinaus ungebrochen weiterführen, weil die Kinder- und Jugendhilfe mit deren eugenischem Denken übereinstimmte und sie unangefochten als besonders qualifizierte Fachleute für alle „psychischen Störungen des Kindes- und Jugendalters“ anerkannte.

Die eugenischen Beurteilungen von Kinder und Jugendlichen in Einrichtungen der Jugendhilfe gingen bis Ende der 70er Jahre im Geiste

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[14] *Praxis der Kinderpsychologie und Kinderpsychiatrie*, Heft 6/1969.

[15] AFET-Mitgliederrundbrief, 2/1982.

Villingers und Stuttes weiter. Ein Beispiel dafür sind die Aufnahmebögen des katholischen „Franz Saales Hauses“ in Essen, einer großen stationären Einrichtung für als „geistig behindert“ definierte Kinder und Jugendliche:

> „An den Herrn Direktor des Landschaftsverbandes Rheinland Abt. III.
>
> Btr. : Anstaltspflege für Geisteskranke, Schwachsinnige und Fallsüchtige auf Grund des § 1 der Vierten Verordnung zur Vereinfachung des Fürsorgerechts vom 9.11. 1944.
>
> Aufnahmeanzeige
>
> Am... wurde unter Aufnahme-Nr. … in der hiesigen Anstalt aufgenommen: Vor- und Zuname... Geburtsort und Datum... Familienstand... Beruf… Wohnort... Kreis... Straße und Hausnummer… Letzter Aufenthalt... Anschrift der nächsten Angehörigen oder des Pflegers oder Vormundes…
>
> Der- die -Kranke leidet an Schwachsinn (Eingliedrungshilfe) (das ist die in dem mir vorliegenden Dokument die „Diagnose“, M.K.) und ist anstaltspflegebedürftig.
>
> Die Vorussetzungen des § 1 der Vierten Vereinfachungsverordnung sind somit gegeben.
>
> Die Aufnahme erfolgt auf Veranlassung des Landschaftsverbandes Rheinland. Die vollen Pflege und Nebenkosten sind bis einschl. …von... getragen worden. Ab... einschl. wird der - die Kranke vorläufig gemäß § 1 der Vierten Vereinfachungsverordnung auf dortige Kosten verpflegt.
>
> Genannte befand sich bereits auf öffentliche Kosten (Aktz...) in Anstaltspflege und zwar vom... bis… in der Anstalt...
>
> Bemerkungen... Unterschrift...[16]

Diese während der NS-Zeit benutzten „Aufnahmeanzeigen“ wurden auf der Grundlage einer Verordnung des NS-Staates, die anscheinend immer noch in Kraft war, jedenfalls im Sommer 1966, dieses Datum trägt das mir vorliegende Dokument, noch immer benutzt und mit den selben „Diagnosen“ wie sie von der Psychiatrie seit dem letzten Drittel des 19. Jahrhunderts gestellt wurden, versehen.

Kontinuitaeten bis in die Gegenwart? Notwendigkeit von kritischer Reflexion heute

Erst im April 2014 sah sich die von Stutte mitbegründete „Deutsche Gesellschaft für Kinder- und Jugendpsychiatrie“ jetzt mit dem Zusatz „Psychosomatik und Psychotherapie“ durch einen kritischen Beitrag im WDR (Titel der Sendung: „Gewalt in Kinder- und Jugendpsychiatrien: Geschlagen, missbraucht, – Hölle Kinderpsychiatrie“, an dem ich

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[16] Im Privatarchiv von Manfred Kappeler.

mitgewirkt hatte, zu einer Stellungnahme veranlasst. Darin heißt es: Die Deutsche Gesellschaft für Kinder- und Jugendpsychiatrie, Psychosomatik und Psychotherapie entschuldigt sich bei den Betroffenen für das Leid, welches ihnen in Einrichtungen der Kinder- und Jugendpsychiatrie damals angetan wurde. Wir bekennen uns zu unserer heutigen Verantwortung dafür zu sorgen, dass sich solches Leid in unseren Einrichtungen nicht wiederholen kann“.

Offenbar wurde das den Kindern und Jugendlichen in Einrichtungen der Kinder- und Jugendpsychiatrie angetane Unrecht und Leid aber nicht auf die Strukturen solcher Einrichtungen als „Totalen Institution“ und auf die Klassifizierungsmechanismen- und Kriterien, mit denen Kinder/Jugendliche als „Schwachsinnige“ bzw. als „Verwahrloste“ psychiatrisch definiert wurden, zurückgeführt, sondern dem „Fehlverhalten“ von einzelnen PsychiaterInnen und vereinzelten sog. Fehldiagnosen zugeschrieben. Denn die selbe Gesellschaft begrüßte und forderte nur zwei Monate später, im Oktober 2014, zusammen mit zwei weiteren Fachverbänden, der „Bundesarbeitsgemeinschaft der leitenden Klinikärzte für Kinder- und Jugendpsychiatrie, Psychosomatik und Psychotherapie e.V.“ (BAGKJP) und dem „Berufsverband für Kinder- und Jugendpsychiatrie, Psychosomatik und Psychotherapie in Deutschland e.V“. (BKJPP) die Durchführung „Geschlossener Unterbringung“ in Einrichtungen der Jugendhilfe für solche Kinder und Jugendlichen, deren „Störungen des Sozialverhaltens meist keine längerfristige stationäre kinder- und jugendpsychiatrische Behandlung“ erforderlich mache, bei denen aber „nach dem aktuellen wissenschaftlichen Stand eine pädagogische Maßnahme – mit längerer Dauer – indiziert“ sei. Das wird folgendermaßen begründet: „Patienten, die über einen Klinikaufenthalt hinaus oder anstelle eines Klinikaufenthaltes eine längere freiheitsentziehende Maßnahme im Bereich der Jugendhilfe benötigen, zeichnen sich oft durch ein sehr destrukturiertes soziales Umfeld, eine hohe emotionale Labilität, eine Geschichte des Scheiterns in verschiedenen Jugendhilfeeinrichtungen, durch andauernden Substanzkonsum sowie weitere deutlich selbstgefährdende und altersunangemessene Verhaltensweisen, wie z.B. Beschaffungskriminalität oder Prostitution, aus. Diese Kinder und Jugendlichen sind durch offene Angebote der Jugendhilfe oft nicht (mehr) erreichbar und benötigen einen länger andauernden Schutz- und Reflexionsraum, damit sie nicht in das gelernte Verhalten von Dissozialität, Beziehungsabbruch, und/oder Substanzabusus zurückfallen. Untersuchungen der letzten Jahre in Jugendhilfeeinrichtungen haben einen hohen Anteil von Kindern und Jugendlichen aufgezeigt, die an psychischen Störungen leiden. Kinder in

Jugendhilfeeinrichtungen können als 'ultra high risk' Gruppe gelten (Ford et al. 2007& 2010): verglichen mit anderen Hochrisikogruppen zeigen sie eine extrem hohe Prävalenz psychiatrischer Diagnosen, bis zu 96 % aller Heimkinder erfüllen Diagnosekriterien für mindestens eine psychische Störung. […] Es ist davon auszugehen, dass diejenigen Kinder und Jugendlichen, bei denen freiheitsentziehende pädagogische Maßnahmen notwendig sind, insbesondere zu der Gruppe gehören, die sowohl eine (oder mehrere) psychiatrische Diagnosen aufweisen und dauerhaft pädagogische Defizite erfahren haben.“ In der Stellungnahme wird anerkannt, dass in „geschlossenen Systemen immer die Gefahr der Verletzung von Persönlichkeitsrechten“ bestehe, weshalb in Einrichtungen mit GU bzw. FEM „Beschwerdemöglichkeiten“ für die Kinder/Jugendlichen bestehen müssen. Die Einsicht in die Bedingungen des gewaltförmigen Handelns des Personals und der gegen ihren Willen eingeschlossenen Kinder/Jugendlichen, in die mit Notwendigkeit Gewalt produzierenden Strukturen, in die Reproduktion von „Geschlossenheit in der Geschlossenheit“ mit allen ihren erziehungswissenschaftlich untersuchten und nachgewiesenen Folgen, fehlt den Verfassern der Stellungnahme. Sie haben auch keine Ahnung von der Entstehung sog. Jugendhilfekarrieren, an denen das System Jugendhilfe selbst entscheidend beteiligt ist. Auch eine kritische Reflexion der von ihnen genannten diagnostischen Schemata und Kriterien fehlt sowie die Berücksichtigung von Zuschreibungen/Stigmatisierungen und ein Begriff/Bewusstsein von den Lebenslagen und Bedingungen des Aufwachsens der von ihnen als Klientel für GU und FEM definierten Kinder/Jugendlichen. Ihr extrem einseitiger psychiatrischer „Störungsbegriff“ ist dem traditionellen „Verwahrlosungsbegriff“ von Psychiatrie und Jugendhilfe, der vom Ende des 19. bis weit ins 20. Jahhundert, dominant war, ähnlich. In der Stellungnahme wird in Fettdruck betont, dem „Facharzt Kinder- und Jugendpsychiatrie und -psychotherapie kommt also als Sachverständigem in vielen Fällen eine bedeutende Rolle im Verfahren zur Entscheidung über eine pädagogische Maßnahme mit freiheitsentziehenden Maßnahmen zu.“

Die Internationale Gesellschaft für erzieherische Hilfen (IgfH) hat die Stellungnahme der Kinder- und jugendpsychiatrischen Verbände in einer ausführlichen Erklärung vom März 2015 kritisiert und zurückgewiesen. Sie wertet die Stellungnahme als einen Versuch „feindlicher“ Übernahme: „Wenn psychiatrische Fachverbände den Anspruch erheben, grundsätzliche Aussagen zu Klientel, Aufgaben, Methoden und Verfahren der Sozialpädagogik formulieren zu können, um dortige 'Maßnahmen für schwierige Jugendliche' inhaltlich in bestimmter Weise zu fordern –

und ihrem Erkenntnismodell entsprechend – zu gestalten bzw. sogar zu 'qualifizieren', überschreiten sie ihre Grenzen. Dies ist genauso der Fall, wenn Kinder- und JugendpsychiaterInnen, weil Heimkinder vorgeblich häufiger psychische Auffälligkeiten zeitigen als andere Kinder ' eine regelmäßige Diagnostik und Behandlung von allen Kindern und Jugendlichen in Heimen fordern' (Märkische Oderzeitung vom 8.7.2014)“. Abschließend heißt es in der IgfH-Erklärung: „Eine adäquate Kooperation kann sich nur dann entwickeln, wenn die Hilfen zur Erziehung im Allgemeinen und die Heimerziehung im Besonderen die Eigenständigkeit ihrer Professionalität und ihrer Methoden gegenüber der Psychiatrie bewahren. Dies gilt nicht nur, aber insbesondere auch bezüglich der Frage 'geschlossener Unterbringung'. Die Psychiatrie mag hier anderes Wissen produzieren als die Sozialpädagogik, prinzipiell 'höherwertig' ist es deshalb nicht. Und so besteht auch kein Grund, die angezeigte 'feinliche Übernahme' zu akzeptieren.“

Immer noch oder schon wieder, versucht die Kinder- und Jugendpsychiatrie die Definitionsmacht und Deutungshoheit über die Kinder- und Jugendhilfe zu gewinnen und immer noch oder schon wieder sehen viele SozialarbeiterInnen/SozialpädagogInnen entweder darin kein Problem, weil sie sich selbst als minderqualifiziert und weniger kompetent einschätzen, oder weil sie Angst haben, sich in der konkreten Situation zu positionieren. Die kritische Befassung mit der Geschichte des Verhältnisses von Psychiatrie und Jugendhilfe, von Psychiatrie und Sozialer Arbeit überhaupt, sowie mit der Genese diskriminierender Fachsprachen, kann SozialarbeiterInnen/SozialpädagogInnen helfen, Diskriminierungen von Kindern und Jugendlichen zu vermeiden und in Begegnungen und Kooperationen einen selbstbewussten Standpunkt einzunehmen.

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Periodika:

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Art, Culture, and Psychopathology: An Introduction to the Anti-Asylum Narrative of Brazilian Psychiatrist Nise da Silveira

Abstract: *During the mid-1940s, psychiatrist Nise da Silveira (1905 – 1999) began to challenge psychiatric methods of imprisoning patients and treatments such as lobotomy, electroshock, and insulin therapy. She translated and introduced Jung's theory to Brazil, after meeting him in Switzerland in 1957, where she also presented her work "Schizophrenia in Pictures" at the 2nd International Congress of Psychiatry in Zurich. Nise da Silveira was a pioneer of the process of deinstitutionalizing mental health treatment long before Franco Basaglia's visit and influence in Brazil in the late 1970s. Silveira established the "Occupational Therapy Atelier" at the "Pedro II Psychiatric Center" in Rio de Janeiro in 1946, as well as the "Museum of Images of the Unconscious" in 1952. She questioned the neurological and physiological epistemology of mental disorders, advocating instead for a humanist and psychological approach to subjectivity, marking a shift from institutional psychiatry to psychopathology. We investigate how this change was made possible by Jungian psychoanalysis and art therapy, in which the Brazilian psychiatrist discovered alternative types of treatment targeted at understanding and treating mentally ill patients. In this way, we focus on her ability to incorporate culture as a way of expressing and managing subjective pain, especially in the case of schizophrenic patients.*

Keywords: *Nise da Silveira; art therapy; anti-asylum; psychiatry; Jung.*

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Introduction

Nise da Silveira was born in the north of Brazil, in Maceió, in 1905. She died in Rio de Janeiro in 1999, where she worked as a therapist and psychiatrist, making important contributions to Brazilian psychiatry. We would like to start this article with a gender issue that caught our attention when we began this brief investigation into Silveira: her importance and her erasure as a promising figure in the process of deinstitutionalizing psychiatric treatment in Brazil (Melo & Ferreira 2013). Much mention is given to the work of Franco Basaglia and Ronald David Laing, who were undoubtedly crucial to the anti-asylum movement in Brazil and other countries. However, before these doctors' influence in the country, Nise had already developed an anti-hospitalization therapeutic theory based on the free expression of individuals and their capacity for regeneration through art and other methods of subjective development.

There is not only a gender problem in the analysis of the history of psychiatry in 20th century in Brazil, but also an ethnocentric reading that prioritized "outside" influence as the sole factor capable of revolutionizing mental health. The importance of the dialogue with the European psychiatric field is undeniable, after all, Nise maintained contact with Jung and other European institutions (Nise 2023/1968, Magaldi 2020, Melo 2001). However, we would like to start this text by addressing this slight omission. Slight because Nise da Silveira was and is recognized as a transformative figure in psychiatry's relationship with culture and art. What is often overlooked is her pioneering role in the movement that challenged traditional psychiatry through art and other forms of rehabilitation as early as the 1940s (Melo 2001: 2009).

Nise da Silveira faced significant resistance throughout her professional career, whether because of gender issues or because she questioned the "standard" psychiatry of her time, which was predominantly male-dominated. Although she suffered constant retaliation from her colleagues, Silveira received support from important leaders in the field of mental health, who respected the positive results she achieved through creative rehabilitation without confinement. One of these conflicts was reported in the newspapers "Diário de notícias" (January 28, 1960) and "Correio da manhã" (January 31, 1960):

> A few days ago, a crisis broke out at the Engenho de Dentro Psychiatric Center, which is part of the National Service for the Mentally Ill. It was caused by the abusive and rude attitude of the administrator, Mr. Fernandes. The case is that this lay official, taking advantage of the absence of Dr. Nise Magalhaes da Silveira, creator and director of the Oc-

> cupational Therapeutics Service, on vacation at that time, removed from the Service and sent to the City Hall, for the purpose of sacrificing them, some dogs that the well-known psychiatrist kept at her expense. She considered contact with animals to be useful for the recovery and well-being of the mentally ill.
>
> Surprised by the arbitrary and disrespectful act of the administrator, Dr. Nise da Silveira went to the director of the National Service for Mental Illness, Prof. Lopes Rodrigues. She asked for a transfer to another sector of the service, because the director of the CNP was unwilling or unable to revoke the abusive act of his bureaucratic subordinate (not a doctor).
>
> [...]
>
> [Nise:] "I confess that it is painful for me to leave the Occupational Therapy Section, a section that I have guided since its first steps. I am now handing it over with 19 sectors of activity: with a museum that has an important collection of artistic works by psychotic patients and which may even be, according to the opinion expressed in writing by Prof. Lopez Iber when he visited us in October 1956 ".[2]

A few days after her resignation, Nise da Silveira received a response refusing her request. The solution offered by the director of the National Service for Mental Illness was to keep Nise in her post, while removing the administrative official:

> The director of the National Service for Mental Diseases, Prof. Lopes Rodrigues, in a letter to Dr. Nise da Silveira, refused to accept her request to resign as head of the Occupational Therapy Section at the National Psychiatric Center. Dr. Nise's request, as we know, and Correio da Manhã reported extensively on the case, was linked to the attitude of the administrator of the National Psychiatric Centre, Mr. Joaquim Fernandes. [...] The solution, therefore, has already been found, with Dr. Nise Silveira remaining head of the Occupational Therapy Section at the CPN, and the removal of the administrator who caused this situation.[3]

The work of the Brazilian psychiatrist represented an epistemological shift in Brazilian mental health, moving away from a biological and neurological approach to a more humanistic, psychopathological, and cultural approach. In this sense, Nise da Silveira believed that there was

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[2] “Crisis at the National Psychiatric Center: Doctor Nise da Silveira leaves”. *Diário de Notícias*, January 28, 1960. In: Images of the Unconscious Museum Collection. Original in Portuguese, translated by the authors.

[3] “Dr. Nise da Silveira kept in charge”. Correio da Manhã, January 31, 1960. In: Images of the Unconscious Museum Collection. Original in Portuguese, translated by the authors.

no separation between mind and body, rather these dimensions were integrated. Furthermore, she argued that diagnoses of psychosis (such as schizophrenia) did not diminish the creative capacities and emotions of those affected by the disorder. She pushed the boundaries of what was considered "madness", challenging psychiatry's approaches of exclusion and isolation of the psychotic subject. Silveira contended that psychosis was not capable of destroying an individual's subjectivity, even if it deviated from socially established norms. The narrative of "madness" was political, alienating, and hygienist, and Nise da Silveira tried her best to deconstruct this pervasive signifier in global psychiatry at the time.

This article aims to introduce foreign audiences to Nise da Silveira's thinking and work, using the history of psychiatry in Brazil and globally as a starting point, given that these discussions were not limited to South America. Our theoretical-methodological reading is inspired by Conrad's (2016) work on global history. Thus, our point of departure is to investigate a topic while considering not just the national context, but also the global linkages on issues that extend beyond the geographical area in which they existed. We will specifically examine the importance of culture, particularly its artistic dimension, in the treatment of mental diseases, as well as the epistemological challenge to psychiatry within a predominantly biological framework of mental suffering. In this way, we will explore aspects of a 20th century vigorous debate, which continues today in other forms: what is the role of culture in mental disorders and how can they be analyzed and treated beyond the neurobiological sphere?

Beyond biological psychiatry: electroshock, lobotomy, and insulin therapy

From the start of her career, Nise da Silveira began to move away from biological psychiatry towards psychology. She understood mental suffering within the realm of psychopathology, viewing it not exclusively as a biological and neurological issue, but as a symbolic one (Silveira 1952, 1966, 1981). At that time, the treatment of mental disorders relied on physical intervention methods, such as lobotomy, electroshock, and insulin therapy. Nise da Silveira interpreted them as forms of physical torture and refused to use them on psychotic patients.

During the Vargas dictatorship in Brazil, between 1937 and 1945, Nise da Silveira was imprisoned for her involvement with the Communist Party and Marxist ideas, including in the health field. From 1936 to 1944, she was removed from public service because of her ties to "communism"[4]. In prison, she witnessed the effects of torture firsthand and criticized the method of Italian psychiatrist Ugo Cerletti. Cerletti had developed a method of inducing convulsions by giving electric shocks to pigs before they were slaughtered. At the time, schizophrenia was considered distinct from epilepsy, and provoking seizures was seen as a treatment for schizophrenic psychosis. This system, widely used throughout several decades of the 20th century, was strongly criticized by Nise, who believed it to be an ineffective strategy.

Nise reached these conclusions by opening up space for active listening to and understanding of the complaints of patients who had undergone lobotomy, electroshock or insulin therapy (Melo 2009, Nise 1952, 1966). She found that these treatments were ineffective for psychosis, such as schizophrenia. On the contrary, patients often worsened after undergoing these procedures.

Insulin therapy was used as a sedative in cases of *delirium tremens* as a way of causing hypoglycemia in people who were malnourished because they refused to eat. Neurophysiologist and psychiatrist Manfred Sakel (1900 – 1957), who created the insulin shock method, realized that this technique brought about improvements in patients with mental disorders who were sensitive to insulin. Since the 1930s, insulin therapy started to be applied mainly to patients with paranoid and catatonic schizophrenia. Nise da Silveira strongly opposed insulin therapy, as she did lobotomy and electroshock. Her critique of these methods led her to explore alternative treatments for psychosis and other disorders: art therapy and different forms of occupational therapy. According to Melo (2009: 35):

> The aim of hypoglycemic shock, as well as electroshock, was to produce a profound alteration in the higher psychic functions. These alterations can indeed occur. Thus, the most apparent symptoms of the disease are suppressed, without, however, inducing a change in the "psychological background". Nise da Silveira considered this type of proposal to be too risky and with too few results. So, after the person who had undergone insulin therapy regained consciousness, the doctor from Alagoas went to the director of the psychiatric center, Dr. Paulo Elejalde, and told him that she was not suitable to be a doctor. She asked to be given another job at the hospital. Paulo Elejalde suggested that she take over the Occupational Therapy Section of the Pedro II Psychiatric Center in Rio de Janeiro. Nise da Silveira commented: "There begins another stage of my

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[4] "Prisoners of 1935 recount their memories". Jornal do Brasil, 24 July 1988, page 8. In: Nise da Silveira Archive / Images of the Unconscious Museum Collection. Original in Portuguese, translated by the authors.

> life. A beautiful stage in my work". (SILVEIRA *apud* GULLAR, 1996: 45, translated by the authors).

In the Occupational Therapy Section of the Pedro II Psychiatric Center in Rio de Janeiro, Nise da Silveira put into practice her non-aggressive clinical method and her fight against physiological intervention procedures. One of the main targets of her fight was psychosurgery. From the 1930s onwards, lobotomy became popular in medical circles via the work of Egas Moniz (1874 – 1955), who used prefrontal leucotomies on people who complained of anxiety, depression, and schizophrenia (Melo 2009).

Nise followed the opposite path by establishing art, painting, and modeling studios, focusing on the creative capacity of patients with severe mental disorders (Silveira 1981, 1992). To prove the ineffectiveness and long-term sequelae of lobotomy, Nise da Silveira carried out an experiment with three patients: L.N., L., and A. She was unable to prevent them from undergoing lobotomy and concluded the experiment after the interventions were carried out. The Brazilian psychiatrist compared the artistic production of the patients before and after lobotomy and verified the devastating nature of psychosurgery. This work received national and international notoriety, appearing in Iracy Doyle's article "Egas Moniz and the Spirit of Time", and in Robert Volmat's book "L'art Psychopathologique", as well as in the article "La Création et la Lobotomie" (Melo 2009: 38). The sculptures made by the patient L.N. were presented at the First World Congress of Psychiatry in Paris (1950), and at the First Latin American Congress of Mental Health in São Paulo (1954) where Nise exhibited the works of L.N., L., and A. (Melo 2009).

After all, what conclusions did Nise reach with art therapy and other forms of occupational treatment? The Brazilian psychiatrist identified psychosurgery techniques as a means of erasing the subject and their emotions. The aim was to suppress "madness" and "abnormal" behavior, silencing the individual so they would fit in and not disturb the social order, whether in the family, the hospital environment, or society in general (Magaldi 2018). Silveira considered this technique to be a palliative and punitive measure to force patients to adapt to the social norm, rather than a treatment that embraced individuals with severe mental disorders. She proposed a methodology that promoted the expression of these patients' emotions and subjectivity through art and creative power (Melo 2009: 2013). The social reintegration of Nise's patients was achieved through their unique self-expression, not through the silencing effects of lobotomy or electroshock.

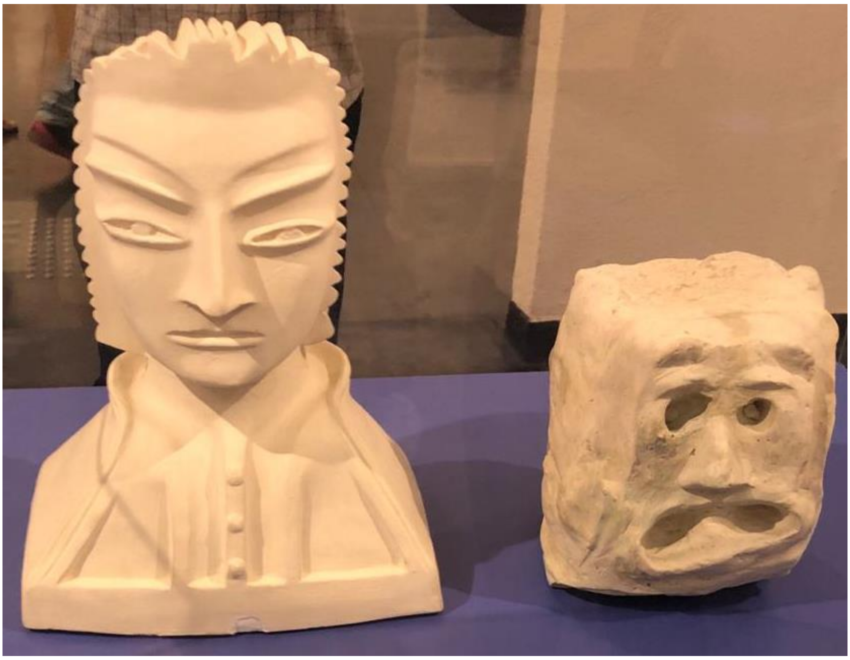

Image 1: *Sculptures made by her patient L.N., showing his works before and after the lobotomy. Source: Collection of the Museum of Images of the Unconscious (photo taken by the authors)*

During the 1950s, lobotomy and electroshock began to be considered ineffective methods for treating severe disorders of the mind. This reassessment occurred, above all, with the advent of psychotropic drugs. The epistemological basis of psychiatry was still based on biologism and took little or no account of the psychosocial and symbolic autonomy of mental disorders. Although the technique changed (to psychotropics), the methodology remained the same: suppressing and silencing “abnormal” behavior and symptoms of suffering. According to Melo (2009: 39), Nise da Silveira's interpretation is different, “because she does not perceive the human being based on parts and does not see the mentally ill person, under any circumstances, as a bundle of symptoms. The human being, according to Nise da Silveira, must be understood in its totality and analyzed in all its complexity”.

Art, subjectivity, and occupational therapies: cultural methodologies in the treatment of schizophrenia and other mental disorders

The relationship between art and psychiatry dates back to the 19th century, but it was not until the 20th century that this combination was recognized as artistic expression, rather than simply as a manifestation of a mental disorder. In 1882, Cesare Lombroso (1835 – 1909) wrote the book "*Genio e Follia*", analyzing the connection between artistic creation and mental illness. In Germany, through Kraepelin's work at the Heidelberg Hospital, an important collection of works created by psychiatric patients was established. One of the most in-depth analyses of the subject was produced by Hans Prinzhorn in 1922, based on the Heidelberg Hospital collection. According to Nise da Silveira,

> Prinzhorn's main contribution in appreciating the plastic expression in the works of the ten authors presented in Bildnerei der Geisteskranken, which he described as monumental, was to have demonstrated "that a creative drive, a need for instinctive expression, survives the disintegration of the personality". (Melo 2009: 40, translated by the authors).

Nise da Silveira explored the creative drive of psychiatric patients in her occupational therapy atelier at the Pedro II Psychiatric Center. This spontaneity and expressiveness were also characteristic of the artistic and intellectual movements of the time: Modernism in the arts and the New School in education (Melo 2009). The drawings made by these patients had a spontaneous and peculiar content, yet aligned with some of the aesthetic and educational traits of the era. These individuals were able to produce authentic artwork and express their subjectivity without disconnecting from their social environment (Melo 2009). In this way, Nise da Silveira demonstrated that people with mental disorders were able to maintain a sense of self and engage with their social environment, even if their condition placed them in a state of a "disjointed self" (Silveira 1981, 1992).

For a foreign audience, it may be helpful to briefly explain the Modernist movement and the New School. Modernism in Brazil, particularly in the arts, aimed to break away from the elitist and colonial academicism of European and world art, introducing unique and transgressive elements that contrasted with the established models of painting of Western fine art academies. Hence, peripheral and less conventional references (such as the paintings of psychiatric patients) were recognized as authentic and original expressions of art. There was also an appreciation of Brazilian references in the artistic sphere, whether through characters, shapes, or colors (Melo 2009).

The New School was a movement in the educational field that rethought teaching in general, breaking with the traditional and hierarchical way of transmitting knowledge. This approach placed the learner at the center of the pedagogical process, not as a recipient of knowledge, but as an active, unique, and creative participant in the educational process. The teacher does not preach wisdom, but rather takes the student on a collaborative and dynamic learning path, a stark contrast to traditional teaching methods.

Artistic modernism and the New School opened up a space for works of art outside the intellectualist norms of the time, especially those from Europe. The paintings made by psychiatric patients thus found space and appreciation in artistic and clinical circles during this period of aesthetic and educational transformation. The spontaneity of artistic expression was valued and, for this reason, paintings by psychiatric patients found their place in that context. Even though Nise da Silveira's art therapy was a novel psychiatric method at the time, it was connected with the national and worldwide pursuit of new approaches to address the relationship between culture and mental distress.

The emphasis on spontaneity in artistic expression in the field of psychiatry was a key element in the work carried out by Osório Cesar at the Juquery Psychiatric Hospital in São Paulo. Osório was an important author for Nise da Silveira, and his writings were important for the theoretical foundation of Silveira’s works. Many of Osório's publications were found in Nise's collection, particularly those about creative expressions and psychoanalytical works, both of which were fundamental to their shared thinking.

Through his engagement with psychoanalysis, Osório valued the uniqueness of the artistic productions by psychiatric patients, publishing his book entitled “Primitive Art Among Asylum Patients” in 1925. He opposed the development of artistic models for patients to follow. On the contrary, he believed the role of art in psychiatric centers should be to cultivate the uniqueness and expressiveness of each individual. Only in this way could art take on a liberating function and help manage psychic suffering (Melo 2009). A preliminary version of this work was sent to Freud, thus strengthening the link with psychoanalysis.

Nise da Silveira corresponded with Osório Cesar and they shared a theoretical alignment regarding politico-clinical aspects. They both sought to expand the limits of madness, viewing those outside the norm as individuals who, in some way, questioned capitalist society and the authoritarian regimes of their time, such as the Vargas dictatorship (1937 – 1945). They defended an epistemology of freedom, asserting that psychotics, contrary to psychiatric beliefs of the time, were individuals capable of self-expression, creativity and social engagement, though not necessarily in line with the capitalist way of being. They are individuals who do not see productivity as the ultimate value in life and who pursue alternative paths in society.

The fact is that "madness" subverted the social order and unsettled not only families but also the politics of bodily and behavioral regulation. Nise and Osório were united in valuing freedom of expression, including artistic expression, and in recognizing the ability of psychiatric patients to rehabilitate themselves through creative, active, and free practices in spaces outside of hospitals and beyond compulsory confinement. Nise da Silveira was arrested and persecuted during the Vargas dictatorship for her involvement with Marxist ideas and for her membership in the Communist Party[5]. During her imprisonment, she began to seriously question the effects of confinement on mental health, asking whether it was truly the best treatment for a patient with a mental disorder.

Osório Cesar, on the other hand, in addition to engaging with the same circles as Nise, visited Russia in the 1930s and served as a translator and interpreter of Pavlov's work for the Brazilian audience. His alignment with the USSR was even more intense. However, what he did was to appropriate and reread Pavlov's work, adapting it to the Latin American public without the biological excesses of Pavlovianism. It is hard to reconcile Osorio's contradiction in being both a promoter of artistic therapies and a critical reader of Pavlov at the same time. However, this was a common inconsistency for psychiatrists in that context, as they were torn between the methods of psychosurgery and alternative artistic and cultural therapies.

Psychoanalysis was introduced into Nise's thinking via Marxist ideas, especially through her dialogue with Brazilian neurologist Antônio Austregésilo (1876 – 1960). Nise graduated at a time when hygienism was a significant topic in medicine, yet followed a different path by combining psychoanalysis, art, and Marxism (Melo 2009: 2001). Psychoa-

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[5] "Prisoners of 1935 recount their memories". Jornal do Brasil, 24 July 1988, page 8. In: Nise da Silveira Archive / Images of the Unconscious Museum Collection. Original in Portuguese, translated by the authors.

nalysis was and still is widely criticized for placing all responsibility on the individual, especially through Oedipal mythology (Pires 2024). Contact with Marxist theories introduced into Nise da Silveira's work the importance of social factors in the development and management of mental disorders. She shifted the responsibility for their illness and even for their treatment away from the individual (Silveira 1966).

Art therapy: the patient as a creative subject

Nise da Silveira took over the coordination of the Occupational Therapy Section at the Pedro II Psychiatric Center in Rio de Janeiro in 1946. From then on, she was able to translate most of her theoretical perspectives into the clinical sphere. Nise's clinical practice was based not only on contact with Jungian psychoanalysis and art therapy (Frayze-Pereira 2003, Magaldi 2020), but also by a liberating approach towards psychotic subjects, recognizing their capacity to act creatively within the social environment, albeit not always in ways that aligned with capitalist expectations. It was a politically engaged clinic based on transforming society, and it was certainly inspired by Marxist ideas that were prevalent in Brazilian intellectual circles at the time.

In 1969, Nise da Silveira consolidated her Carl G. Jung Study Group, which had been operating informally since 1954. The meetings were open to professionals and non-specialists, not necessarily from the health field. (Magaldi 2020). It was a forum for, but not restricted to, the exchange and dissemination of Jung's knowledge. Nise re-interpreted Jung based on the Brazilian context and the socio-cultural problems the country faced, especially in the psychiatric environment. The group included a diverse mix of individuals from psychology, the arts, and other fields of knowledge. From 1965 onward, the group produced a journal called “Quaternio”, the last edition of which was published in 2001, after Nine’s death.

Nise da Silveira was invited by Jung to take part in the activities of his institute in 1957 in Zurich. Jung was interested in the artistic work produced by schizophrenic patients treated by Nise at the Occupational Therapy Atelier in Rio de Janeiro. The meeting was intended to encourage Silveira to attend classes, seminars and work directly with Jung's collaborators in order to prepare an exhibition of “psychopathological art” that would be shown at the International Congress of Psychiatry in Zurich that year.

Silveira was a pioneer in introducing Jung's thought to the Brazilian public in an accessible way, though she did not simply replicate analytical therapy. Although she never trained and joined Jung's group as a psychoanalyst, she maintained a relationship of exchange with them - a collaboration Jung himself desired, as expressed in the letter in which he invited the Brazilian psychiatrist: “I will be happy if, through the visit of Dr. Nise da Silveira, the contact between the psychiatrists of Brazil and Switzerland deepens. It will not be without importance for the future of both psychology and psychiatry. Signature and stamp: Prof. C. G. Jung”[6].

Image 2: *Painting by patient A.G., 1971. Source: Collection of the Museum of Images of the Unconscious (photo taken by the authors)*

The recognition of art as a form of non-verbal communication – beyond the expression and revelation of subjectivities - and its use as a therapeutic resource emerged timidly at the end of the 19th century. Psychiatrist Nise da Silveira, distancing herself from the conventional methods of the time, which she viewed as aggressive and ineffective, adopted the method based on art and expressive activities as a therapeutic resource (Magaldi, 2020).

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[6] Letter of invitation from Carl Jung to Nise da Silveira (original in French), October 3, 1956. In: Nise da Silveira Archive / Museum of Images of the Unconscious. Original in Portuguese, translated by the authors.

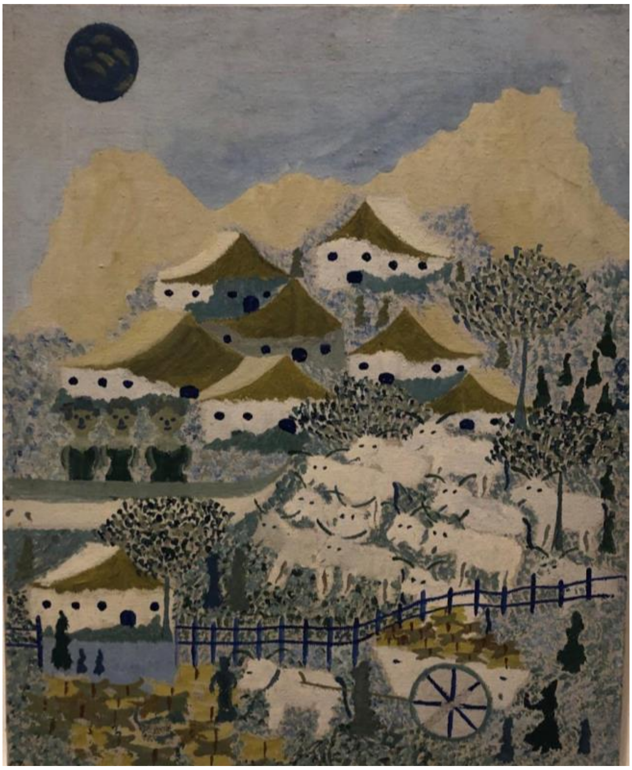

Image 3: *Painting by patient C.P., 1953.*
Source: Collection of the Museum of Images of the Unconscious
(photo taken by the authors)

Returning to the beginning of Nise's career in the Occupational Therapy Section, it is worth noting that even before the psychiatrist's arrival, some occupational activities were already taking place there, but they only focused on manual labor and cleaning services. Silveira was a pioneer in the use of art and the creation of an atelier for expressive activities, partnering with the artist Almir Mavignier, then an administrative employee at the hospital, to offer some manual activities such as painting, sculpture, and modeling. Both aimed to provide spontaneous art as an alternative to treatment, recognizing in that setting the importance of affection and interaction among the patients (Magaldi, 2018: 75). This spontaneous nature of the art produced by schizophrenic patients was described in a letter to Jung, in 1954, when Nise sent him some photographs of the work done by her patients:

> Rio de Janeiro, November 12, 1954.
> Professor C. G. Jung,
> Master,
>
> In the psychiatric center in Rio de Janeiro, there is, alongside other areas of activity in the therapeutic occupation service, an atelier where the patients draw and paint in complete freedom. No suggestions are given to them, and no models are proposed. And so, primordial images emerge in these paintings, bringing an empirical and convincing demonstration of analytical psychology.
>
> With my most respectful homage, I am sending you some photographs of paintings that look like mandalas to me. They were painted by schizophrenics, spontaneously. Any possibility of cultural influence is ruled out.
>
> I can't tell you, master, how much the study of your books has shed light on my work as a psychiatrist and how much they help me personally.
>
> Please, believe me, your most humble disciple – Nise da Silveira.
> Marquês de Abrantes, 151, ap. 403
> Rio de Janeiro – Brazil – or nearby[7]

Nise's decision to oppose physical interventions and treatments of that period, such as lobotomies, electroshock, and insulin therapy, stemmed also from her critique of the assistential care model of the time. Art, also used as a tool for non-verbal communication, helped the psychiatrist to understand that subjectivity was not valued or recognized within the assistential model. As a result, the use of images became a means of accessing what Silveira called the "inner world" of her patients, bringing the notion of the unconscious to the forefront. In her work *Images of the Unconscious* (1981), a book that expresses and condenses Nise's thoughts, the author states that:

> Psychoanalysis tries to discover disguised repressed material in painted images. In order to bring them to consciousness, in analytical therapy the image will only serve as a starting point for verbal associations until the repressed unconscious contents are reached. ... It will therefore be necessary for the images to be translated into words. (Silveira 1981: 133-134, translated by the authors).

Nevertheless, according to Silveira (1981), it would be possible to observe directly and without the mediation of words the expression of the unconscious through images.

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[7] Letter from Nise da Silveira to Jung, November 12, 1954. In: Nise da Silveira Archive / Museum of Images of the Unconscious. Original in Portuguese, translated by the authors.

Jung – the founder of analytical psychology – was one of the sources of great inspiration for the psychiatrist from Alagoas (Silveira 2023/1968). Carl Jung's main theory, known as the *archetypes* and the *collective unconscious*, proposed the existence of a layer even deeper than the so-called personal unconscious. In the collective unconscious are deposited matrices of images, the archetypes, which have been delineated throughout human evolution. Through her engagement with Jung's ideas and other influences, Nise was able to argue that the creation of images not only served as a way to access the unconscious, but also acted as a catalyst for therapeutic effectiveness (Magaldi, 2018).

Silveira also argued that descriptive psychopathology - which involves the precise description and categorization of abnormal experiences, observable symptoms and behavioral phenomena – was insufficient to convey the full extent of these experiences. As a result, Nise did not limit herself to the prevalent diagnostic systems of her time. She considered "madness" as more than just symptoms, and directly opposed the psychiatric therapies and diagnostic systems of her era.

Silveira avoided using the terms "illness" or "schizophrenia", preferring the idea of a "state of being", attributing this re-reading of "madness" and its modes of expression to Antonin Artaud. Artaud was a French writer and playwright, known for his famous *Cahiers*, in which he recorded his experiences in Parisian psychiatric hospitals, where he spent the last years of his life. Thus, "such symptoms do not constitute a disease, a defined pathological entity, but manifest themselves as multiple states of dismemberment and transformation of being" (Silveira 1989: 9; Magaldi 2018: 78).

Nise's thought and desire to understand madness in a unique way, avoiding the division between body and mind, aligns with the postulates of Occupational Therapy (OT) in the study of mental disorders and the unconscious. Understanding the subject in its entirety is a central tenet of the OT profession today, which values a holistic view of human beings.

Nise was one of the main figures to consolidate the humanist model of OT from the 1940s onwards. From this perspective, the primary goal of art and other activities was to allow unconscious images to be expressed. This type of art therapy used the therapeutic space – for Silveira this space was the Occupational Therapy section at the Psychiatric Center in Engenho de Dentro – as a laboratory for studying the images of the unconscious (Almeida 2010).

It is crucial to emphasize the relevance of the Brazilian psychiatrist's work in breaking with the organicist paradigm of the time, recognizing patients’ subjectivity in order to encourage changes based on interaction with the social environment, ultimately reducing the suffering of psychotic patients.

Conclusion

The 20th century was a time when the discussion about the intertwining of culture and mental health became a global and important agenda. However, it was during the second half of the 20th century that this topic was tackled in greater depth and it was then that it achieved its first results in the process of questioning psychiatry's biologizing paradigm. The establishment of asylums and hospitalization with no prospects for social reintegration reflected an overly biological approach characteristic of medicine at that time. In this sense, Nise da Silveira's work with art therapy and other ways of managing disorders of the mind was pioneering in the Brazilian and even global context, given the late development of the anti-asylum movement in the second half of the 20th century.

Silveira faced several barriers in establishing herself as a psychiatrist and therapist at a time when medicine was extremely masculine and followed perspectives she opposed. There is a gender issue, as we discussed at the beginning of the article, but also a clash of narratives: the introduction of the symbolic field into psychiatry and treatment, and the development of a psychopathology that incorporated subjective and social elements. Opposing the traditional methods of the time led to rivalries and resistance within the medical field, although she was welcomed by other professionals and leaders of the health system. It is interesting to note that, although Silveira was mentioned, she did not become a central figure in the narrative of the anti-asylum movement in Brazil. She proposed clinical methods that perhaps sounded absurd at the time, and her anti-asylum agenda predated the Brazilian movement itself, which began in the late 1970s.

This pioneering spirit placed her in an “outsider” position within her context, resulting in delayed recognition. Today, her work certainly represents a significant development in the field of psychiatry and OT in Brazil and she is recognized by health professionals (psychiatrists, occupational therapists, psychologists) as a prominent figure in the history of national and international mental health. This silencing of the past says a lot about the narrowing of psychiatry's focus onto methods of physical intervention, from lobotomy to the psychotropic drugs that now dominate the mental health market.

For Nise, the alternative was to find ways within culture and the symbolism (of images) to manage psychic suffering and severe disorders such as schizophrenia. She was often seen as a "rebellious psychiatrist". This rebelliousness, however, was not simply a personality trait of hers. It was a defiant medical-political stance grounded in a symbolic epistemology of psychopathology which saw the "disturbed subject" as free and creative. The psychotic patient was capable of existing in the social environment in ways that defied the dictates of capitalist and productivist society, and their rehabilitation could not be a total adaptation to "normality". The artistic capacity of individuals diagnosed with "schizophrenia" (which she called a "state of being" so as not to reduce the patient to their disorder) did not come exclusively from their "illness". It reflected their inherent creativity and subjectivity, even if their behavior was "abnormal" (outside the norm) in some respects.

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Mental Asylum as a Social and Political Metaphor in the Cinema from the Two Sides of the Iron Curtain[1]

Abstract: *Applying comparative analysis, the article examines the usage of the mental health institution in two emblematic for American and Bulgarian Cinema films – "One Flew Over the Cuckoo's Nest" and "Adaptation". Despite the fact that the movies were produced in quite different social and cultural contexts, their contents reveal analogous critical messages addressed to society during the 1970s: the system tries to dominate by making some extraordinary individuals obey the common rules.*

Keywords: *American Cinema; Bulgarian Cinema; mental asylum.*

From its emergence, cinema discovers the realm of mysteries connected to mental disorders and not surprisingly the latter turned out an everlasting source of plots and personages whose charm fires the popular imagination up to date. According to Adam Fisher (2016), the earliest on-screen portrayal of a character with mental health issues was identified in the silent film *Trilly and Little Billee* directed by George Du Mourier in 1896. It was not until a decade later, in 1906, that a mental institution was represented the first time in the movie *Dr. Dippy's Sanitarium* (Fisher 2016; Brtivić, Vuković, Zlopaša, Zebić, Damjanović 2012: 78), which marks the emergence of an enormous corpus of films dealing with various aspects of mental health care. Moreover, this impressive body of works fomented discontent among professionals belonging to the field (psychiatrists, psychotherapists and psychologists) because they strongly believe that cinema produces numerous misunderstandings and misconceptions in terms of mental disorders and their treatment. The most significant enquiry raised by scholars from the domain of media concerns the fundamental problem of cinema and TV channels generating solid

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stereotypes about the mental health sector, and asks about the ways in which circulating representations affect public attitudes and 'colonize' the spectators' fantasy. Drawing on accumulated empirical studies, researchers (Diefenbach & West 2007; Thornton & Wahl 1996; Kimmerle & Cress 2013) reveal a clear correlation between negative images and prejudices towards mental illnesses which leads to a process of heavy stigmatization of patients suffering from mental disorders. Further, this stigma easily broadens its territory encompasses therapists and mental health institutions *per se*.

In his frequently quoted article, George Domino explores the huge influence that the globally acclaimed American movie *One Flew Over the Cuckoo's Nest* (1975) exerted on audiences' views (Domino 1983). Exploring the attitude shifts over the course of an experiment in which college students participate as questionnaire respondents, Domino demonstrates the noticeable impact of the film on the spectators' minds and emotional reactions immediately after the screening. Students who have watched the movie express more negative attitudes compared to those who did not present at the projection. Since the 1980s and even earlier cinematic portrayal of the mental health sector has been carefully scrutinized and discussed. However what is crucially important, and I would like to emphasize, is that mental health institutions could be read in a wider political and social context as a metaphor for the specific society of a particular historical epoch. This becomes particularly evident when applying principles of comparative analysis to the study of phenomena situated in seemingly different cultural settings.

In the following exposition, I will examine in detail two emblematic (for their respective national cinemas) fiction films created in the USA and Bulgaria during the 1970s: *One Flew Over the Cuckoo's Nest* (1975)[2] and *Adaptation* (1979)[3].

My choice of these titles stems from the following facts: first, the process of the practical realization of the films was highly complex as these projects provoked subversive messages and allusions which were

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[2] *One Flew Over Cuckoo's Nest* (1975, USA) – director: Miloš Forman, screenplay: Lawrance Hauben, Bo Goldman based on the novel by Ken Kesey, cinematography: Haskell Wexler, Bill Butler, music: Jack Nitzsche, producers: Saul Zaentz, Michael Douglas – Fantasy Films, starring: Jack Nicholson, Louise Fletcher, William Redfield.

[3] *Adaptation/Adaptatsia* (1979, 1981 Bulgaria) – director: Vulo Radev, script: Rayna Tomova and Vulo Radev, cinematography: Hristo Totev, music: Mitko Shterev, producer: Bulgarian National Television, starring: Eli Skorcheva, Antoni Genov, Ivan Grigorov, Nikolay Sotirov.

highly unacceptable for Hollywood studios and for State authorities; this explains the strong resistance they faced. Second, these films could be regarded as unique visual documents of the historical periods in which they were made and the mental asylum was used as a deliberate metaphor for their respective societies – American and Bulgarian – on opposite sides of the Iron Curtain.[4] Through this approach, their authors effectively conveyed fair critiques of the symptomatic issues of their time. Thirdly, the level of popularity reached within their countries was remarkable (*One Flew Over the Cuckoo's Nest* also achieved incredible international visibility) and it was a testimony to the public's ability to engage with the deepest layers of the filmic text. Finally, both works belong to their national cinematic canons today and symbolize important milestones in the professional career of their directors (Miloš Forman and Vulo Radev).

One Flew Over the Cuckoo's Nest: **The Story Behind the Film**

If any film has made an epitome of mental asylum's celluloid depiction, undoubtedly, it is the American classic *One Flew Over the Cuckoo's Nest* (1975), directed by Miloš Forman. The movie catapulted the Czech immigrant to international stardom during the 48th ceremony of the American Academy held on 29th March 1976 when it became the night's big winner after receiving the five most prominent Oscars in the categories Best Film, Best Director, Best Screenplay, Best Actress, and Best Actor.

The story behind this fantastic and unexpected success is truly amazing. In his autobiography *Turnaround: A Memoir,* Miloš Forman in partnership with his co-author Jan Novak craft an exciting narrative of the events surrounding this long-cherished project.

As is well known, in the 1960s, Miloš Forman was part of the so-called 'New Czech Wave' along with other great authors such as Vera Chyitilova, Juri Menzel, Ivan Passer, Jan Nemec. The promising young filmmaker received the Grand Prix at the festival in Locarno for his debut *Black Peter* (1963) in a competition that included Michelangelo Antonioni and Jean-Luc Godard. His second film *The Love of a Blonde* (1965) was nominated for an Oscar in the Best Foreign Film category (Форман, Новак 1995: 188-189, 205).

Irrespective of the quite complex interaction in the sphere of cultural relations between the West and the countries from the Soviet bloc,

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[4] For more detail on the history and development of psychiatry in Bulgaria, see Атанасов, Станчев (2013).

there were some forms of mutual exchange. For example in the 1960s the celebrated superstar of Hollywood – Kirk Douglas made a trip to Czechoslovakia and during his stay in Prague, the American actor met Miloš Forman. Douglas was deeply impressed by the films by the Czech director and shared with him that he was working on a new project based on a novel. At the end of their conversation, the American actor promised to send the book by mail so that he could familiarise himself with its content. The novel was *One Flew Over the Cuckoo's Nest* by Ken Kesey and for the next ten years Kirk Douglas did his best to find a studio willing to produce a film adaptation. Hollywood tycoons rejected his idea citing their reluctance to invest financial resources in a project centred around a mental health institution (Форман, Новак 1995: 275-276). The real reason, however, may have been the general attitude of the mental health professionals who viewed Ken Kesey's literary work as extremely denigrating and malicious.

Fig. 1. Jack Nicholson, Louise Fletcher, Michael Douglas and Saul Zaentz at the night of the Oscars[5]

Having waited a couple of months, Miloš Forman was profoundly disappointed because he never received the book. A decade later when he immigrated to the USA, two producers – Michael Douglas and Saul Zaentz came across him and offered the same project. Forman was thrilled and immediately accepted their proposal. However, at a party at

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[5] *Sources:* Getty Images.

the Douglas family house, the Czech director encountered Kirk Douglas again. The American legend reacted fiercely accusing Forman of being ungrateful because he didn't bother to respond after receiving the book. At that moment the Eastern European immigrant realised what had really happened: the parcel had been confiscated by the Secret Service. Despite this, Forman's fate was already decided: he seized the opportunity to make the film, thanks to the new producers (Форман, Новак 1995: 273-276).

The realization of the project was an enormous challenge. A serious obstacle arose when the psychiatric hospitals throughout the country refused, one after another, to provide locations for the movie, in other words, they were reluctant to cooperate with the team. The only hospital head who agreed to participate was Dr. Dean Brooke (head of the State Mental Hospital in Eugene, Oregon). However, he imposed a crucial condition: his patients had to be included in the film as he was absolutely convinced that it would improve their self-confidence and social skills. The patients indeed participated in the movie, and what is more, Dr. Brooke himself played the role of the hospital director – which could be interpreted as a cameo role, even though his character was named Dr. John Spivay (Форман, Новак 1995: 279-290).

The film tells the story of Randle Patrick McMurphy, performed brilliantly by Jack Nicholson, a petty crook who simulates a mental disease so as to avoid prison for minor crimes. He succeeds in his plan and is interned in a psychiatric institution. However, his rebellious personality soon drives him to deliberately violate the hospital's order and routine. McMurphy disputes the established rules and even openly encourages his fellow patients to reject them, leading to a face-to-face dramatic confrontation with the omnipresent tyrant Nurse Ratched, who is obsessed by the compulsive conception about the strict regulation.

The character experiences various forms of abusive treatment. Initially, he attempts to avoid taking the prescribed pills but his provocative acts and increasing resistance pose a serious threat to the order within the mental institution. As a consequence, McMurphy is subjected to electroshock therapy and lobotomized, destroying his will and any ability to think rationally.

It is worth noting that some scholars, such as Beatriz Vera Poseck, highlight the specific portrayal of the hospital:

The asylum scenario portrays a labyrinth of corridors and rooms, full of barriers, doors, locks and ties that starkly reflect feelings of repression, control and fear. In this film, the mental institution is converted into a repressive agent utilized by a society bent on breaking the creativity of free spirits. The film perpetuates the myth that asylums are places where one can enter but never leave and in which the aim is not to cure but to subjugate and alienate the inmates. The role of the demon psychiatrist mentioned above is in this case especially explicit. (Poseck 2007: 67).

Fig. 2. ***One Flew Over the Cuckoo's Nest*, 1975**[6]

While Poseck overtly criticizes the film, disagreeing with its pattern of depiction of both patients and mental health professionals and their practices, what she overlooks is that the novel and later the film extend beyond the confines of issues to do with the field of mental disorders. Ken Kesey's world famous book, written in 1962, certainly reflects the political and social context of its time, when the Vietnam War sparked protests and a burgeoning anti-war movement. During this period, especially after 1964, mental institutions and psychiatry were viewed highly negatively as a repressive mechanism of control used by the establishment (Gabbard & Gabbard 1999). Logically, Miloš Forman preserves this characteristic of the novel constructing a dark representation of

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[6] *Sources:* Great Big Canvas.

1970s American society, with the subversive suggestion that there is no place for extraordinary, freedom-loving individuals.

Adaptation: The Story Behind the Film

On the other side of the world, the prominent Bulgarian filmmaker Vulo Radev created his film *Adaptation* (1979, 1981) marking the first time in Bulgarian Cinema that topics intimately linked to the psychoanalysis and psychotherapy's practices were explored. Although that the film was well received by the public, it turned out to be Radev's last project. Authorities silently disapproved of Adaptation. The film was produced in 1979 and although Vulo Radev was a well-established author, socially visible and of a good standing within the cultural elite, according to various testimonies, the film was suspended for a while[7] (Atanassov 2003; Грозев 2021: 123-124; Владимирова 2023; Панайотов 2016). Interestingly, Radev never mentioned this issue in his memoir *Lost Spaces*, and neither did his wife Zheni Radeva in her memoirs.

The original script, written by Rayna Tomova, captivated Vulo Radev, leading him to make the film. The story brings the spectators into a psychiatric hospital in Sofia, where the young Dr. Vladimir Bankov (played by Antony Genov) organizes the first therapeutic groups to help his patients – predominantly young people struggling to fit into society. One day appears Veronika Kostova – a gifted musician traumatised during her formative years, who would start a fire whenever she would feel unable to cope with her trauma. Veronika reluctantly joins the group and tragically falls in love with Dr. Bankov, who is later accused of unethical behavior by another psychiatrist – Dr. Engiozov – an ambitious and conservative careerist who rejects the new Western methods in mental health care. The film's conclusion is open-ended, leaving the public to speculate about the fate of Dr. Bankov (particularly whether he stays in the hospital or he is dismissed), while Veronika leaves the institution, perhaps to restart her life as a pianist.

Dr. Bankov was inspired by the real-life Dr. Georgi Kamenov (1942 – 2006) who introduced innovative therapeutic practices in Bulgaria, and whose work attracted the attention of the State Security Service. Dr. Kamenov consulted the film team during the process of making it but left for Austria unexpectedly, to later spend some time in Western Germany and finally settle in the USA, where he continued to work as a psychiatrist in New York. Dr. Kamenov's name was removed from the

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[7] Central state archive, f. 1475, inv. 1, a.u. 88, p. 19.

film’s credits, and his work was deliberately and entirely forgotten, as noted by his disciple Zhenyia Georgieva in a recent interview (Владимирова 2023). The film was completed in 1979 and aired on television but was not shown in cinemas until 1981, likely due to the political implications of Dr. Georgi Kamenov's departure, thus putting the film on the hold for a short period.

One of the most devoted students and participants in the Friday meetings organized by Dr. Kamenov was Philip Dimitrov[8] – a former Prime Minister of Bulgaria after 1989 – who remarked: “Adaptation was the breakthrough that legitimized our activity. Until then nobody dared to speak publicly about group therapy. It happened during the late 1970s when we could smell freedom, we didn’t possess it but it was in the air” (Владимирова 2023, Атанасов, Станчев 2013).

Fig. 3. Eli Skorcheva (Veronika) in *Adaptation* (1979, 1981)[9]

Adaptation provoked political tension and Vulo Radev was interrogated by the Commission of Culture under the Central Committee of the

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[8] Philip Dimitrov was a Prime Minister of Bulgaria in the period fromNovember 8, 1991 to December 30, 1992, and is of a right wing political persuasion. Today Philip Dimitrov is a member of the Constitutional Court of Bulgaria.

[9] *Sources:* Impressio – Dir.bg.

Bulgarian Communist Party. He was asked to explain why his film did not adhere to the normative aesthetics of socialist realism (Atanassov 2003, Георгиев, Георгиева 2006, Владимирова 2023). The themes of the topic and Dr. Kamenov's activities sparked significant anxiety among authorities. Interestingly, a similar attitude and attempts at crude intervention in the work of psychiatrists and psychologists were observed in the United States too.

Many right-wing American politicians viewed the introduction of therapeutic groups in American education with suspicion. On April 9 1969, Allan Stayng wrote in *The Review of the News* that these groups were "an attempt at involving students in Nazi and socialist models of upbringing". On January 19, 1970, Senator Ed Dickman Junior stated before Congress that the 'National Association of Education participates in a plot to build a nightmare network of groups, similar to the groups constructed by the political regimes in Vietnam, Russia and China" (Панайотов, 2016).

What was most terrible in the group therapy practice in the eyes of Bulgarian authorities was that it easily slipped out of the control exerted by the bureaucratic machine, and what was even more frightful: this approach encouraged the patients to express themselves spontaneously. The key concept in the so-called *'nondirective therapy',* introduced by Dr. Kamenov and illustrated in *Adaptation,* suggested that a good therapist does not lead the patients but supports them. The psychotherapist working with groups should possess deep empathy to understand his or her patients from their point of view and reject to speak from the position of power.

Unsurprisingly, the professional guild of psychiatrists reacted with anger. In an interview conducted on April 28, 1979, Dr. Taniya Ushurumova spoke about the deep confusion expressed by her colleagues after watching the film and their hard conviction that the film presented psychiatry in a negative light (Стаматова 1979). Her testimony is highly valuable because Dr. Ushurumova confirmed that the method of group therapy is relatively unknown in Bulgaria and only in the Medical Academy in Sofia were there training courses which introduce it. Reflecting on the emotional atmosphere, she admitted to her own negative response after reading the initial version of the script, seeing it as an affront to the group therapy method, which was just beginning to gain traction in the country. This core idea of the film was interpreted by political censors[10] as a subtle critique of the system and an appeal for change. In a society where everybody is expected to follow strict regulations, any expression of individuality and spontaneity could be deemed a deviation (Панайотов, 2016, Грозев 2021).

The Point of Intersection

There is evidence in Vulo Radev's book *Lost Spaces* that he had seen *One Flew Over the Cuckoo's Nest* at the festival in Belgrade in February 1976 while he was working on Adaptation (Radev 2001: 270). I have not come across any explicit statement that Miloš Forman's film had served as a source of inspiration. However at the level of the filmic texts, some inter-textual references to the American or Czechoslovak realities could be identified. For example, when Professor Shtarbanov asks Veronika what troubles her, she unexpectedly answers: '*Ask the war and Vietnam';* another psychiatrist explains that in Czechoslovakia (Forman's homeland), patients with mental disorders recover in their own everyday environments, and the audience is informed that Dr. Bankov has been to Prague. Additional curious details alluding to connections between the two films is that Antony Genov (Dr. Bankov) plays the part of Billy in a theatrical production directed by Krasimir Spasov in 1980, and the character Kostadin (played by Nikolay Sotirov) in *Adaptation* bears a striking resemblance to Billy. Two boys have a similar profile and personal stories: they are both self-conscious and extremely sensitive young men raised by their single mothers, and struggle with communication. Both made suicide attempts: Billy dies but Kostadin is saved by Dr. Bankov and Veronika and their tragic gestures were motivated by the humiliation they had experienced in the hospital, a microcosm of broader society.

At first glance, there is nothing in common between *One Flew Over the Cuckoo's Nest* and *Adaptation*: the protagonists are dramatically opposite – on side, an introverted female pianist coming from a good family, and on the other – an extroverted male drifter with a dark past. However, both characters instigate events that reveal not only hypothetical conditions of mental health institutions during specific historical pe-

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[10] I do not mean here film critics, their reviews discussing Adaptation were favourable and they noted the artistic merit of the film. The problem is that in many cases the conversations between artists and the representatives of the political regime were not recorded officially and in such cases scholars rely heavily on the testimonies made by the events' witnesses.

riods but also serve as powerful social and political metaphors carrying mirror massages: any social and political system puts pressure and even destroys individuals who refuse to obey the rules.

Fig. 4. Eli Skorcheva (Veronika) and Dr. Bankov (Antony Genov) in *Adaptation* (1979, 1981)[11]

The representation of the group therapy practice is a crucial mechanism at the level of the narrative structures in both movies: in *One Flew Over the Cuckoo's Nest,* the patients are led by the notorious Nurse Ratched – pure embodiment of the perfect system – who demonstrates her power and supremacy at every opportunity. The obvious lack of human compassion deprives the therapeutic method of its essence – to support the patients in their suffering. As already mentioned, the film reflects the turbulent context of the Vietnam War and the prevailing sentiment in American society at that time. In contrast, *Adaptation* features a group of young girls and boys who trust Dr. Bankov and believe in his innovative

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[11] *Sources:* Impressio – Dir.bg.

therapeutic approach. He does not dominate the group and a different member of the group is chosen to lead each session. Another important difference lies in the status of the patients: in *One Flew Over the Cuckoo's Nest,* all patients are institutionalized, confined to the hospital, whereas in *Adaptation* some of them are institutionalized but others come for the sessions voluntarily and while maintaining their lives outside (Панайотов 2016). The threat in this case comes from the psychiatrists who disapprove of the new methods, preferring to preserve the status quo and its inherent power hierarchy.

The conflicts in the films are symmetrical: main characters Veronika/McMurphy clash with the informal or formal leaders – Nurse Ratched and Dr. Bankov and the conflict ends with a literal or metaphorical departure (Veronika leaves the hospital but McMurphy finds his death there). The dynamics of the confrontations reveal important facets of society (American/Bulgarian) and the mechanisms used to maintain their existing systems.

In summary, I would like to conclude that these two the context of their epoch and about the societies they depict when they are explored comparatively films reveal much more about. Such a method allows us to note the dynamic process of mutual exchange between the West and the Soviet bloc and demonstrates that the political landscape was far from black-and-white, on the contrary, these opposing regimes sometimes produced remarkably similar messages in the realm of cinema.

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From War Wounds to Welfare: Caring for Albania's Elderly in the Transition to Socialism (1945 – 1948)[1]

Abstract: *This article explores Albania's socialist regime's efforts in addressing post-war societal challenges, particularly housing impoverished elderly individuals in Shkodër's nursing home. It highlights disparities in the treatment of the elderly compared to children, focusing on their sacrifices and the neglect of their emotional and cultural needs. Healthcare provisions and cultural neglect within institutions like the nursing home are emphasized, underscoring the regime's differential treatment of age groups. The article reflects on the regime's privileging of specific categories, the scarcity of medical professionals, and the emotional and cultural void experienced by the elderly, drawing comparisons to practices during the monarchical regime in Albania.*

Keywords: *Socialist Regime; Elderly Care; Healthcare Disparities; Cultural Neglect; Age-Based Differential Treatment.*

Introduction

Usually, when studying the socialist period, especially the initial years of the new regime's establishment in Albania and other countries within the Socialist Bloc, significant attention is placed on the repressive aspects of the new regime. Consequently, rightful emphasis is given to extrajudicial executions of political opponents, nationalization of wealth, efforts towards solidifying the regime's power, and establishing a legal order of the so-called "dictatorship of the proletariat".

However, especially concerning the Albanian regime, there is somewhat less focus on the fact that immediately following the Second World War, the country was severely devastated by the conflict, having suffered damaged infrastructure and numerous casualties which left many children orphaned and many elderly people alone. Moreover, pre-

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war Albania was a semi-feudal country with an agrarian economic structure which lacked industrial development. The war, coupled with the preceding circumstances, resulted in considerable economic and social hardships, pushing the nation to the brink of famine. Therefore, the new government's immediate priorities involved combating hunger and addressing these social wounds caused by the war. Simultaneously, the holistic approach of the regime aimed to gradually integrate all state, public, and private institutions, including those in social care, under its umbrella.

This article aims to analyze the efforts of Albanian institutions, especially the Red Cross, to accommodate impoverished and lonely individuals in social care institutions during the post-war years, 1945 – 1948, with a particular focus on solitary elders. These initial post-war years represent a break from the old regime. Additionally, it's a transitional period for institutions and their organization, shifting from the inherited Italian model to the newly Yugoslav/Soviet model. Economically, these years were particularly challenging for the country due to the devastation of the war, which severely limited the state's capabilities to mitigate the social wounds arising from the war.

In 1945, the new regime inherited only one nursing home in Shkodër – the most important city of northern Albania– established during the fascist occupation, with a capacity for up to 120 individuals, despite significantly higher demand. Therefore, this article will also analyze how state authorities sought to fulfill the demands of individuals seeking shelter in this institution. This article will further endeavor to analyze their treatment in this institution, both in terms of material aspects like food and clothing, as well as healthcare and social care, and the cultural activities or lack thereof that affected these seniors. Thus, apart from the admission process in the nursing home, the paper will also try to analyze, the living conditions and treatment of the elders who lived in this institution. While the primary focus of the article is on the elders housed in the nursing home in Shkodër, occasional comparisons will be made between their admission and treatment in that institution and the admission and treatment of orphaned children in residential care for children. Since nursing home and orphanages fall under the same institutions – the Red Cross before 1948, and thereafter, the Directorate of Social Care – in most of the documents produced by these institutions or other state bodies like the Council of Ministers or Executive Committees, these issues are often raised together, sometimes compared, even though the solutions provided were usually different. On the other hand, as will be seen below, while the socialist regime placed great emphasis on political and cultural education for children and young people, for the elderly this was almost nonexistent.

This paper will mainly rely on archival documents; therefore, the primary method will be analytical, critically examining and scrutinizing archival sources. Additionally, other sources like newspaper articles, and writings about important figures of the time will be utilized.

To provide a more complete picture of post-World War II Albania and to analyze the treatment of the elderly in Shkoder's nursing home as part of the general policies of the socialist regime in Albania, the first part of the article will present an overview of the political, economic, and social challenges in the country during that period. Therefore, apart from the aforementioned sources, the article will also draw from the secondary literature on these themes and similar topics.

Albania after World War II: Legal order, political situation, and economic challenges

Albania was liberated from German occupiers in November 1944, and power was assumed by the partisans led by the Albanian Communist Party. In December of 1945, general elections were held for the Constituent Assembly, which would determine the form of governance in the country. Until then, Albania had been a monarchy, which did not align with the regime desired by the communists. Only one political organization, the Democratic Front, participated in these elections, effectively a facade for the Communist Party, controlling it from within, although within the Front, there were individuals with anti-fascist activity and of varying non-communist political convictions. Post-election, these individuals, although elected as representatives through popular vote, were eliminated in three major judicial trials from 1946 to 1948, based on accusations of attempting to overturn the "people's power."

In January 1946, the Constituent Assembly declared Albania a "people's republic," and in March 1946, the status/constitution of the republic became the legal basis for the socialist regime established in Albania. However, even before the Constitution was adopted, between November 1944 and March 1946, the new regime institutions undertook a series of significant measures in political, economic, military, social, artistic, and cultural domains, grounded in the "rights of the victors of the war." It can be asserted that during this period (1944 – 1946), the new regime extended its power over all central and local organs and institutions in the country, including social care institutions such as the Red Cross, children's homes (orphanages), or the nursing home in Shkodër.

The Constitution and subsequent legislative acts were legal endorsements of actions already undertaken. (Krasniqi 2021: 3-4)

While endeavoring, quite successfully, to gain control over all structures entities and institutions in the country, the new regime faced a notably challenging situation: an economic crisis that risked transforming into a famine crisis and could potentially evoke significant societal discontent. In the 1940s, Albania's economy was in a severely distressed state. Primarily, this was linked to the longstanding economic backwardness from Albania's independence (1912) until the late 1930s, characterized by an agrarian, semi-feudal economic structure which was devoid of any significant industry and had limited trade. However, it was further exacerbated by the Second World War, which, apart from its human toll, inflicted substantial material damage on the country. This was reflected in difficulties in supplying basic goods to the population, such as bread, grains, essential clothing, salt, oil, soap, and other necessities. (Gjeçovi 2006: 95-96)

In this emergent post-war situation, the country urgently needed to rely on aid and credits from other countries of the Socialist Bloc, particularly the Yugoslavia and Soviet Union, as relations with other allied powers - the United States and Great Britain - were cooling. However, in the years 1945-1947, the immediate post-war period during which even the Soviet Union itself emerged with entirely devastated infrastructure and a troubled economic state, Albania's economic survival relied on the assistance provided by the United Nations Relief and Rehabilitation Administration (UNRRA). The survival of the Albanian population and a certain revival of the economy during this time were entirely contingent upon the free aid that UNRRA supplied to the country, primarily in wheat, flour, other agricultural products, as well as new machinery and raw materials. Overall, the assistance provided by UNRRA to Albania during this period is estimated at around thirty-two million US dollars, which saved the country from famine. (Kaba 2000: 139, 150, 157)

Despite the aid provided by UNRRA during the initial two years after liberation, the Albanian leadership, initially under Yugoslav influence until 1948, and later under Soviet influence, worsened relations not only with the UNRRA mission in the country but also with the governments of the United States and the United Kingdom, the main providers of UNRRA's donations, although the blame for the worsening of relations cannot be solely attributed to the Albanian government. By 1947, the UNRRA mission had withdrawn from Albania, and its assistance had ceased. In this situation, representatives of the Albanian government, including Prime Minister Enver Hoxha himself, appealed for assistance primarily to the Soviet Union, as well as other countries within the Socialist Bloc, notably Yugoslavia until 1948.

These requests had been initiated as early as 1945 when Hoxha wrote to the Soviet Foreign Minister Vyacheslav Molotov, stating that without credit and grain assistance from the Soviet Union, Albania was at risk of famine. These and subsequent requests made by the Albanian government were generally approved by the Soviet Union. Throughout the period from 1945 to 1961, Albania received both credit and to some extent aid from the Soviets and other countries within the bloc which, however, bore interest following the breakdown of relations. (Boriçi 2022: 152, 154, 161)

Much has been discussed and written since 1991, as well as prior, both by Western political analysts and Albania's international allies such as the Soviet Union and China, and even by dissenting voices within the Albanian political leadership, regarding the misguided orientation of the Albanian economy during the socialist period (1945 – 1991). These critiques, largely warranted, primarily highlight substantial investments in heavy and mineral industries, oil extraction, and metallurgy, investments made at the expense of the population's welfare, reflected in the lack of improvement in Albanians' standard of living. It is beyond the scope of this article's intent to assess the economic policy of the Albanian state during socialism. However, what becomes evident from the requests for credit and economic assistance from socialist countries and from investment in various economic sectors is that while the absolute priority of the Albanian political leadership was heavy industry and minerals, they never entirely diverted attention from meeting the basic needs of the population. This is apparent in the initial requests made by Enver Hoxha to the Soviets and Yugoslavs, as well as from UNRRA in its early stages, where alongside machinery and raw materials for industry, urgent requests were made for wheat and other food products. (Boriçi 2022: 154-55, 163, 167)

These loans and investments made it possible for Albania not to suffer massive famine, despite the very low standard of living in the country, the rationing system of bread, food, and other consumer goods was officially lifted only in 1957. However, scarcity remained a characteristic of the entire 45-year period of the socialist system. Nonetheless, Albania did not face mass famine that could have resulted in deaths from starvation, unlike the Soviet Union (1930 – 1933) or China (1959 – 1961). This is linked to an important aspect of the Albanian Stalinist regime – its social character. Apart from the violence of the repressive state apparatus with its despotic-bureaucratic nature, the modernizing role and the social character of the state are two significant aspects of this regime. (Meksi 2015: 243-245)

As a result, despite the state's economic difficulties, its social objectives were extensive, aiming to provide citizens with services from birth to death. Undoubtedly, both the quantity and quality of these services, as well as the goods the state could provide, were rather limited, but they represented basic support that all citizens were officially entitled to enjoy. As part of this social care that the state extended to its citizens, it established numerous social care institutions such as nurseries, kindergartens, canteens, holiday camps, nursing homes, and asylums, attempting to address a wide range of societal needs. Expenditures for these institutions, along with other instruments like pensions, scholarships, social assistance, constituted a significant portion of the state budget, in addition to the expenses incurred from loans acquired from other countries within the bloc. This comprehensive yet basic level of social care was one of the primary methods used to legitimize the regime in the eyes of the people, emphasizing the paternalistic position of the state – and its leaders, particularly the top leadership – toward the people. (Meksi 2015: 244-245)

Social wounds in post-WWII Albania and the struggle for their relief

In the early post-World War II years, due to the economic difficulties previously mentioned, the Albanian state faced challenges in fulfilling the role of social welfare support for all vulnerable groups. Nevertheless, partly due to the need to increase legitimacy among the broader population and to preempt any potential popular unrest due to extreme poverty verging on famine, some measures needed to be taken. Efforts were made through the Red Cross, an organization that had previously been the primary body attempting to alleviate the wounds of poverty and war in the country both before and during the conflict (Kryqi i Kuq Shqiptar n.d.).

Qamil Çela (1896 – 1988), a left-leaning former political emigrant, was appointed as the head of the Red Cross after the war (1945 – 1951). During his tenure, the organization primarily aimed to fulfill the need for food and clothing for the war-affected population. Due to the economic hardships in the country, urgent campaigns were conducted both domestically and among economic emigrants in France and the United States to raise funds and material aid for the organization and its affiliates (Kryqi i Kuq Shqiptar n.d.).

A longstanding figure in Albanian political life, Çela had been involved in public affairs since the last years of Ottoman rule in Albanian territories, and maintained left-leaning political activity both within and outside the country during the 1920s – 1940s. As evidenced by testimonies, he appears to have been a humanitarian figure. During his political emigration to Italy and France (during the monarchical regime in Albania), he had endeavored to aid Albanians confined to emigrant camps there. During his leadership of the Albanian Red Cross, Çela drew on his connections abroad to attempt to alleviate the severe social wounds inflicted by the war. (Dylgjeri 2014)

His later life was challenging as he faced conflicts with the Albanian leadership, notably with Enver Hoxha personally, in the context of the harsh "class struggle" policy employed by the Albanian Stalinist regime. As a result, he was demoted and lived in partial isolation. He himself opposed this policy, even during his tenure leading the Red Cross, calling for the recruitment to the organization of individuals considered to come from the "overthrown classes", but who possessed the necessary education or extensive experience in healthcare or social care. (Dylgjeri 2014).

The International Red Cross, along with religious communities in Albania, initiated campaigns to aid the destitute and war-affected people. In the Jeta Kristiane (The Christian Life) newspaper, the official organ of the Orthodox Church of Albania, both the editorial board and Archbishop Kristofor Kisi issued calls through sermons and articles urging people to contribute as much as possible to help those left homeless and without an income due to the war, especially orphaned children and elderly individuals living in isolation (Archbishop Kristofor 1944: 9-11). During this period, the Red Cross also made efforts towards healthcare campaigns, vaccination initiatives, treatment of infectious diseases, and the establishment of emergency aid courses, as well as addressing the shortage of medical staff and nurses in the country (Kryqi i Kuq Shqiptar n.d.).

In addition to poverty and the extensively damaged infrastructure caused by World War II, Albania was faced with a large orphaned population as children lost parents during the conflict, and many of the elderly lacked relatives and any means of livelihood. Hence, it became the responsibility of the Albanian Red Cross to care for these two social categories severely impacted by the war. This because the nursing home and orphanages in the country were administered by the Red Cross, which was also the main organization for providing humanitarian aid to population. (Brisku 2023: 75)

Despite the significant need for shelter in these institutions such as the nursing home for the elderly and the orphanage, the capacities of the Red Cross were severely limited. Both the elderly home and the orphanages had a limited number of available spaces. Consequently, in a letter to the Prime Minister's office in July 1946, the president of the Red Cross, Qamil Çela, warned that there were frequent requests coming to his institution to admit orphaned children into the orphanage and lonely elderly individuals into the Nursing Home in Shkodër, but due to the lack of available spaces they could no longer accommodate new individuals. Despite this, the letter from the Red Cross also appealed to the Prime Minister's office to issue a circular to all prefectures, instructing them to keep these requests along with the relevant documentation archived. In the event of vacancies, the Red Cross leadership would then send each prefecture the corresponding number of spaces available for the elderly and children to be admitted to the Nursing Homes and orphanages (CSA, F. 578, Fl. 8, p.1, 1946).[2]

The Prime Minister's office forwarded the Red Cross request to the Executive Committees of the districts. Additionally, the Prime Minister's office they emphasized that children of the National Liberation Anti-Fascist War martyrs[3] were to be given special priority for accommodation in children's homes. Widowed parents (especially mothers) whose spouses were martyred in the Anti-Fascist War were also to be given priority for admission to the Nursing Home in Shkodër (CSA, F. 490, Fl. 416, p.2, 1946).

In October 1946, the Red Cross Executive Board sent another request to the Prime Minister's office, accompanied by a circular specifying the required documents for candidates seeking shelter in the nursing home. The documents included a written application by the candidate, a family certificate issued by the Civil Status Office, a poverty certificate issued by the National Liberation Anti-Fascist District Council and en-

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[2] CSA-Central State Archive [of Albania], F-Fonds, Fl-File.

[3] In the original document, the word "dëshmor" (from Alb.: martyr) is used, which, if we refer to the Albanian Language Dictionary, denotes "one who sacrifices their life for the freedom and social justice, for the good of the people and the homeland." This term has been in use in Albanian public discourse since the period of the National Renaissance (1850s – 1912) in connection with individuals who were murdered in efforts for the freedom and independence of the country from the Ottoman Empire, or for the free use of the Albanian language.

dorsed by the Executive Committee of the Sub-Prefecture, as well as a medical-legal report stating that the candidate did not suffer from infectious diseases or severe psycho-physical impairments. Elderly men had to be over 60 years old, while women had to be over 50 years old (CSA, F. 578, Fl. 8, p. 3, 1946).

Again, in response the Prime Minister’s office forwarded the Red Cross request to the Executive Committees of the districts, reiterating that priority should be given to the widowed parents of martyrs and victims of the War (regarding children for orphanages). This time they added the parents (and children) of those engaged in military service. During that period, most former partisans were still mobilized due to the threats the country faced, especially from the Greek Civil War, and were inevitably experiencing economic difficulties (CSA, F. 490, Fl. 416, p. 5, 1946).

What stands out when comparing the communication from the Red Cross with the Prime Minister’s office is that while the Red Cross emphasized social aspects – poverty, loneliness, lack of relatives, inability to work, and other living conditions – as the main criteria for accepting the elderly and orphans into institutions, the Prime Minister’s office consistently assigned priority to the parents and children of National Liberation Antifascist Martyrs, in addition to the economic criteria applied. This might also be explained by the approach of the Red Cross’s chairman, who, as mentioned earlier, was attempting to alleviate the social wounds of the country without assigning much importance to the “political biography” of those in distress – whether they belonged to the “overthrown classes” or to families of anti-fascist partisans. It should be certainly noted that the parents and children of martyrs, victims, or those in military service who were experiencing economic difficulties, had no means to take care of themselves. Thus, being given priority for shelter in nursing homes or similar institutions was not unjust; they met all the criteria for admission to these institutions. On the contrary, the priority given to this social group was a characteristic feature of the socialist regime throughout its 45-year lifespan. Here we see a contradiction in socialist regimes, which while talking about equality between citizens and the elimination of private property, recognized and even helped a certain category of citizens - in this case former partisans, parents or martyred children – to establish cultural capital, which they could use to improve their material living conditions, or to enjoy privileged treatment (Koleva 2021).

If we compare the requests for admission to nursing homes during the monarchy and the fascist occupation periods to those in socialism, there are both commonalities and differences in the approach of state institutions and individuals. While there was no established rule in previous regimes to prioritize freedom fighters of Albania's independence and sovereignty, many of the requests at the time came from Albanians from former Yugoslavia who arrived in Albania as political refugees. They were acknowledged as freedom fighters who fought for the rights of Albanians beyond the official borders and as such were displaced from their homelands. They were now homeless, without income, and elderly. Hence, their admission to asylums was seen as a right accrued in virtue of their sacrifices. Although there is no official directive from state organs to prioritize this category, these requests were usually responded to positively (Brisku 2023: 76). This is linked to the fact that just like for the socialist regime, the National Liberation War was an important founding myth of the regime, so previous regimes also had a commendatory approach to the struggles at the beginning of the twentieth century of Albanians for independence from the Ottoman Empire, as well as to the uprisings that remained outside the official borders of the new Albanian state. Also, these regimes had recognized them as people of special merit, those who had contributed "with rifle and pen" to the National Renaissance, the war for independence or the uprising of Albanians in the territories outside the state.

Regulations for admission of the elderly to nursing homes and the documents they had to present remained fundamentally the same as those that existed during the monarchy and the fascist occupation of Albania. The bureaucracy in offices for certificates, verifications, and their approvals by local authorities continued to make the procedure quite difficult for the poor and lonely elderly who had to follow these steps, especially in a country with an overall illiteracy rate of around eighty percent, and over ninety percent among the elderly (Brisku 2023: 73).

It seems from subsequent communication that the Executive Committees of the prefectures did not take significant interest in the issue. The Red Cross informed the Prime Minister's office that apart from the Tirana district, no other district had sent the Red Cross data on the requests of the elderly for shelter in the Nursing Home in Shkodër from August to December 1946. The Chairman requested the Prime Minister's office to take this matter seriously and as a priority, and to promptly send these figures to the Red Cross leadership so that vacant spots could be allocated for each district (CSA, F. 578, Fl. 8, p. 7, 1946).

The Prime Minister's office forwarded this request from the Red Cross to the Executive Committees of the Districts, urgently asking that all requests and corresponding files be sent to this institution (CSA, F. 490, Fl. 416, p.10, 1946). This issue seems to have been resolved in January 1947 when it appears that the districts' requests for shelter in the nursing home in Shkodër were presented to the Red Cross leadership. The Red Cross then informed the Prime Minister's office, the Executive Committee of Shkodër district, and the directorate of the nursing home in Shkodër that admissions for the year 1947 would be twenty-four elderly individuals, distributed according to quotas by districts (CSA, F. 578, Fl. 8, p. 10, 1947).

The analysis of the aforementioned documents demonstrates lack of attention, especially from the local administration – Executive Committees of the districts, particularly with regards to sending the lists of elderly people's requests to be accommodated in the nursing home in Shkodër, even though these were numerous. This was not the case with the lists of children to be admitted to the orphanages, which were sent. The Head of the Red Cross had to draw attention twice in order to get these documents submitted from the districts. This observation regarding the overall communication between the Red Cross, the Prime Minister's office, and the Executive Committees is notable for highlighting that, the primary focus on social care for those affected by the war was on the orphaned children – mostly children of martyrs or war victims–with care for poor and solitary elderly people taking a secondary position.

It is interesting that over fourty years after the war, in 1986, the "Shqipëria e Re" Film Studio – a replica of Mosfilm in Albania – produced a film specifically addressing the issue of children left homeless and with no family after losing their parents in the war, and having to shelter in state homes. The film captured scenes of war destruction and the plight of these orphaned children, ultimately taken care of by the state, but nowhere did it show the left-behind, uncared-for and poor elders (Erebara & Haxhihyseni, 1986). In other films of this studio addressing war themes and particularly the post-war years, while the theme of the killing of partisans and civilians by the invaders is foregrounded, including depictions of the orphaned children and material damage caused by the war, there is no mention of the elderly left alone and uncared for after the war. This indicates at best a lack of attention, especially in public discourse, from the regime toward this social group. It is important to note that artistic and documentary films, as openly proclaimed by the regime, were its primary tools of propaganda to reach the masses (Anagnosti 2009).

Another notable aspect observed in the archives is that despite the numerous requests to be admitted to the nursing home in Shkodër, though the exact number is not specified in the documents but referred to as "numerous" (CSA, F. 578, Fl. 8, p.1, 1946), the actual capacity of this nursing home which was managed by the Red Cross but ultimately under the Albanian state, was limited. The facility's capacity was up to 120 residents. However, in January 1947, it is stated that only twenty-four individuals would be admitted, which were to be selected by the apparatus of the Executive Committees of the districts (CSA, F. 578, Fl. 8, p. 10, 1947).

Leon Trotsky's critique of Stalinist regimes in 1930s Soviet Union can be extended to similar critiques of Stalinist regimes in post-war socialist countries, including post-war Albania. He delves into how a state presumed to represent workers degenerates into a despotic-bureaucratic regime, where the primary economic and political power lies with the state bureaucracy and party elites. In such systems, the instruments of coercion–the police, army, secret service–are immensely powerful. Trotsky attributes this phenomenon to the scarcity and constant lack of adequate material goods and services under Stalinism, which necessitates their rationing and the selective privileging of certain social groups to access these goods and services more or with greater priority compared to the rest of the population (Trotsky 1972: 86-90).

This rationing and categorization of citizens' access to goods and services that ideally should be accessible to everyone increases the power of the bureaucracy to distribute these resources, along with the apparatus of coercion that guarantees their distribution. Trotsky illustrates this by using the example of queues in a store – a characteristic feature of Stalinist regimes. To paraphrase, if goods in a store are scarce, queues form to purchase them, and to maintain order in the queue, a police officer needs to be deployed, further reinforcing the power of the bureaucracy and the apparatus of coercion (Trotsky 1972: 120-126).

If we refer to Leon Trotsky's thesis that in Stalinist regimes bureaucracy gains power when goods and services are scarce, and it is granted the right to distribute these goods, the phenomena observed in the case above become clear. During the years 1945 – 1948, Albania was divided into ten districts, which meant an average quota of 2.4 individuals, who could be sheltered at the nursing home, per district – quotas were actually distributed based on the population of each district, but this is an average figure. The requests for admission to care institutions were significantly higher than these quotas. In this instance, it becomes evident how the power of state and party bureaucratic apparatuses is strengthened, as they determined which of these elderly individuals would be admitted to the nursing home.

On the other hand, it is noticeable that in the early years of the regime, the biological link – being a parent or child, especially in the case of war orphans – associated with the National Liberation War martyrs began to crystallize as a category granting priority in the enjoyment of certain rights that were supposed to be universally available to all citizens. It is intriguing that in the early stages of the Albanian regime (until 1957), bread, food, and other consumer products were rationed, yet the rationing system was not linked as much to a person's past as it was to the nature of their work. Those engaged in harder labor were entitled to larger quantities of food. However, in the final years of the regime, in 1983, due to the state's financial difficulties, the rationing system was reintroduced, yet this time, categorization was based not on an individual's work (apart from the higher party bureaucracy) but rather on the family they belonged to. Families of war martyrs, war veterans, socialist heroes, were assigned a higher rationing category (Civici 2019: 132).

Since there are no biographies available for the residents living in the nursing home in Shkodër, it is challenging to obtain biographical data. However, based on the admission regulations of the asylum it can be inferred that, firstly, they were elderly individuals without children or close relatives they could live with. Additionally, they lacked any other financial means such as property or inheritance. Considering the majority of the admission applications arriving at this institution were mostly undersigned with a fingerprint in ink, it is plausible to infer that the majority of these elderly individuals were illiterate. Although religion is not recorded on the list, what emerges from the nominal list of those admitted into the nursing home, is that the majority of them are Muslims, with a significant presence of Catholics too. This is understandable considering that the northern part of Albania, where there is a higher concentration of Catholics in the country, has historically experienced greater poverty than other regions.

Living Conditions and Treatment in Social Care Institutions

The living conditions and nutritional provision in social care institutions were significantly impacted by the economic hardship Albania faced during the 1940s and 1950s, marked by severe shortages of basic food staples such as bread, flour, rice, oil, and other essential food items. The bread ration for an individual during this period was 300 grams per day which, coupled with shortages in other food items, created considerable difficulties. These hardships were reflected in social care institutions such as canteens, hostels, orphanages, nursing homes, and military messes, where the nutritional provision was relatively better than that for the general population.

However, issues persisted, as evident in official communications between the Red Cross leadership and the management of the Tirana orphanage and that of the nursing home in Shkodër. The residents of these institutions expressed dissatisfaction with the insufficient quantity of food, which often resulted in them going hungry. The situation had deteriorated to the point of protests and disturbances by orphanage children who complained to every visitor about the lack of bread (CSA, F.589, Fl.10, p. 1, 1946). Similarly, elderly residents in nursing homes complained about the inadequate food supply.

As an urgent measure, Tirana's orphanage proposed an increase in bread quantities for children. They highlighted that whenever they had the opportunity to provide more bread, there were no complaints. Consequently, they requested special authorization to purchase larger quantities of bread from the bakery. The Red Cross leadership responded positively to the orphanage management's request and asked the Ministry of Economy to allow the orphanage to buy additional bread, seeing as workers hostels and student dormitories were allowed to purchase extra quantities as well (CSA, F.598, Fl.10, p. 2, 1946).

Similar complaints were directed to the Red Cross leadership by the management of the nursing home in Shkodër. In a letter dated November 1946, the nursing home administration raised the issue to the Red Cross leadership, stating that until November 1, 1946, the Economic Section in Shkodër was providing 600 grams of bread per person to the nursing home, which was still twice the amount an ordinary citizen received outside the institution. However, starting from the beginning of November of that year, the Section had reduced the quantity to 400 grams, which was still more than the quantity received by ordinary citizens. Throughout November, the institution's management had attempted to fulfill these needs with other food items such as rice, pasta, and potatoes. Yet, as they were unable to secure these food items, they requested a return to the previous quantity of 600 grams of bread. This was because there was dissatisfaction among the elderly residents, who had even protested at the nursing home management's office (CSA, F.598, Fl. 10, p. 5, 1946).

However, the Red Cross chairman responded to the nursing home management in Shkodër, indicating that the management should note that the current bread ration for the elderly residents in the home was more than what was provided to ordinary citizens, and this was deemed sufficient for them. Concerning the elderly residents' dissatisfaction with the lack of food, the leadership reminded the management that they should better understand their role not only as directors and administrators of the institution but also as executives of the new government's measures concerning the elderly. They needed to make it clear to the elderly residents that due to the country's economic difficulties, it was impossible to provide more food, and like all citizens, the elderly also needed to make sacrifices (CSA, F.598. Fl. 10, p. 6, 1946).

These documents appear to show that in the two somewhat similar situations arising in the Tirana orphanage and the Shkodër nursing home regarding complaints about insufficient food, the respective management of each relayed these concerns to the Red Cross leadership. On the other hand, although the subject is similar, the responses from the Red Cross leadership differ for these otherwise somewhat similar cases. While the request regarding the orphanage children is accepted and the Red Cross sets to fulfill it, to the elderly in the nursing home, it is explained that it is impossible to increase their food rations. The reasons for this could be diverse; firstly, the age of the orphanage children – eight to fourteen years old – who might have more immediate nutritional needs. Even students in hostels or young volunteers in actions received larger food quantities than the general population. Meanwhile, the elderly in the nursing home were not considered to require larger food portions compared to the rest of the population (CSA, F.598. Fl. 10, p. 6, 1946).

Another distinctive element noted in the correspondence between institutions is that, unlike the nursing home for the elderly in Shkodër, the Tirana orphanage received many visitors, including foreign representatives and both Eastern and Western newspapers, to whom these children had complained about the lack of food. The orphanage director highlighted this issue. As the Albanian socialist regime was particularly cautious, especially in its early years, about projecting a positive image abroad, they were reluctant to have the orphanage children express complaints in front of foreigners visiting the institution (CSA, F. 578, Fl. 8, p. 1, 1946).

This can certainly be interpreted as state institutions being more attentive to children, who were seen as the "future of socialism." However, while children were regarded as passive entities whose food requests needed fulfillment to avoid embarrassment in front of visitors, the elderly were acknowledged as agents in their actions. The latter were urged to be conscious of the country's hardships and partake in the general sacrifice for the construction of socialism. This discourse on citizen sacrifices was a consistent part of the public and political discourse of the socialist regime in Albania.

Nevertheless, it should be noted that, as the documents show, the treatment of residents in these social care institutions was in line with the economic conditions of the time, even somewhat better than the standard for ordinary citizens. While we learn about the treatment of residents in these social care institutions – be it orphanages or the nursing home – from state documents, we only have an institutional perspective, whilst failing to capture the perspective of the elderly residents living in this nursing home. This is because no correspondence or diary entries on their part remain – likely due to illiteracy – as they probably did not even keep such records. Additionally, due to the passage of years, it is impossible to interview individuals who were elderly in the 1940s. The situation is somewhat simpler when it comes to the residents of the orphanages. For instance, in an interview, Dr. Filip Meshi, a distinguished Albanian veterinarian who lived in the Shkodër orphanage in the 1940s, recalls that both the food provision and clothing were quite good compared to the era's overall scarcity, noting that the institution did not experience the dire bread shortages felt across the country (Meshi 2011).

Apart from nutritional provision in social care institutions, particularly for the nursing home, another concern is the level of support with daily tasks and notably healthcare that the elderly needed and received. The staff list of the Shkodër's nursing home in 1940, during the Fascist regime, included two nurses and a resident doctor. This was deemed necessary by the then-director of the institution due to the majority of the elderly being old, often ill, and requiring constant healthcare. During the socialist period, these staff roles seem to have gone missing. In the organizational structure of the Shkodër nursing home, aside from the administrative staff – director, secretary-accountant, administrative chief – the caregiving staff included attendants, cooks, dishwashers, launderers, guards, and cleaners (CSA, F. 490, Fl. 701, p. 2, 1948).

This can be linked to the limited number of physicians and auxiliary medical staff, including assistants, midwives, and nurses, during that period in Albania. However, even during the monarchy and the Fascist occupation, Albania had a significantly limited number of physicians and auxiliary staff, even fewer than in the early years of the socialist regime.

One of the initial steps taken was the launch, through the Red Cross, of courses for nurse and midwife training, as well as sending students for medical training to countries within the Socialist Bloc.

The socialist regime had a different healthcare policy from the previous regimes. The political regimes before and during the war followed a medical policy that concentrated physicians in urban centers. Major cities had hospitals with both general practitioners and specialists, and key state institutions like nursing homes had their own medical staff. This policy fostered well-equipped clinics or hospitals in major cities staffed with qualified personnel but left rural areas underserved in terms of medical care. Although vaccination campaigns and medical visits were undertaken particularly at the onset of the fascist occupation, the socialist government aimed to expand healthcare services, especially in remote rural areas, seeking to cover the entire population. For this reason, even a single physician or nurse could not be "wasted" in an institution located in a city, as the residents of that institution could already access medical services in the city (Fischer & Schmitt 2022: 250).

This appears in subsequent communications between the Ministry of Health, the Directorate of Social Care, and the Nursing Home Directorate in Shkodër. It emphasizes that the healthcare needs of seriously ill elderly individuals must be addressed within the city's polyclinic and hospital. Severely ill patients should be hospitalized at the city's hospital, while those with chronic diseases requiring long-term treatment, particularly infectious diseases like tuberculosis, should be directed to sanatoriums rather than being kept in nursing homes (CSA, F.532, Fl.32, p. 4, 1949).

In 1948, Albania broke away from the tutelage of Yugoslavia, primarily due to the breakdown in relations between Stalin and Tito, and began entering the sphere of influence of the Soviet Union. Consequently, the latter was seen as the benchmark for the country's development and the functioning of each institution. Therefore, that year, the Directorate of Social Care was established, tasked with a broad spectrum of activities covering everything from the care for war invalids and workers to food and social shelter institutions like canteens, hostels, and children's nurseries (CSA, F.532, Fl. 1, pp. 1-8, 1948). Most of the activities previously carried out by the Red Cross were transferred to the Directorate of Social Care, an official state entity, while the Red Cross's responsibilities were primarily limited to hygiene propaganda (Kryqi i Kuq Shqiptar n.d.).

This transition also affected the Nursing Home in Shkodër, which was no longer dependent on the Red Cross and was now under the jurisdiction of the Directorate of Social Care. According to communications at the end of 1948 between the Red Cross, the Council of Ministers, and this Directorate, this shift occurred primarily because, firstly, in the Soviet Union, nursing homes were under the authority of the Directorate of Social Care; secondly, the nursing home was a state institution and, as such, required oversight from a state body, rather than from an organization such as the Red Cross. Additionally, the Red Cross lacked the financial means to meet the needs of this institution (CSA, F.532, Fl.24, pp. 1-2, 1948).

The establishment of the Directorate of Social Care and the transfer of several institutions (including the nursing home in Shkodër) and responsibilities from the Red Cross to this directorate reflect two developments. Firstly, it reflects the increased influence of the Soviet model of institutional organization across various aspects of life, including social care. Secondly, this represents a departure from the pre-war model where the Red Cross, as an association, played a primary role in social care; now, this role is entirely and officially assumed by the state. In the case of Albania, this shift should not be understood as particularly disruptive, as throughout the monarchical regime, the fascist occupation, and even the early years of the socialist regime, the Red Cross had been under the control of state organs. During the monarchy, sisters of the monarch, were patrons of the organization, and the state was a significant contributor to its budget. However, the formal transfer of social care from an association (under state control) to the state itself reflects this transition between two periods.

With the transfer of the nursing home from the Red Cross to the Directorate of Social Care, its budget was no longer sourced from the Red Cross but rather allocated by the Ministry of Finance. Examining the budget figures for the nursing home in Shkodër, as planned by the Ministry of Finance, it becomes evident that aside from provisions for the residents' sustenance, the budget encompassed expenses for tobacco and cigarette paper, barber service, a preliminary fund for burial expenses for the elderly residents who might pass away, as well as a modest daily allowance (three Albanian Leks) for the residents of this institution, which they could use to have a coffee or any anything else on their outings. Simultaneously, the Ministry urges the management of this institution to be diligent in planning and spending these funds as no additional funding would be granted by the Ministry (CSA, F.505, Fl. 35, pp. 1-2, 1950).

The Directorate of the nursing home had requested additional funds for essential items for the residents, especially suits for men and dresses for women, shoes for both genders, hats for men, scarves for women, shirts, undergarments, and socks for both genders, as well as towels and handkerchiefs. This request was to replace the worn-out and significantly degraded condition of the clothing, shoes, undergarments, and linen that the residents had been using. In response, the Ministry of Finance partially approved the request but reduced the budget requested for clothing expenses, citing the challenging financial situation of the state which limited substantial expenses (CSA, F.505, Fl.35, pp. 8-10, 1950).

Therefore, it can be said that even in the transition of social care institutions, in this case the nursing home, from the Red Cross to the oversight of the Directorate of Social Care, there was no significant change in the internal organization of these institutions and the conditions for their residents, as their budgets still derived from the state treasury.

Another aspect that stands out from the communication between these institutions, as well as from the budget of the nursing home and its staff structure, is that while there is a notable focus on improving the material living conditions of these individuals – such as food and clothing, and health visits – there is a neglect of their emotional well-being and cultural life. Thus, while during that period Shkodër was perhaps the city with the richest cultural life in Albania, hosting amateur theaters, several cinemas, artistic groups in high schools, orchestras organizing various shows for citizens at symbolic prices, there is no mention of cultural programs or similar activities in any communications between the Nursing Home Directorate and the leadership of the Red Cross, or later with the Directorate of Social Care. There is no mention of cultural events organized for the elderly within the institution, or their organized participation in shows offered by artistic institutions in the city. Also, the budget allocations of this institution offer no provision for cultural or artistic activity, such as theater tickets or cinema for the elderly.

Moreover, this occurred at a time when amateur theater and entertainment groups were gaining significant momentum. These groups staged performances even in the most remote regions of the country as part of the socialist regime’s overall efforts to culturally enrich and educate the population. It seemed that for the elderly, there was a perceived notion that they did not require such spiritual enrichment as comes from theater or cinema, nor did they need to be educated in the new moral norms, as they were nearing the end of their lives.

Another element worth noting about the nursing home is its so-called "Red Corner". This usually referred to a room or hall within the communal living spaces in socialism, such as in dormitories, worker and volunteer dorms, military barracks, orphanages, and later even in prisons and labor camps, where there were books, musical instruments, and where activities like dance evenings, political lectures, and artistic workshops were organized, and in which residents of these institutions participated (Lebow 2010: 75). There does not seem to have been such a space within the nursing home. Additionally, there was no designated person in the institution's structure responsible for such setups, as was the case in most of the aforementioned institutions. However, there is a high likelihood that the institution had a radio, which the elderly residents of the nursing home could use to listen to the political and cultural programming of Radio Tirana. Additionally, during that period, there were loudspeakers in public squares throughout the cities which broadcasted radio, aiming to reach citizens who could not afford such a device at home.

It is understandable that in the early stages of the regime, the state's capacities were limited. However, for instance, in all voluntary camps working on the country's reconstruction, there were spaces and individuals dedicated to the cultural and political education of the volunteers. Yet, for the elderly, all concerns centered around their basic needs – food, clothing, healthcare – but there was no consideration for their spiritual and emotional satisfaction.

This sort of differentiation allows room to conclude that the socialist regime did not focus much on ideological indoctrination for the elderly, as it did for other segments of society, especially for the youth and children. This was because the elderly – especially those in institutions – were perceived as a burden to the state, a group that it had to sustain until the end of their lives, rather than individuals who could significantly impact socialist society, for better or for worse.

The majority of cultural activities during the regime bore a political character. Consequently, theater, cinema, literature, and even music were ideologically aligned, serving the party in shaping "the new socialist man". This explains the political-cultural activities in every work place, school, and youth communal living space, such as the above-mentioned "Red Corner". Undoubtedly crucial for the general cultural growth of the population, particularly the youth, these activities contributed to their ideological alignment, shaping them as "the new socialist men." However, for the elderly, much like in other socialist regimes, there was no endeavor to integrate them into the project for "the new man." (Koleva &

Petrov 2023: 17) This is similar to the Albanian monarchy, which was very attentive to limiting foreign influences (even through donations for charity) on children, young people, and students, but which had little concern for the elderly.

Conclusions

This article's aim was to analyze the initial efforts of the Albanian socialist regime to address the social wounds caused by World War II in the country, with a particular focus on sheltering impoverished and solitary elderly individuals seeking refuge in the nursing home in Shkodër. The demands were much bigger than the institution's capacity afforded, which led state institutions to select who "deserved" to be sheltered there first. Consequently, the new regime established that the parents of war martyrs, as well as the children orphaned by the war, were to be prioritized for admission to residential care. Here, it becomes evident that although the new regime advocated equality as its primary principle and attacked private capital, it started to privilege a certain social group by affording them cultural capital, in this case, in virtue of the sacrifice of their children (or parents) during the National Liberation War.

The economic crisis in Albania during that period was inevitably reflected in the material conditions of the residents of these social care institutions. Although children in residential care and the elderly in the nursing home in Shkodër received a daily amount of food which was higher than what ordinary citizens got, it was still insufficient. However, while the Red Cross Leadership responded positively to the orphanage's requests for higher food allocation, justifying them with their residents' age, the elders were asked to make sacrifices during this crisis period the country was going through.

The government's focus on children as the "future of socialism" contrasted with their treatment of the elderly. While children were passively catered to, the elderly were expected to actively contribute to socialism through their sacrifices – a recurring theme in the socialist regime's discourse. Notably, healthcare provisions for the elderly, particularly in institutions like Shkodër's nursing home, shifted over time. During the Fascist era in 1940, the home had resident medical staff to address the constant healthcare needs of the elderly. However, these positions appear to have been reduced during the socialist period.

The interaction among various institutions and the administration, including budget allocations and staff structure at the nursing home, demonstrated a stark disparity. While considerable attention was given to improving the material conditions of the residents – including food, clothing, and healthcare – there was a profound neglect of their emotional well-being and cultural engagement. For the elderly, there seemed to be a presumption that they neither required nor desired cultural enrichment or education in new moral norms as they were nearing the end of their lives.

The regime's treatment of the elderly stands in stark contrast to its attention to ideological indoctrination for youth and children. The majority of cultural activities during that time were politically aligned and served to shape the "new socialist man." However, these efforts largely omitted the elderly, considering them more as a burden that the state needed to sustain rather than as individuals capable of influencing socialist society. This differential treatment echoes similar practices in other socialist regimes, where cultural activities primarily focused on the youth and children's ideological alignment, neglecting the elderly's cultural and emotional fulfillment.

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Aging and Institutional Care During Late Socialism: The Case of the Elderly People's Home in the Village of Pelishat, Bulgaria[1]

Abstract: *This paper will discuss the problem of the institutionalization of care for the elderly during the period of late socialism in Bulgaria. I will examine a specific case – that of the Elderly People's Home in the village of Pelishat (Pleven Province), whose development follows the trajectory of displacement to spatial and social peripheries, typical of similar institutions. For this purpose, I will analyze a set of archival documents dating from the second half of the 1960s until the end of the 1980s. The analysis will take into account the socio-historical context of the practical and ideological role of (institutionalized) social care, as well as the government's attempts to deal with factors such as the (negative) demographic trends in the country at that time and the deepening discrepancies between the official image of universal modernization of Bulgarian society and the economics of shortage.*

The main focus of the text however, falls on the dynamic interplay of care and medicalization, and the ideological construction of the everyday life space of the residents who find themselves in a situation of shared accommodation (in dormitory), medical interventions and the auxiliary e conomy of the home. These aspects of life are usually normalized through categories such as "medical services", "culturtherapy", "personal hygiene", "living conditions", "labor activity" and others. The analysis of the ideological framing of institutional life can help trace the implicit and explicit discourses and set of disciplining techniques aimed at the facility residents and staff, as well as study the traces of successful adoption of or failure to follow the Party's official line.

Keywords: *ageing; nursing home; social services; institutional care; Late socialism.*

In recent years, research interest in the topic of aging and old age, both from contemporary and historical perspectives, has been increasing.

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This paper offers an examination of the problem of the institutionalization of care for the elderly during the period of late socialism in Bulgaria with an emphasis on the services provided by the so-called nursing homes. I will elaborate on a specific case – that of the Elderly People's Home in the village of Pelishat (Pleven Province), which was intended for the group of "healthy" people of age. The home was located in a part of the country which had a high percentage of aging population, especially in the villages, as migration of the younger population towards the cities was significant – a phenomenon usually attributed to the accelerated industrialization of the latter. This situation, according to the local authorities, led to considerable differences both in the living conditions and the attitude towards old people in cities and in villages. It also led to the breakdown of family ties making traditional caregiving difficult, and with that – to more frequent demands for social and welfare services for the elderly and for the necessity of public response[2].

Why Late Socialism, Why Institutional Care for the Elderly: The Demographic Crisis and the Notion of the Caring State

There are several reasons for the choice of late socialism as a time frame for the analysis. Firstly, initial research on the development of such institutions in the first years after 1944 has already been carried out and published in previous studies, both in Bulgaria (cf. Popova 2001; 2003; 2019) and in other countries (see, for example, Brisku 2023). Secondly, the scope of the current text is limited to the amount and type of surviving archival materials on the case study, mostly spanning the period between the late 1960s and the late 1980s.

But most importantly, my interest is shaped by the trends in population aging in Europe at that time, against the background of a decline in birth rates and an increase in mortality rates in Bulgaria. These demographic shifts occurred against the backdrop of changes in the relationship between the individual, institutions, and the State (cf. Gramshammer-Hohl, Hergenröther 2021). The period of late socialism in Bulgaria presented interesting practical and ideological challenges for the State in this regard.

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[2] Reports, information, questionnaires and references to the Minutes of the joint meeting of the Standing Committee on Social Policy at the Eighth National Assembly and the Presidium of the National Council of Fatherland Front, held on November 11th, 1982, on the participation of old people in Socialist construction and society's care for them. Volume II, CSA, F. No. 117, Inv. 44, a. u. 524, pp. 107-108.

On the one hand, it had to deal with the aging 'new man' – men and women who had been socialized at the beginning of and during the regime, a population whose number had exponentially increased (see Koleva 2019). This shift brought about a re-framing of the category of the elderly – from being perceived as somewhat backward carriers of old values and traditions to becoming heroes, fighters, and builders of the new society. However, they simultaneously represented the impending demographic crisis in the country, and acted as a statistically observable reminder of it.

On the other hand, parallel to citizens' life-course, the regime's ideologically formed life-path was transitioning from revolutionary spontaneity to the establishment of a caring, humanitarian State (cf. Znepolski 2009). This transformation required the state to provide for its population, and this path became increasingly challenging due to the economic and institutional conditions of that time. As researchers have pointed out, the heteronomisation of the social milieu led by prioritization of the logic of the economic field on one hand (Deyanov 1992), and the overall interventionist manner of shaping everyday and private life on the other (Brunnbauer 2010), resulted in a peculiar deficiency of political power[3].

As the sole official provider of social services, the State had to establish an adequate normative infrastructure for institutionalized types of care – medical, financial, and so on – that covered the entire life cycle of the New Socialist man in all its aspects. This endeavor required significant investment of financial resources, social energies, and ideological legitimation. In the spirit of so-called socialist humanism, which focuses on marginalized groups in society, turning them into objects of institutional visibility and tools for increasing the symbolic capital of the State, the question of the needs and problems of the aging Bulgarian population became a key issue.

Following initiatives addressing the problems of women and the handicapped, the Year of the Elderly People[4] was put forward in 1982.

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[3] Deyanov for example, juxtaposes the over-bureaucratization of the governing apparatus with the development of the so-called *second networks*, while Brunnbauer describes a situation in which "The party-state asserts itself as omnipresent and omnipotent, it produces ideological guidelines for almost everything. However, it is obvious to all that many things are being done not in accordance with, but against, party directives, and any measure aimed at correcting these "deviations" leads to new unintended consequences that again require political intervention" (ibid, 189).

[4] It is interesting to note that unlike 'the Child', 'the Woman', etc., 'the Elderly People' are (ideologically) constructed as a group, not as a single figure.

This interest coincided with the World Assembly on Ageing in Vienna, Austria, the result of which was the Vienna International Plan of Action on Ageing – the first international agreement on aging adopted by the United Nations.

Dimensions of Social Welfare and Geriatric[5] Care: Institutions, Services, Socialist Ethics

The same year, in preparation for a joint discussion between the Standing Committee on Social Policy, the National Assembly of the Fatherland Front, the Central Council of the Bulgarian Trade Unions, the Central Committee of the Dimitrov Communist Youth Union, the Committee of the Bulgarian Women's Movement, and the Human Resource Reproduction Committee, a set of questionaries[6] regarding "some important issues of the elderly people in Bulgaria" were sent to members of the Standing Committee on Social Policy in every district and precinct. The document consisted of three sub-sections, each containing groups of thematic questions. The first sub-section introduces general matters and addresses 'the living conditions of old people in the city and in the countryside'. It includes main topics such as the attitudes towards elderly people in society and in their families, the education of the younger generation, as well as what kind of services are provided to elderly people and to what extent the mass media and community organizations address their issues. Other main topics included an inquiry into how many set-

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[5] It has to be noted that the term "geriatric" is used in singular occasions in the analyzed materials (cf. Ganev, Sabeva 1983: 164), and in this case it remains in the background of discussions on the care for the elderly. The few sporadic mentions focus rather on the necessity for better implementation of the findings of the field of gerontology and the overall geriatric medical services, with special focus on working pensioners. An example of that is a brief reference to the experimentation with "forms of specialized organization of the geriatric service" (ibid, 97) carried out by the Ministry for People's Health and Social Care. We find more information about this initiative in the pages of the journal "Sotsiyalno delo" [„Социално дело"]. The 1981 issue includes a long-standing discussion about the test establishment of separate geriatric service units [участъци] and their practicality. Although such initiatives are assessed as timely and well-intended, emphasis is placed on the organization of medical personnel and specialization in the field of gerontology. It is implied that there exists a discrepancy between research findings in gerontology as a scientific field and their actual implementation in medical practice – an issue deserving separate analytical attention. The cited journal reflects the then current social and health policies in the country and features numerous entries about model welfare institutions for the elderly people and in that respect also needs further investigation.

[6] CSA, F. No. 117, Inv. 44, a. u. 524, pp. 24-27.

tlement systems the Home Social Patronage [домашен социален патронаж] service[7] is available in, and the ratio between people already reached and those willing to use the service. Further questions explore whether the district provides day-care centers and clubs for pensioners, while their relatives are engaged in the “production process”; and whether there are any “prerequisites” for attracting old people who are still able to work with reduced work load in industries such as “trade and catering, local and cooperative industry, household services, agriculture, People’s councils, factories, enterprises, and organizations[8]”, as well as what their participation in the farming brigades is.

The second sub-section is focused specifically on the conditions of the nursing homes in the districts *relative to the set normative prescriptions*. The questions here address such issues as the capacity and location of the institutions, current numbers of residents, any waiting submissions and estimated acceptance time, as well as questions about the material base at the facility – building, premises, sectors, sanitary installation, garage, and so on, and about sanitary and hygienic conditions. Further questions relate to the quality of the provided medical care – staffing, quantity and quality of medical services, provision of medical care in and outside of the home, record keeping, and whether there are rehabilitation units and physiotherapy equipment, what the health status of the residents is, questions on the quality and quantity of nutrition and clothing provision, as well as the provision of any forms of culturtherapy, work/occupational therapy [трудотерапия][9] and any efforts towards their organization and implementation – whether there is a special sector, and an subsidiary plot [помощно стопанство], also whether the home has contemporary appliances and how they are maintained, whether a local

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[7] Also known as “domestic social patronage”, this is a set of individual medico-social services intended especially for lonely elderly persons and disabled people and delivered directly in their own homes. The practice was firstly established in the late ‘60s and included home visits by doctors and rehabilitators, delivery of medicine, food and supplies, house cleaning, etc. (see for example Hristov, 2022).

[8] Ibid, pp. 24-25.

[9] It has to be noted that in this form of therapy the emphasis is put not so much on the significance of one’s occupations with stimulating tasks, but rather on the type of tasks, which here are explicitly labor related: “The content of work assignments is selected depending on the characteristics of the disease or injury, the state of the functions to be restored, and the general condition of the patient. [It] uses various elementary types of labor movements carried out in the fresh air: cleaning the territory (yard, garden), digging and planting flowers, bushes, excavation work with a shovel, pitchfork, rake, etc.” (BSE Vol. 43 1956: 333)

organization or enterprise has provided a patronage support [шефство][10] to the institution and what the connections with the local community and with the residents' relatives are.

The last set of questions is explicitly interested in the districts' organizational work and their engagement with the local authorities and public organizations. These questions seek information on the issues of the elderly and the state of the welfare services offered to them, which are discussed at the sessions of the Executive Committees (EC) of the People's Councils by districts and settlement systems, whether the latter have a long-term programme for the building of facilities for geriatric services in accordance with the Party's social and welfare policy, what percentage of 'beds' ensured by social services is, what social assistance funds are provided by the respected district, and if the one full-time associate position in the Sector Social Care at the Directorate of Public Health and Social Care is sufficient in terms of staff and what suggestions can be made in that regard, as well as questions about any involvement on the part of public organizations.

It seems that this three-step approach tries to cover and organize as many aspects of the lives of old people as possible (in and out of specialized institutions) and the social 'atmosphere' in which they find themselves in. This comprehensiveness of interest is based both on the explicit desire and need to "study" the overall situation of this "category" of people in the country and on the implicit interventionist approach of the State. The latter is tasked with taming, guiding, and being a guarantor of social relations. Simultaneously, it needs to offer official interpretations/narratives of their deviations, including those between generations.

In the narratives emerging throughout this document, several forms of *responsibilization* (cf. Foucault 2007) can be noted – the ethics of care as an overall societal and family duty, the ethics of care as a set of services and goods, and the ethics of care as a sign of political engagement. The questionnaire, on the one hand, aims to address the state of care for the elderly in need, and on the other hand, tackles demographic and economic issues concerning the potential inclusion of the healthy and able-bodied people in production and labor practices. The latter issue is included in all three sub-sections of the questionnaire, and later on was given much more weight in the procedural meeting of the Standing

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[10] A semi-institutionalized form of social solidarity – an affiliation between two organizations or individuals, the one usually providing sponsorship and support to the other.

Committee on Social Policy at the Eighth National Assembly and the Presidium of the National Assembly of the Fatherland Front conducted on November 11th, 1982 under the heading “The Participation of the Elderly in Socialist Construction and Society’s Care for Them”[11], as the title itself suggests.

In addition to that, the framing of the issue and the methods for obtaining and reporting data remain fairly standard, as they follow the set of question-points and key-phrases, that in themselves follow the pattern of the established normative documents and criteria that provided a legitimized format of (self)evaluation. This bureaucratic uniformity is simultaneously implicitly in-formed by the adoption of a levelling, sometimes concealing, institutional language used to describe and label the state of affairs at hand. Nevertheless, the materials received as a result are very interesting and important in both an informative and analytical sense. The preserved archives contain responses from the capital city Sofia and 19 of the Bulgaria’s 28 districts[12] as well as a single report from the city of Parvomay[13].

“The Issues of the Elderly People”

Due to the limited scope of this paper, I will not engage in an extensive analysis of the sources’ content; however, I would like to sketch some of the key issues elaborated in and by these sources. Firstly, the attitude of the citizens towards the ageing population is usually described as *engaged, positive, proper, in accordance with the Party’s stance, no different than in the others districts*. Deviations in this regard are framed as individual exceptions and are rarely attributed to social changes, such as those propelled by urbanization and industrialization (as in the cases of Pleven and Kardzhali), or seen as a loss of filial duty (as reported for Gabrovo’s district, for example). The given response to the latter problems is universally pedagogical, focusing on strategies to discipline deviant behavior (through official institutional education, mass-media propa-

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[11] Minutes of a joint meeting of the Standing Committee on Social Policy at the Eighth National Assembly and the Presidium of the National Council of Fatherland Front with attachments: exposition, decision, draft decision and report on the participation of the elderly in Socialist construction and society’s care for them. Volume I, CSA, F. no. 117, Inv. No. 44, a.u. 523.

[12] Gabrovo, Burgas, Targovishte, Vidin, Mihaylovgrad, Lovech, Yambol, Kardzhali, Shumen, Smolyan, Kyustendil, Tulbuhin, Pleven, Veliko Tarnovo, Vratsa, Blagoevgrad, Stara Zagora, Pazardzhik, and Varna.

[13] CSA, F. no. 117, Inv. No. 44, a.u. 524.

ganda, public sanctions, etc.), rather than addressing the social and historical contexts that may have led to such behaviors.

The services of the Home Social Patronage – a relatively new practice at that time – were "well accepted and wanted" by the elderly population and, at the same time were seen as an economically sufficient option for the State. However, this initiative met a series of difficulties. There were normative restrictions, as the service was relatively limited and could be performed only in areas with a certain number of inhabitants. Consequently, in many smaller cities, villages, and mountain settlements where the demand for this form of welfare support was relatively high, the service could not be established. Additionally, there were practical limitations due to constant shortages of essential items and mobility infrastructure, such as cars for the transportation of staff and those being cared for or for the distribution of food and other goods, or the lack of a kitchen at the work-base of the social services, providing this type of welfare care.

The existence of day-care centers for the elderly was rather an exception, practically possible only in major cities (Sofia, Stara Zagora), and the establishment of small-sized ground floor dwellings for seniors in residential blocks, following the example of the GDR, was at an experimental stage. In this context, cultural retirement clubs were the most popular, common, and accessible social spaces for this section of the population[14], both in the city and in the countryside, although there were additional restrictions for the establishment of these spaces in villages.

The spread of and conditions in nursing homes in the country were rather uneven, with intertwined discrepancies fluctuating primarily based on location – from the capital, through the large cities and district centers, to remote villages. Discrepancies also varied in terms of the homes' age – from modern newly built facilities to repurposed nationalized old properties, and in terms of their scope and 'type' of residents – from fighters and heroes of socialist labor to ordinary citizens, and from healthy residents to those who are bedridden, or with severe physical or mental disabilities. In addition to that, many plans for new social nursing homes were postponed indefinitely, and the construction of those that had already started was suspended.

Public organizations commonly involved in activities aiding the elderly people were part of the local Fatherland Front, The Bulgarian Red Cross, The Bulgarian Women's Movement, and The Dimitrov Com-

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[14] For more on this topic see Eftimova 2022.

munist Youth Union, as these were seen as having mediating, exemplary, and interpellational functions.

Last but not least, nearly all of the analyzed reports, except for one (Letnitsa), concluded that the full-time employment of one social worker in welfare establishments, as mandated by the state, was insufficient. This normative limitation is especially indicative for the social policy of the state given that the profession is framed by the latter as an "indispensable partner" to medical care providers in the field of geriatrics. Additionally, the appointed social worker had to be a trained professional, and often this was not the case, as many of those assigned to the position were employees in other fields and combined these activities with other duties.

The Case of the Elderly People's Home in the Village of Pelishat, Bulgaria

The institutional biography of The Elderly People's Home in the village of Pelishat follows the common early trajectory of displacement to spatial and social peripheries, typical of such kinds of social establishments. Although the records kept in the State Archives in Pleven are relatively few (there are no documents kept from the opening of the institution at this location in 1953 up until 1967), drawing from additional data can help to better understand the normative set up and the living conditions that such institutions and their inhabitants found themselves in. Studying the history of the Home gives us an opportunity to observe these institutions' continuities and discontinuities as they embody the political, demographic, and social shifts in the country. For this reason, I will begin by sketching the prehistory and the early years of the Home, then I will continue with the second half of the regime (approximately concurring with the periodization of the Late socialism). As the last preserved materials are from the years 1989 – 1990, though it is not explicitly stated, we can assume that the institution ceased to exist not long after the fall of the regime in Bulgaria. The lack of documentation from the first decade of the establishment of the home, in contrast with the rich funds of its local predecessors dating between 1938 and 1949, is indicative. In addition, the available sources studied here are primarily of administrative nature[15] – an aspect that requires double caution, considering

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[15] Unfortunately, the kept records do not include detailed information about the social status and biographical background of the occupants.

the normative and ideological language that permeates administrative documents.

Early Years

The institution is the successor of the home for the elderly [старопиталище] in Pleven named after its benefactor and local philanthropist Dimitar Konstantinov. The latter was established on the 9th of April 1940 with funds provided by a local board of trustees (called ephorate [ефория]), which had the status of a foundation and also bore Konstantinov's name. The initiative was run by the "Public Support" Union which covered and coordinated the activities of the organizations that were aimed at adults (over 18 years old) in need[16].

To provide assets for the construction of the home, Konstantinov donated a three-story building to the "St. Nikolay" Church. The collected rents from this building were to be kept in the board's fund and used exclusively for this initiative. The initial donation was made in 1914, however, the actual architectural plans for the home's building were made in 1936, when the collected for that purpose sum exceeded the needed amount of 120 000 levs. Although the establishment was firstly envisioned as a joint orphan and poor elderly shelter [сирото-старопиталище], this idea was later changed as the cohabitation between children and old people was considered as inconvenient (cf. Balabanova 2022: 58).

At the beginning the home accommodated 17 people, referred to as *inmates* [*питомци*] – nine men and eight women, and in the following years – up to 48 residents, though its capacity was 120. The building's style was of a traditional Bulgarian house "with wooden eaves, sheds and balconies. Large quantities of ornamental shrubs, trees and flowers were planted around it. This is how a beautiful park was created for elderly residents to walk in (…) To feed the elderly, an agricultural property/area was maintained, and those among them who had the ability worked. At the front of the Home, there were 18 acres of fields that were sown with barley, corn, beans, and vegetables. Pigs were also raised." (ibid 58-59).

After the political changes of 1944 in Bulgaria, the financial maintenance of the institution became increasingly harder. In 1948, all

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[16] More details about the structure and the activities of the Union can be found in its newsletter *Izvestiya na Sayuza "Obshtestvena Podkrepa"* [*Известия на Съюза „Обществена подкрепа"*]. During its years of existence, the newsletter also published few materials dedicated to this particular home.

charitable foundations and societies were liquidated by the State, and their funds were incorporated into the state budget. However, the resources provided by the state budget were rather deficient. Before that, the institution depended on the board of trustees, the Public Welfare Services, the residents which received pensions, as well as on rents and donations from the citizens[17]. In 1945 part of the building was rented out to the State Militia School in Pleven, which according to the available records did not pay its rent, while its pupils caused material damages and disciplinary troubles to the administrative body of the Home (cf. Popova 2019: 48).

The board of trustees is dismantled after 1948, and the home is renamed as "Dr. Peyu Beshev" Dormitory for the Elderly[18] and later moved to other parts of the city (cf. Balabanova 2022: 59-60)[19]. This trajectory of *symbolic* and *spatial* re-shaping of the institutions for social care in the first decade of socialism in Bulgaria is quite typical. The act of acquisition of the institution by the State as the only legitimate provider of care is performatively established with the name change – a common practice when political and cultural regimes change, also used here as a way of ideologically "taming" the institutional structure which exist-

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[17] Nevertheless, tension between the charitable organizations in the country and the Bulgarian government was present even a decade before the establishment of the regime. The active participants in these initiatives saw the 1934's Decree on Public Assistance that put the organization of these activities under the trust of the municipalities, as significantly restrictive for the conduct of their work and for their financial maintenance, and as downgrading charity from public moral duty to a matter of state administration. For more detailed analysis of that period and the early stage of the Socialist regime in Bulgaria see Popova, 2019.

[18] According to the archive funds in SA – Pleven the institution is annotated under this name between 1944 and 1949, cf. F. No. 469.

[19] As stated in the description of the archival fund No. 89K: "with Protocol No. 60 of 22 Dec. 1952 (Resolution No. 409) of the Executive Committee (EC) of the District People's Council of the Working People's Deputies (DPC of WPD) - the city of Pleven proposed to the Ministry for People's Health and Social Care the Home for Healthy Old People to move to the village (present-day city) of Gorna Mitropolia, Plevensko – in the building of the Slovak School (fund no. 177, inv. no. 1, a. u. 18, p. 109). This probably did not happen, because in 1953 the building of the Dormitory for healthy old people was given to the construction workers building the power plant (fund No. 558, inv. No. 1, a. u. 25, p. 162). With Protocol No. 20 of June 9, 1954 of the EC of the DPC of WPD (fund No. 177, inv. No. 1, a. u. 23) a decision was made regarding the former building of "Dimitar Konstantinov" Home for the Elderly situated under Skobelev Park. This building, which was owned by the Housing Fund ("Zhilfond") company and managed by the Ministry of the Interior (MI) at the time, was designated as the District Tuberculosis Dispensary – Pleven."

ed and functioned at that time. This act comes to "switch" its identity and local history, it also demonstrates the displacement of social capital embodied by the new patrons – the representatives of the new social order. As Popova states, "In June 1948, the campaign to rename the social homes began. The directive of the Ministry was for patrons of the homes to represent names of people's fighters" (Popova 2019: 46). One of the suitable and proven figures was indeed Dr. Peyu Beshev – a notable member of the Bulgarian Social Democratic Workers' Party (Narrow Socialists) who served as military doctor during the wars for national unification (1912-1918). He also participated in the revolutionary events in Russia. Although he was born in a village near Veliko Tarnovo, the last years before his untimely death in 1926 were spent in Pleven, where Beshev worked as a doctor and political agitator[20]. His tragic demise in a house fire – a suspected political murder – and his occupation in the field of medical care, made him a suitable patron not only for the Home for the Elderly, but also for the Technical School for Nurses and the United Primary Hospital Clinic in the city of Pleven.

But, as noted before, in parallel with the reshaping of institutional identity and (local) heritage, there was also the spatial redrawing of symbolic maps as such institutions, along with their 'inmates', were typically moved to other buildings and/or other areas – usually a nearby village, which lacked suitable material base and staff, as most of the assigned buildings had to be repurposed. And according to Popova, the act of "[a]rbitrarily moving homes and displacing inmates disconnects them from the urban communities they are connected to, and renaming them disconnects them from local memory and their donation history" (Popova 2019: 48). This strategy is quite interesting as it illustrates the asymmetry between the ideological construction of (geriatric) social care provided by the State and its practical gestures – its new face is established in accordance with the Party's vision, but at the same time it is spatially and symbolically marginalized, pushed back to the social peripheries.

The following year, a "Dimitrovska Smiyna" Dormitory for Orphans after Fascism and the Wars was installed at the location of the home for the elderly in Pleven, which later became a home for children and adolescents. This once again shows the prioritization of child care over geriatric care[21]. But the status of the building itself was not clear as

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[20] Beshev, Peyu Dimitrov (1883-1926), SA – Pleven, F. No. 628K, inv. No. 1.

[21] Especially with regard to the families to the fallen fighters against the old political establishment.

it belonged to the Church which refused to hand it over to the City Council of the Working People's Deputies [Градският народен съвет на депутатите на трудещите се] and the Housing Fund [Жилфонд] until as late as 1952[22].

Settling in Pelishat

Finally on December 17th 1953 the home was once again moved, this time permanently, to the village of Pelishat, with the move solidified by the statement of the Executive Committee of the District Council of the Working People's Deputies[23]: "The Home for old healthy people from the city of Pleven moved to a single-storied school building in the village of Pelishat, Pleven Province". According to Popova's finding there is a resolution (F. No. 49, Inv. No. 1, a. u. 4066, pp. 14-15), which indicates that "The home has been closed and its residents have been distributed to eleven homes around the country" (Popova, 2019: 48). This adds to the historical uncertainty of the facts around the institution and its succession. Yet, the final outcome is that the home in Pelishat practically replaced the one in Pleven and served as the only institution of its kind in the area until after the end of the Regime[24]. However, documents do indicate plans for the establishment of other facilities at different times, such as in the cities of Levski, Nikopol, and Cherven Briag[25], as well as in the district's center[26].

Along with getting a new location the nursing home also received its final name – "Elderly People's Home" in the village of Pelishat, Pleven Province[27]. This, again, is not uncommon and can be understood as a

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[22] See Encyclopedia "Beneficence", https://daritelite.bg/wp-content/uploads/2016/02/Доклади-и-министерски-разпореждания-по-ликвидирането-на-благотворителните-фондове-и-фондации.pdf, 24.03.2024

[23] [Изпълнителния комитет на Окръжен народен съвет на депутатите на трудещите се]. Protocol No. 31 of 21-22 Sept. 1954, F. No. 177, Inv. No. 1, a. u. 24, p. 29.

[24] Due to the continuous restructuring of Bulgaria's administrative subdivisions between 1944 and 1999, for a brief period of time (1947-1948) "Vasil Levski" Elderly People's Dormitory in Gabrovo was also considered to be part of the Pleven area. Brief research shows that in the area there were two other marginalized social homes – the infamous home for "mentally disabled women" in the village of Sanadinovo (cf. AI 2002), and a home for "imbecilic" boys in the village of Luybenovo (cf. Popova 2022).

[25] Report on the 20th year since the foundation of the home for elderly people in the village of Pelishat, Pleven district, SA – Pleven, F. No. 893, Inv. No. 1, a. u. 1, p. 3.

[26] CSA, F. No. 117, Inv. No, 44, a. u. 524, p. 113.

[27] Although the very attribute in the documentation found is not completely consistent – the most frequent label is 'Elderly People's Home', but we also have 'Dormitory for

secondary form of symbolic marginalization and formalization, as many of these institutions later did not include a patron in their names, but rather were identified via their location[28] or type: “In 1952, the institutions for old people, already finally nationalized, were categorized by an order of the Minister of Labor and Social Welfare Petar Kolarov. They are divided into homes for elderly with mental disabilities (Podgumer and Sevlievo), homes for elderly with severe physical disabilities (Asenovgrad, Provadiya, Kyustendil, Ruse, Stara Zagora), homes for the physically and mentally healthy (a total of 21 in the country) and homes for the disabled from the wars and the fight against fascism (Sofia and Bankiya). This categorization is preserved in the years to follow” (Popova 2019: 57-58).

As mentioned above, the home fell under this classification as an institution for physically and mentally healthy elderly people, although there is evidence that not all residents could be categorized as such. An account from 1972, for example, states that “[a]t the point of accommodation of the residents with us, oversights occur on the part of the Department so that persons unsuitable for the profile of the establishment are admitted, namely: mentally ill, disabled, bedridden patients and alcoholics, which hinders the maintenance of general hygiene and discipline in the home. Incomplete and pro forma medical certificates are being issued – with fictitious diagnoses, often issued even without [carrying out] a physical examination of the individual”[29].

The situation described above demonstrates not only the practical state of disorganization in following established procedures, but also underlines the overall shortage of relevant social institutions and services of

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Elderly People’ (SA – Pleven, F. No. 893, Inv. No. 2, a. u. No. 3), and in one occasion – ‘Dormitory for People of Advancing Age’ (SA – Pleven, F. No. 893, Inv. No. 2, a. u. 2, p. 4). The latter is mentioned in the annual plan of the institution for 1979, sent to and approved by the DPC, but in all of the studied documents the shift from ‘home’ to ‘dormitory’ [пансион] is first noted starting from the same year, which may indicate some internal shift. However, since in the SA – Pleven the fund is labeled as ‘Elderly People’s Home” I will adhere to the same label. Usually the category ‘dormitory’ is used for the establishments that provided services entirely paid by the residents or by their relatives.

[28] The two homes for the elderly in Blagoevgrad for example were listed as Dormitory for Elderly People No. 1 and No. 2 [Пансион за възрастни лица № 1 и № 2 (ПВЛ №1 и ПВЛ №2)].

[29] Report on the annual activity of the professional organization at a home for elderly people in the village of Pelishat, Pleven district for 1972, SA – Pleven, F. No. 893, Inv. No. 1, a. u. 15, p. 4.

this kind in the region. This was a problem also in the decade after, as the capacity of the home was not enough to cover the needs of the district of Pleven, where the relative share of old people in the population was higher – between 20,0 and 23,9 % (Ganev, Sabeva 1983: 18).

The home was accommodated in the building of an old school, previously used by the local labor-cooperative farm [ТКЗС] for storing cotton[30]. The conditions in the facility were not appropriate for the needs of an institution of this kind, which led to a long process of re-adjustments and modifications.

The earliest accessible document regarding the institution is from 1967 and consists of a report-note from an inspection carried out by the local public health and social welfare group at the State Control Inspection as it is one of the few narrative materials that are not composed by the institution itself. The general state of the Home is described as "satisfactory", because it manages to provide beds for all of the occupants, and food within the established ration [оклад]. This, however, is seen as insufficient, and the head of the inspection group Ts. Dorovski describes the home's conditions as akin "a barrack". According to him the many "irregularities" [неуредици] "put the Elderly people's home under criticism and damage the prestige of the people's power in the county. For example, several old people were found bedridden in the common sleeping quarters, where 13-14 people are accommodated. They cannot take care of themselves, and one of them in particular cries like a child, because he cannot control his bladder and bowels, for which the others constantly berate and resent him"[31]. This particular fragment is very indicative of the poor and even degrading conditions to which the residents were subjected at that time, but also demonstrates that an emphasis was put not on their physical and mental health or the professional hazards they presented, but instead on the image of the authorities and their symbolic capital at stake.

Living Conditions

In the 1950's, during its first years of operation, the home did not have indoor bathrooms, restrooms, and storage, and the latter had to be rented which turned it into an additional expense. The facility also lacked

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[30] SA – Pleven, F. No. 893, Inv. No. 1, a. u. 1, p. 2

[31] Report-note from the State Control Inspection for an inspection carried out in the Home for elderly people in the village of Pelishat and a decision on the result of the inspection, SA – Pleven, F. No. 893, Inv. No. 1. a. u. 3, p. 1.

an isolation room and a work/occupational therapy sector, and due to limited space one and the same room was used as a medical reception room and sickbay by the nurse[32], as well as a bathroom and laundry room by the sanitarians, and as an office by the administrative personnel. The 1976 report mentioned above notes that although the local Public Health and Social Welfare department proposed on several occasions to the Executive Committee (EC) the need for funding for repair and construction work in the home, these were declined. This led to the decision once again to suggest to the EC the planning, funding and construction of an additional building that would provide the much-needed space or, if this is not possible, "a bigger and more comfortable unoccupied school in the district"[33]. The severity of the situation was so great that the initial report suggests that the issue had to be solved with "priority, even though we are talking about old people who are living the last days of their lives"[34]. This is a stance that illustrates the ambivalent position towards ageing and geriatric care which puts at odds the practical investments and the direction of social energies towards other groups which are considered more relevant (children for example), and the moral and ethical question of human dignity (and the Party's humanistic programme).

In its first years, the home maintained three sleeping quarters with a total of 40 beds. The other available room was used as a dining room that was too small, which forced the residents to dine in two shifts. The staff, on the other hand, consisted of 5 people, including a manager, a cook, a servant, a washerwoman, and a drayman, with no medical personnel in full-time positions. In the following years, the number of personnel expanded, including a barber. Around the mid-1970s, in accordance with state norms, full-time medical professionals were introduced, amounting to 0.25 FTE (full-time equivalent) shared by several doctors, and 2 to 3 nurses. Later on, the list also included a shopkeeper and a supplier.

It was not until almost ten years after the opening of the home that improvements started. In 1962 and 1963 a toilet, a bathroom, and a laundry room were added to the main building. In addition, a farm building – part of the auxiliary economy of the home, and storage units were built in 1965 and 1966. The latter were remodeled as living quarters and isolators

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[32] There isn't any data provided regarding the types and the quality of the medical services.

[33] SA – Pleven, F. No. 893, Inv. No. 1. a. u. 3, p. 5.

[34] Ibid., p. 3, a line that wasn't included it the resolution prepared by the SCI.

for the bedridden, and the main construction work was carried out by the residents and the staff.

In 1973, it was reported that the establishment was provided with home appliances such as a washing machine, dryer, and a heater, but they were not usable as the electrical installation in the building was not connected to the general three-phase electric power system – a continuous problem that made everyday tasks even more challenging. This was a significant issue, as all the clothes, underwear and sleepwear of the occupants had to be handwashed by two washerwomen, who had to be helped by a few of the female residents, as there was otherwise "a real danger that the residents will not change their clothes for 15-20 days"[35] and a possibility that the establishment would be left without even this staff due to unfavorable working conditions. Later on (at least from 1981) the outerwear of the residents was sent to dry cleaning.

Similarly, the repurposed premises did not provide enough room and adequate conditions for the usage of more modern equipment that would ease the work of the staff, and the limited living space narrowed down the possibilities for leisure and culture activities for the residents. An illustration of that is the excitement and pride with which the new, rather basic, acquisitions that would make the environment more homelike, are listed and described: "The canteen, although small in size, was furnished with getinax tables, suitable chairs, tablecloths, hangers, etc. Individual dining trays were introduced for feeding the bedridden patients. Meals are given according to a previously prepared weekly menu. Having a vehicle makes it possible to supply the establishment with a wider assortment of food items to diversify the weekly menu. The bedrooms were given a more welcoming and hygienic look. The latter were covered with flooring, flowers were planted. Beautiful path carpets were placed in the bedrooms and corridors"[36].

These improvements were also related to the building of a second facility in 1972 and 1973 as per a later decision of the local EC. The expansion allowed for the set-up of separate offices for the medical and administration staff and other personnel. The preserved documentation indicates that there was also a workshop on the premises of the home.

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[35] Report on the work at the Home for elderly people in the village of Pelishat, Pleven district during the year 1974, SA – Pleven, F. No. 893, Inv. No. 1. a. u. 2, p. 4.

[36] SA – Pleven, F. No. 893, Inv. No. 1. a. u. 1, p. 5.

The two main buildings, however, offered significantly different living conditions, even in the 1980s[37], as the new one was specifically planned and designed for the purposes of care provision. The old building had wider sleeping quarters with more beds than what was prescribed (as these were former classrooms), which hindered heating and hygiene maintenance efforts. There was also an adjusted kitchen with a dining area, bathroom, storage and a garage. In comparison, the two bedrooms in the new building had three beds each, new furnishing and separate restrooms. The medical practice was also located there, and in 1987 the setting up of a room for deceased residents was planned.

The possession of an automobile was essential, but the one available often could not be used as it constantly needed repair works, as evident in some of the reports: „The nutrition provision for the residents improved significantly, but there were times when the car was unable to run due to frequent repairs and it was not possible to deliver a wide range of food products. The weekly menu could not be regularly prepared and followed. At the moment the car is again not working, the availability of food items is decreasing and there is a serious danger of a decline in nutrition, especially with the impossibility of getting meat from the city of Pleven”[38]. This passage – from a 1975 report on the home’s operations in the previous year – is particularly interesting not only because it illustrates the state of shortage, but also because it demonstrates practices of (self)censoring: the typed text is scribbled over and on the side margins of the sheet we find a handwritten “*No*” with an added line saying simply “*is satisfact[ory]. The resid. are on diets. Weekly menus are made regularly*”.

The question of the living conditions in the institution should be seen in the context of the overall living conditions that the Bulgarian population was facing during that period. And especially those of the elderly, living alone in remote areas of the country, as they were facing similar challenges, but often could not be covered by the set of regulations that the welfare institutions were obliged to follow. For example, data from a the 1982’s joint meeting shows that about two thirds of the elderly people in rural areas lived in separate households, and in 1975 the number of single-member households reached 163 000[39]. According to

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[37] CSA, F. No. 117, Inv. No. 44, a. u. 524, p. 110.

[38] SA – Pleven, F. No. 893, Inv. No. 1, a. u. 2, pp. 3-4.

[39] A main problem, along with the difficult material provision for the elderly population in these regions, is the problem of social isolation and loneliness.

published material, a "significant percentage of the elderly live in unhygienic housing, or lack some of the basic utilities necessary for independent living. Inconsistencies with hygiene requirements are present, especially in rural housing. Here in 38% of the cases there is no running water indoors, in 89% the toilets are outside the dwelling — circumstances that are a source of problems for the elderly in cases of illness or mobility restrictions. There are households consisting of elderly people, unfurnished with any of the basic items that alleviate housework. Moreover, these phenomena are twice as common in villages than in cities." (Ganev, Sabeva, 1983: 40).

Medical Care

The renovations expanded the home's capacity up to 80 people[40]. Nevertheless, this number had to be reduced at some point as in 1982 the reported figure is 55[41], although at that time the demand for the home's services had increased significantly. This led to the number of resident admissions exceeding the planned norm on the one hand, and on the other hand, those with more severe impairments had to be certified by the Territorial Expert Medical Commission [ТЕЛК] in order to be more quickly allocated to other social institutions in the country[42].

Medical services were provided by the doctor and middle-grade medical staff. They provided daily health monitoring and prophylactic exams, acute care if needed, as the residents were under a dispensary regime. Those who needed specialist medical care or were in need of hospitalization were sent to the relevant hospitals in the area. The admin-

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[40] A preserved document from 1973 concerning the annual turnover of residents shows that 55 of the beds were planned for males, and 25 – for females, cf. SA – Pleven, F. No. 893, Inv. No. 1, a. u. 7, p. 2. This gender discrepancy is interesting as from a statistical point of view the ageing female population lived longer and was at a higher percentage than the male population (cf. Ganev, Sabeva 1983: 15-16). A brief line in an unrelated document (a report on the state of old people in the district Stara Zagora from 1982) might shed light on the subject. The text states that the services of the local canteens and public dining establishments are needed for the distribution of food for "the old people, and especially for the lonely elderly men" (cf. CSA, F. No. 117, Inv. No. 44, a. u. 524, p. 163). This may suggest that due to the common gender roles, ageing men could be perceived (and be socialized as) more unprepared of taking mundane but essential domestic care for themselves.

[41] CSA, F. No. 117, Inv. No. 44, a. u. 524, p. 109.

[42] Measures for the improvement of medical care in the Home for elderly people in the village of Pelishat, Pleven district, SA – Pleven, F. No. 983, Inv. No. 2, a. u. 3, p. 15.

istration of the home kept outpatient cards, and the facility had a pharmacy stocked with medication and dressing materials[43].

Campaigns to improve medical services also included a schedule for visits by the doctor twice a week (Tuesdays and Thursdays), scheduled measurement of blood pressure and urine sampling, anthropometric measurements of the residents twice a year[44], dietary nutrition prescribed by a doctor, regular sanitization of the equipment[45], as well as the preparation of annual discharge summaries. The residents' relatives had to be regularly informed about their medical condition via mail or telephone.

Regardless of the stated improvements with regard of in the medical services provided in the establishment, proper medical care was not necessarily always provided. For example, in a 1975 account we read that: "The service provided for the bedridden inhabitants is of an unsatisfactory level. The latter are not given help during meals, they are not given a daily morning toilette, and neither is such provided before meals. The bedridden patients are not bathed as regularly as the rest of the residents"[46].

One of the main criteria for the model geriatric care of the state, the provision of physiotherapy and rehabilitation *in situ*, was a long-term lacking from of service due to a number of complex obstacles. In 1973 this was because of the lack of three-phase electricity, then in 1978 such a room was established and a rehabilitator appointed, but this asset couldn't be properly exploited because of lack of equipment – an issue for which assistance had to be sought in 1981 from the Directorate of Public Health and Social Welfare[47]. It was not until after 1982 that the documents indicate that the rehabilitation room was fully equipped, as is evident from the plans which state that the apparatus must be used to "its full capacity". The rehabilitation room had to most likely be used for

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[43] This narrative description of the medical services provided by the elderly people's home is nearly identical with the reports given by/for other institutions of that time, as it follows the normative "check-list", provided by the State's authorities.

[44] Even this was an issue as in the plans, regarding the medical services of the Home the purchase of a medical scale was present from 1980 until 1982.

[45] Annual and quarterly plans for the work of the Home for the elderly people in the village of Pelishat, Pleven district (1978 - 1988), SA – Pleven, F. No. 893, Inv. No. 2, a. u. 2. It is interesting to note that although the matter of hygrine and disinfection was a constant point the Home's plans from the late 1970s on, after 1981 the formulation "to be conducted mostly with sterile material" is included.

[46] SA – Pleven, F. No.893, Inv. No. 1. a. u. 2, p. 2.

[47] SA – Pleven, F. No. 893, Inv. No. 2, a. u. 3, p. 13.

physiotherapy, remedial gymnastics, massage, paraffin treatment, radiation therapy, etc.

Among other duties, the rehabilitator had to organize morning exercises [утрешна ведрина] with some of the residents. It is interesting to note the discursive switch in the labeling of this group of exercising elderly people, as at times it is described as "the residents capable of work [трудоспособни]" and at other times as – "the healthy residents", which indicates the implicit relationship of equivalence between *the ability to work* and *the state of health*.

Another gap in the medical services provided by the home was dental care, as there were no indications for a permanent appointment of a dental specialist, and the mandated prophylactic dental examinations were not being conducted by the regional health service[48].

Hygiene Habits as a Merit for Socialization. Social Work as a Vocation and the Limits of the Labor Discipline

As seen above, the hygiene conditions at the home and the personal hygiene of the residents are also a consistent matter of discussion. In his report on the twentieth anniversary from the home's opening, the then-manager states that although general hygiene levels are fine – the residents bathe and change clothes weekly and at any time if needed, and the men shave twice a week – the overall good appearance of residents is in need of improvement and this is the duty of "part of the middle-grade medical staff and the sanitary staff. Residents should not enter the sleeping areas with shoes on and should not lie down with their outdoor wear on the bedspreads. A proper approach to the occupants must be found in order to break the old habits stuck in them before coming to the establishment, in order to accustom them to a communal life"[49]. This is an example of the multilayered problems related to *socialization in old age*, which involve disciplinary techniques regarding the general, shared everyday regime of the residents, including policing their behavior as their dispositions are subject of re-education.

Here is one more example: „Many of the residents do not regularly do their morning toilette, and do not wash before meals. Individual towels are not used for wiping before meals. Toilette soap and handkerchiefs

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[48] SA – Pleven, F. No. 893, Inv. No. 1, a. u. 2, p. 2.
[49] SA – Pleven, F. No. 893, Inv. No. 1, a. u. 1, p. 4.

are not regularly distributed to the residents, which also leads to poor personal hygiene in some of the them"[50].

The premises of the home were cleaned daily and weekly[51], all of the residents were provided with individual soap, and from 1980 onward – with individual water cups[52]. In order to keep the sleeping quarters clean, they were allowed to lie in their beds only wearing pajamas, smoking in the corridors and living rooms was prohibited. The gaps in the occupants' manners and those in the home's supplies had to be compensated by the personnel's strictness as they were the ones to instill good habits in the residents. Communal life, however, was not aways helped by the staff:

"Meals are not aesthetically presented according to the guidelines of the Ministry. Desserts, especially in the evening, are served together on one plate /such as halva, olives, jam, baked macaroni, canned fish, pate, etc./ which often leads to misunderstandings and scandals on the part of the residents. There is a case of unequal distribution of food. Different portion sizes get served, excess portions are left, food from lunch is used for dinner for the kitchen staff, or food from today is kept for tomorrow, etc. Cases of non-use of given products for the day during food preparation, shortages of food items, etc. were noted by the manager."[53]

As Popova argues, after the establishment of the Regime in Bulgaria the replacement of voluntary work with paid labor did not lead to total professionalization in the field of social care, as this became an occupation with low income and low social prestige (Popova 2019: 59), especially for positions that did not carry high *symbolic capital* (cf. Kabakchieva 2016). Many of the mentioned reports filed in 1982 at the request of the Standing Committee on Social Policy show that while the normatively fixed number of full-time medical positions were usually secured, albeit not without issues – the demand for sanitarians and cooks, for example, was higher. There are records showing that in case of personnel shortage nurses had to be 'diverted' for the needs of kitchen staff[54] – a

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[50] SA – Pleven, F. No. 893, Inv. No. 1, a. u. 2, p. 2.

[51] That consisted of patting mattresses and blankets, changing sheets, disinfecting surfaces.

[52] SA – Pleven, F. No. 893, Inv. No. 2, a. u. 3, p. 7.

[53] SA – Pleven, F. No. 893, Inv. No. 1, a. u. 2, p. 4.

[54] CSA, F. No. 117, Inv. No. 44, a. u. 524, p. 13.

situation that would disrupt the overall operation of relevant social services[55].

As shown above, the other side of these everyday interrelations is the personnel, whose occupation held a specific ideological significance, as these people were the embodiment of the professionalism and care provided by the state. In this regard, if the figure of the aging occupant was emphasized, when highlighting their challenging behavior for the staff, then the workers at the institutions had to be presented as skilled and motivated men and women, providing a taming yet affectionate care: "People with hardened bad character and habits often end up here. They violate the rules of internal order and create a lot of trouble. And it is not at all easy to deal with the caprices of these people who have already set habits or [with the ones who] have reached dementia /complete forgetfulness/. We can imagine [with] what patience, what love the social worker's heart must be "charged" in order to endure to the end. All the sanitarians are extremely attentive to the residents […] Owing to their skill, these people manage to include even the most stubborn and bring them into the collective"[56].

But this position did not prevent them from getting sanctions – through administrative means or implicitly, by "creating an atmosphere of intolerance" and "implacable fight" – that came as a response to the possible damage done to the professional (ideologically pivotal) occupation as an *illusio* (Bourdieu) of the model worker. Such discrepancies expanded beyond the premises of the home and included lack of interest in participating in the agricultural work of the village labor-cooperative farm, non-participation in the political life of the village, sloppy attitude towards workplace supplies such as clothes and protective equipment, as well as unsatisfactory levels of discipline demanded by the Professional Union's Head with regard to its members, etc.[57].

Over time the quarterly annual plans of the home paid more and more attention to the matters of work discipline, the utilization of working hours, and the inclusion of communal activities – informational talks, celebration of national holidays and anniversaries and so on. In 1984 for example, on the occasion of the joint celebration of the anniversaries of the Socialist Revolution and of the establishments of both the District's

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[55] Last but not least, let's not forget the gender aspect, which reduces the female medical professional back to the field of 'domestic' care.

[56] SA – Pleven, F. No. 893, Inv. No. 1. a. u. 15, p. 4.

[57] Ibid., pp. 6-9.

and of the local Party's organization, the staff participated in a "call-pledge" [призив-обещание] for voluntary engagement with an extensive plan for repairs to the home[58].

Similarly, those of the occupants that contributed to the everyday working of the home were publicly credited as a model for others and even given small prizes. These contributions, however, were once again strongly normatively and ideologically framed and limited, as the residents should not override the duties assigned to the paid personnel: "There are cases when the residents were used to wash cutlery. It is not uncommon for the canteen to be cleaned by the occupants, although all three of the kitchen staff are on duty. Both working shifts, from noon to 2 p.m. and the evening ones, are not properly covered. Being late for work [in the morning] is tolerated, and so is leaving before the appointed working hours have finished in the evening"[59].

As we can see, such discrepancies were noted and sanctioned, but not merely through the frame of exploitation and harming those who should be cared for, but through that of work discipline, the damage to the reputation of the institution and of the providing state.

Leisure Time, Cultural Activities and Forms of Therapy

In the 1980s living rooms in both buildings were provided – this was a key space for carrying out the so called "culturtherapy" [културтерапия] – a term that captures participation in cultural practices as a form of social engagement that has both medical and developmental therapeutic effects. These are exemplary for the form of *medicalization* of life that aligns, at first glance, rather everyday activities with the frame of explicitly planned and controlled forms of institutionalized caregiving. It is one that, it is safe to assume, had a pedagogical function in terms of *ideological interpellation* and the ostentatious display of care for the socialist person by the state. An illustration of that is the following brief statement: "to conduct activities with the residents, selecting literature to suit their capabilities and above all from [among the literature on] our heroic past"[60].

These activities involved both residents and staff, and included a wide range of events [мероприятия] – from indoor activities like thematic talks and lectures, to going to the theater or cinema, hiking and excur-

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[58] SA – Pleven, F. No. 893, Inv. No. 2, a. u. 2, p. 41.
[59] SA – Pleven, F. No. 893, Inv. No. 1. a. u. 2, p. 4.
[60] SA – Pleven, F. No. 893, Inv. No. 2. a. u. 2, p. 6.

sions. But ultimately, they were practically dependent and usually restricted by the material base of the individual establishments.

According to the documents, this type of care, alongside with the other key mode of therapeutic activity – physical care (physical education [физкултура], sports and a form of work/occupational therapy [трудотерапия]), were framed through the notion of 'Socialist Competition' which social institutions entered on the occasion of the 30th anniversary of the Revolution. This was a significant obligation for the unprepared institutions, but at the same time the opportunity could be used as a way of obtaining more resources needed for the improvement of the homes' living conditions, seeing as they had to readjust and improvise to ensure satisfactory results. At the same time, this helped the launch of planned mass cultural work in the establishment, as prior to that "the residents lived their boring daily lives and had almost no variety and entertainment"[61].

From the preserved monthly and annual plans prepared by the management of the institution we catch a glimpse of these activities. They included varying forms of monthly culturtherapy such as: 1) different study groups [кръжоци] (literary, on new history of Bulgaria, on "actual issues") up to 12 hours per month, 2) political education session once every 15 days, 3) 8 hours of singing and other activities such as playing musical instruments, 4) attending film screenings with a talk twice a month; 5) television and radio, 6) board games, 7) other activities by choice – knitting, stock-raising, 8) joint celebration of residents' birthdays once a month, 9) monthly visits from and to other organizations – pioneers, patrons, 10) 15 hours dedicated to maintaining communication with residents' relatives and friends, 11) 4 hours at the home's liberally, if desired[62].

The types of activities and the time spared for sports and other physical activities was less in comparison – they consisted of 1) 15 minutes of daily morning exercises [утринна ведрина] 2) one-hour walk (if the weather allowed), and 3) sports such as gymnastics, ninepins, and others of this kind[63]. The persons in charge are usually the matron nurse or any of the other nurses, with the manager of the home taking care of the political education sessions and the organization of visits, as well as

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[61] SA – Pleven, F. No. 893, Inv. No. 1. a. u. 2, p. 5.

[62] Monthly plan for conducting cultural therapy, physical education and sports at the home for elderly people in the village of Pelishat, Pleven district for January 1974, SA – Pleven, F. No. 893, Inv. No. 1. a. u. 5, pp. 1-2.

[63] Ibid, p. 2.

choosing the radio and television programs, the cashier is responsible for the other domestic matters – farming, librarianship, etc.[64] Later on, some of these duties were transferred to the rehabilitator and the head of the Professional Union.

Although the occupants did not practice work/occupational therapy in the normative sense[65], as the home did not have such a unit, the few of them that still held "residual working capacity" [остатъчна трудоспособност][66] participated in the auxiliary farm of the home[67] and in day-to-day work – gardening, cleaning, hygiene duties and so on, under the prescription and monitoring of a medical professional[68].

In the home's monthly and annual plans, the two types of activities were usually combined. As the normative requirement (the inclusion of such sections in official documents and so on) for performing work/occupational therapy was a constant issue, this trope had to be practically flexibilized and adapted via a sense of a *double game* (Bourdieu) against the conditions at hand.

Narratives between Practical Conditions and Ideological (Dis)placements

It is worth noting that 1982 was indeed the first year when the home's management intended "studying the opinion of the residents in order to improve the quality and culture [practices] of medical care"[69].

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[64] Typically, these positions had an underlying gender-based differentiation as the non-expert tasks, such as knitting, were entrusted to the female staff (nurses), while the male personnel observed and organized the more physically challenging activities such as stock-raising. The same logic can be traced back in regard to the occupants.

[65] CSA, F. No. 117, Inv. No. 44, a. u. 524, p. 112.

[66] This term was used to categorize retirees/elderly people who were considered as still able to work in certain industries, and thus were ideologically framed as a potential workforce.

[67] For this they had to even receive work clothes. For a more detailed description of the overall agricultural and animal breeding work, carried out in the home between 1978 and 1988 see SA – Pleven, F. No. 983, Inv. No. 2, a. u. 2.

[68] Although the maintaining of properties for farming in the nursing homes was established before the Regime, with the inmates' work acting as a revenue stream and as a way to keep them occupied, during the period in question these practices were explicitly framed by a medicalizing discourse.

[69] SA – Pleven, F. No. 893, Inv. No. 2, a. u. 3, p. 15. Right around that time the plans started to include the keyword "culture" (medical culture, nutrition culture, hygiene culture) – a tendency that most likely reflects the 'pedagogical turn' of the state towards ageing and the problem of the population's (economically productive) longevity. In a similar vein, activities focused on combating the use of alcohol and smoking among

The analyzed documents show that although the institutional "bloom" [peak period] of the home could be placed around the mid and late 1970s, up until the start of the 1980s, with improved living conditions and more reliable medical services, this acceleration was rather relative and conditional. In contrast with the cited external inspection from 1967, the narrative report from 1982 mentioned above is quite positive.

At the same time, the available documentation of the home indicates that from the early 1980s on, the institution struggled with its day-to-day functioning and financial state. Plans from that period explicitly debate the need for resource savings and financial restrictions – restricted usage of fuel and oil, as well as of the use of electric power, calls not to stock up the medicine cabinets, etc.

The following excerpts illustrate the multifaceted ways via which the administration tried to sustain the functioning of the home and at the same time to respond to the overall economic restrictions applied by the state[70]:

"[…] reduction of direct costs except for the costs of food, medical supplies and amortization [...] To implement strict control over the use of electricity. The lamps in the bedrooms of healthy residents should not be turned on at night, and illumination should be provided only in those rooms where there are sick people. In the corridor of the new building and the lobby of the old building, only one lamp should be left on and all the others should be turned off. In the kitchen, after preparing the food, the electric stove should be turned off immediately. […] It is forbidden to make private phone calls from the Home's phones, as well as to make business calls if the work can be done in another way [...] In order to save drinking water, watering the flower garden is prohibited. Do not allow water to leak due to technically defective faucets, showers and batteries. [...] To introduce a strict regime of savings on the consumption of bread. [...] The purchase of furniture items under any pretext is prohibited. To purchase only clothing and bedding, strictly following the instructions of who is entitled to clothing and who isn't. [...] Do not allow the waste of money [spent] on pig raising [...] Do not appoint substitutes for those on paid leave"[71].

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residents and staff could be mentioned, as these were seen not only as hygiene and disciplinary issues but also as moral problems.

[70] Cf. Resolution No. 15 of the Central Committee of the BCP, from 15.05.1983, CSA, F. 136, Inv. No. 76, a. u. 15.

[71] SA – Pleven, F. No. 898, Inv. No. 2, a. u. 3, pp. 18-19.

Conclusion

Even though the home could not be described as 'model' as its predecessor in Pleven, it was not in a state that required immediate intervention. And this, in my opinion, made it quite 'invisible' from a political and ideological point of view. It was not big, it was not in a central region of the country, it was not a product of the latter wave of newly built homes for the elderly in the big cities, but a result of the fairly unplanned, early social policy of the state[72] and it had soon to be "superseded" by the same social service in Pleven.

As demonstrated by the reviewed materials, here the notion of *care* was framed by a list of services. This made the home's institutional visibility legitimate by a set of practices and activities that *medicalized* and *normalized* the everyday life-space of the residents. The discourse of the welfare policy and care encouraged by the state was centered around meeting certain normative requirements – number of staff and medical professionals, types of medical services, therapeutic activities and hygiene standards, number of beds, equipment and appliances. Beyond these met (or unmet) criteria, the actual residents did not get much of a presence or voice of their own. The official reports *talked* about them – usually in a generalized or illustrative terms. Their circumstances were highlighted in order to make a point or give an example in the context of the given institution as an establishment that was standing on the margins between the ideological significance of its purpose and its real-life limitations.

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[72] As stated, with a little dose of distancing, in the published report *Stareeneto i Starite Hora v Balgaria* [*Стареенето и старите хора в България*] "for many years social institutions were opened where vacant buildings were found" (Ganev, Sabeva 1983: 43).

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Evidence-Based Practice in Neurofeedback. A Historical Perspective

Abstract: *Neurofeedback is an evidence-based, non-invasive method of personalized self-regulation of brain function through real-time feedback to improve brain wave activity. It is used to influence the symptoms of epilepsy, Attention Deficit and Hyperactivity Disorder (ADHD), anxiety, post-traumatic stress disorder, post-stroke language disorders (aphasia), traumatic brain injury, chronic pain, depression, autism, sleep disorders, stuttering, dyslexia and dysgraphia etc., as well as to improve memory and cognitive processes. It has been applied successfully to improve memory and cognitive processes, confidence, motivation, stimulate creative processes, as well as to train for sports excellence. The purpose of this article is to provide a historical retrospective of the development of the Neurofeedback paradigm and its contemporary application in the diagnosis and treatment of various types of disorders. The method used is a review of published articles in electronic databases such as Pub Med, Scopus, Web of Knowledge, EbscoHost, using the keywords Historical perspective, Neurofeedback, Evidence-Based Practice, swLORETA.*

Keywords: *Evidence-Based Practice; Neurofeedback; Historical perspective; swLORETA.*

Introduction

The scientific conception of the brain has completely changed over the course of the last decade and the principles of neuroplasticity have now been proven. The brain can change at any age and we can create new neurons throughout our lives. The natural mechanisms underlying Neurofeedback are now becoming clear. Some research has proven relationships of correlation among the central nervous system, the autoimmune system, emotional, physical and mental health. Today, with the advancement of brain-computer interface and the development of brainwave monitoring technology (swLORETA), Neurofeedback is being used not only for therapy, but also for peak performance by professional sports teams, Olympic athletes and business people.

Neurofeedback is an evidence-based, non-invasive method of personalized self-regulation of brain function through real-time feedback to improve brain wave activity. It is used to influence the symptoms of epilepsy, Attention Deficit and Hyperactivity Disorder (ADHD), anxiety, post-traumatic stress disorder, post-stroke language disorders (aphasia), traumatic brain injury, chronic pain, depression, autism, sleep disorders, stuttering, dyslexia and dysgraphia etc., as well as to improve memory and cognitive processes. It has been applied successfully to improve memory and cognitive processes, confidence, motivation, stimulate creative processes, as well as to train for sports excellence.

The purpose of this article is to provide a historical retrospective of the development of the Neurofeedback paradigm and its contemporary application in the diagnosis and treatment of various types of disorders. The method used is a review of published articles in electronic databases such as Pub Med, Scopus, Web of Knowledge, EbscoHost, using the keywords Historical perspective, Neurofeedback, Evidence-Based Practice, swLORETA.

The historical antecedent for the development of Neurofeedback begins with the conditioned physiological reflexes in the conventional school of Pavlov and his student Kupalov (in the early 20th century), referred to in the Western school by Skinner as "operant conditioning or instrumental conditioning", then proceeds through Anokhin (1935) who developed the theory of functional systems, and ends up with Dr. Kamiya and Dr. Sherman who at the same time (1969 – 1989) discovered that with a simple reward system people can learn to change their brain activity and voluntarily control their alpha waves. This was the first ever EEG Neurofeedback training.

Dark Ages (1898 – 1960): the experiments of Pavlov, Thorndike and Skinner

Pavlov's fundamental discoveries about reflexes provoked the rapid development of behaviourism as a branch of psychology. The basic idea of "stimulus-response" postulates that behaviour (reaction, response) is triggered by some stimulus in the environment of the living organism. To understand this relationship, the term "operant conditioning" or "instrumental conditioning" is introduced. In 1935 the Russian scientist Peter Anokhin, who was Pavlov and Bekhterev’s student, developed the theory of the functional system as a unit of integrative activity of the whole organism, where the "action acceptor" evaluates each preceding stage and the degree of usefulness for the organism, i.e. the feedback. Only this chain of "positive results" of compensation ensure full restoration of lost function (Homskaya 1984: 28).

The American psychologist Edward Thorndike, an expert in the field of educational psychology, is considered the first behaviourist. He formulated the law of effect in 1898, which states that a living organism responds to a situation in accordance with the possible outcome that they can obtain. There are two possibilities:

1. In case of a positive result - the living organism remembers it and will most likely repeat their response in any subsequent similar situation.
2. In case of a negative result - the response is not remembered, and to avoid repeating it, the organism never again responds as they did the first time.

The most important thing about the Law of Effect is that the relationship between stimulus and response is a neural relationship, and it is this relationship that is learned and remembered in memory. The more repetitions of the stimulus-response relationship are made, the stronger and more stable it becomes. Later, Thorndike further developed the Law of Effect with new parameters - how many repetitions are needed to remember the positive or negative result, when the proper time is to give the possible reward to reach the response sought, and how long it would take the living organism to forget their previous response. Applying the law of effect to human experiments, he focused on human intelligence. It is, he argued, based on established neural connections and depends not only on genetic factors but also on personal experience. He therefore paid close attention to the so-called "learning environment", which plays a crucial role in learning and reinforcing desired behaviour (Thatcher & Lubar 2008).

Grey Ages: the late 1950s and early 1960s: Semyon Korsakov, Nikolai Vasilevski, Natalia Chernigovskaya, Dr. Joe Kamiya Dr. Barry Sterman Elmer Green

Post-war medicine has left a significant legacy in medical science, including in the field of electroencephalography (EEG), and has played an essential role in improving the diagnosis and treatment of various neurological conditions. After World War II the Soviet Union was one of the leading centres for EEG research and continued to play an important role in the development of this science for decades.

Representative of this period is Semyon Korsakov, who was one of the first scientists in the Soviet Union to apply EEG in neuropsychology.

Soviet scientists successfully applied EEG techniques to research in various fields such as neurology, psychiatry, psychology and neuropsychophysiology in the post-war period (Tsekov, et al. 2017). Around the same time in San Francisco Dr. Joe Kamiya at the University of California discovered that persons could learn to voluntarily control their own alpha waves.

There are three founders of the Neurofeedback method: Dr. Joe Kamiya at the University of Chicago (1950s – 1960s), Dr. Barry Sterman at the University of California in Los Angeles, and Elmer Green at Menninger Clinic in Topeka, Kansas who shortly afterwards built on the achievements to date with his own method. Dr. Kamiya set up experiments following Pavlov's theory, and developed a reward system that altered participants' brainwave patterns. He investigated the relationship between alpha waves and anxiety, displaying results in real time using EEG.

Dr. Sterman began working with cats to determine if they could self-regulate their Sensory Motor Rhythm (SMR). Using a simple reward system cats receive rewards when they change their brain waves to a set frequency. Through a specially designed machine they receive a food kibble every time they "get it right", and thus quickly learn to control their brain waves to receive the tasty food. Dr. Sterman's experiments also focus on open-eye training to induce sensory motor rhythm (SMR), which was initially shown to be effective in the treatment of seizure disorder, which was later confirmed in Joel Lubar's research with ADHD. In 1969 the method of brain self-regulation through EEG and other physiological parameters was officially named biofeedback.

Elmer Green explores alpha theta (AT) training, which has been used to impact addictions, post-traumatic stress disorder, personality integration, and even training for excellence. At the time these methods were often referred to as fast wave training (Sterman's method) and slow wave training (Kamiya and Green's method) (Crane & Soutar 2000). These approaches are foundational to standard and traditional NFB and most of the published literature written to date reflects research on these basic methods (Thatcher & Lubar 2008).

NASA Space Programme

The results of the two experiments attract NASA's attention, where Dr Sterman is tasked with examining how exposure to toxic rocket fuel causes an epileptic reaction in humans. During the initial experiments the negative side effects of the fuel became apparent to all with the exception of ten of the cats used in his initial experiments. It became clear that the effect of SMR brainwave training created "stable" brains that were resistant to acute epilepsy. By applying this Neurofeedback training to the astronauts he was able to reduce the onset of epileptic reactions in 60% of the participants and the effect was long lasting. As a result, this type of training is still used by NASA for all astronaut missions and Neurofeedback became an alternative medical treatment for epilepsy more broadly.

A few years later Dr Sterman did an experiment for NASA, again using the cats from his lab. This time he tested the effects of exposure to fuel from the lunar module. Most of the cats showed a linear progression of brain instability with increasing levels of toxic fumes; first drowsiness, then headaches, followed by hallucinations, seizures, and finally death. Sterman noticed that the cats that did not respond to the toxic fumes were the same ones he had used in the SMR brain training experiment a few years earlier. SMR training gave these cats extremely "stable" brains. Sterman continued to train SMR in humans to control their epilepsy – 60% of the participants reduced their seizure levels and the results were permanent.

This has resulted in NASA continuing to train its lunar astronauts to control the SMR rhythms in their brains. Moreover, more than fifty years later, Neurofeedback is still part of the astronaut training program (Thatcher & Lubar 2008; Thatcher 2011).

The 1970's *Grey Ages*

Nikolai Vasilevski continued to develop the Russian school of physiology, and in the late 1960s and early 1970s he began the research on neural feedback at the cellular level as a principle of regulation. Natalia Chernigovskaya started to apply the biofeedback method to the treatment of certain neurological and psychiatric diseases. Her goal was to train the brain or muscles in patients with cerebral palsy using physiological parameters such as biofeedback- EEG rhythms, muscle electrical activity and slow metabolic processes. EEG feedback (neurotherapy) was applied to the treatment of neuroses and epilepsy, as well as post-traumatic injury recovery of Vietnam War veterans, by modulating Theta rhythms. In Europe, German scientists under the leadership of Niels Biermbaum began to apply slow rhythms (Theta and Delta) to treat epilepsy and schizophrenia (Kropotov 2010; Thatcher 2011). In the mid 70's Neurofeedback came to the attention of people from various religious communities who wanted to gain spiritual development through meditation. Neurofeedback thus found itself caught between science and religion and acquired a dubious reputation as a meditative or spiritual tool, which, given the extreme prejudices of the time, made it unpopular with researchers seeking career advancement. However, it was in these years that scientists began to explore Neurofeedback relationship to new research and findings about brain plasticity.

From the 1990s to the present day – *the Renaissance years*

Although in the late 1980s Neurofeedback was on the "fringes of science", the evidence of its effectiveness continued to be published. Scientists, began experiments to establish the extent to which this therapy could be used for other central nervous disorders and in particular ADD. In addition, research into Neurofeedback and epilepsy is continuing. In the 1990s Neurofeedback started to be promising in dealing with a wide range of conditions and more experiments were carried out on its effects on a spectrum of disorders such as ADHD and even autism. At the beginning of the century, bearing in mind that there existed a better understanding of the underlying mechanisms in the brain, Neurofeedback moved from an experimental phase to the direct treatment of various conditions. Numerous medical facilities now offer Neurofeedback as an alternative medical treatment for ADD and ADHD, as well as for epilepsy and other conditions.

The scientific conception of the brain has completely changed over the last decade and the principles of neuroplasticity have now been proven. Neuroscience has now accepted the correlation among the central nervous system, the autoimmune system, emotional, physical and mental health. Indeed, it acknowledges that the brain can change at any age and we can create new neurons throughout our lives. The natural mechanisms underlying Neurofeedback are now becoming explicitly clear.

In 1989 the United States Congress through Resolution 174 declared the 1990s as the "decade of the brain" and provided funds for the study of the brain through innovative technologies. Due to positron emission tomography (PET) researchers have been able to observe the effects of certain stimuli on brain structure and the corresponding specific brain responses, the so-called "glow areas" (Etkin et al. 2005; Ivey et al. 2017).

In 2008 the U.S. National Institute of Mental Health funded research to identify neurobiological markers in different types of pathology (Cuthbert, 2014). This new strategic plan aims to "identify links between aberrations in fundamental neural networks and functional impairment - with a focus on neurodevelopmental trajectories and environmental factors."

In 2013 President Obama launched the Brain Research through Advancing Innovative Neurotechnologies (BRAIN) initiative (National Institutes of Health 2014). The BRAIN initiative aims to bring together researchers from different disciplines to develop new technologies to study and understand the brain in the hope of discovering the causes of neurocognitive, neurodevelopmental, and other brain-related disorders.

Major funding and research organizations, government bodies and accrediting bodies are recognizing and promoting a better understanding of the role of neuroscience principles in mental health.

What is Neurofeedback?

Neurofeedback is a scientifically proven non-invasive form of brain training. It uses the principles of operant conditioning and neuroplasticity, allowing the brain's natural ability to adapt and form new neural networks to improve quality of life.

Thatcher & Lubar define EEG biofeedback (also called Neurofeedback) as:

> Quantitative EEG (qEEG) invovles the use of computers to precisely quantify electrical potentials of approximately 1–300 Hz, representing subsecond measures of summated local field potentials generated in groups of cortical pyramidal neurons. (2008: 2)

The activity of brain neurons provide unique information about how the brain functions. When neurons are activated, they produce electrical impulses. By placing electrodes on the scalp the brain's electrical activity, known as EEG, can be recorded. The EEG is generated by a specific type of synchronous activity of neurons that are known as pyramidal neurons. Different types of electrical activity (brain waves) can be recorded by their amplitudes and frequencies. The frequency indicates how fast the waves oscillate, which is measured by the number of waves per second (Hz), while the amplitude represents the strength of these waves measured by microvolts (μV) (Marzbani et al. 2016). To obtain useful feedback information from the unprocessed EEG signal, it is necessary to subject it to some processing. This consists of mathematical operations which are performed by hardware and software, providing an appropriate measurement of the relevant EEG parameters. It is important that the signal processing is conducted in "real time", meaning that the resulting information must be calculated and provided quickly (typically within less than 1/10th of a second). The most common signal transformation is the Fourier one (Kropotov 2010; Dempster 2012; Tsekov, et al. 2017).

As a result of these and earlier studies (Heinrich et al. 2004; Strehl et al. 2006; Leins et al. 2007; Gani et al. 2008; Arns et al. 2009; Gevensleben et al. 2010; Duric et al. 2012; Li et al. 2013; Meisel et al. 2013; Christiansen et al. 2014) and with the evidence assessment guidelines developed by the APA, "standard" Neurofeedback protocols are considered "Efficacious and Specific, Level V" in the treatment of ADHD (Arns et al. 2016).

Neurofeedback has been used successfully in the treatment of anxiety, depression, post-traumatic stress disorder, obsessive compulsive disorder, ADHD, autism, insomnia, traumatic brain injury, and to impact cognitive problems associated with COVID-19 (Thornton and Carmody, 2005; Coben and Myers, 2010; Coben et al., 2014, 2015; Coben et al., 2019; Kostadinova et al., 2022).

What is swLORETA z-score Neurofeedback.

As technology advances in each field more innovative approaches are available, including for Neurofeedback methods, such as 19 channel Z-score Neurofeedback (ZNFB), swLORETA z-score Neurofeedback and 3-D LORETA Neurofeedback (with or without Z-scores; LNFB).

LORETA and swLORETA are methods that use the solution of the Inverse problem, whose algorithm uses an "inverse solution" to obtain feedback from deeper structures in the brain, such as the singulate gyrus or insula. This is achieved with the two mathematical models - Discrete parametric analysis and distributed non-parametric analysis.

Both methods enable three-dimensional spatial localization of brain activity. Discrete parametric analysis is the basis of many EEG software such as MUSIC, BESA, FINES, EPIFOCUS. These software programmes are effective in localizing epileptic lesions and brain tumors, while the increase in electrodes leads to more precise localization.

Distributed non-parametric analysis is the basis of software programmes such as LORETA, sLORETA, eLORETA, swLORETA, LAURA, FOCUS, VARETA, ELECTRA. These software programmes are extremely suitable for the dynamic research of cognitive and behavioural processes and disorders. However, a larger number of electrodes does not mean greater localization precision. In their clinical comparison swLORETA has the most precise localization ability.

For functional differentiation in neural network architectonics, the terms Modules, Hubs, Nodules, Rich club, Feeder, Local were introduced.

- Nodule (Node). A basic structural unit of a neural network that is always connected to other nodules (nodes).
- Link (edge), a neural connection linking two nodules. Axons are the connections between neurons. The importance of a nodule is determined by the number of adjacent nodules connected to it.
- A module is a group of nodules maintaining intense connections with each other and weaker connections with nodules outside their module. Networks with a high degree of modularity have intense connectivity of nodules within them and limited connectivity with nodules from other modules.
- Hubs are called brain regions that unite a group of modules. A hub serves as a bridge between two or more networks because it is connected to many nodules in all of them.
- "Rich club" are central hubs of great importance for brain communication. They are energetically expensive as they are highly connected and occupy a privileged position in the network, connecting distant nodes. There are two types of rich club hubs:
    - Hub connectors – they connect different modules. There are three cortical areas that are connector hubs: superior parietal cortex, precuneus, and superior frontal cortex.
    - Provincial hubs – they connect nodes in the same module. There are also three subcortical areas that are provincial hubs: putamen, hippocampus, and thalamus.

70% of Rich club are concentrated in the 3 neural networks: Default mode network and Salience network, Executive network.

- Default mode network – these are the neural structures that are activated when no external sensory information is received. It covers the gyrus cinguli anterior, medial frontal cortex, part of the parietal and temporal cortex. This network is the antipode of the executive network and is sensitive to internal stimuli. It is associated with the processes of self-observation, self-evaluation, meditation.
- Salience network – a neural network composed of medially located brain structures: anterior insula (IA) and anterior cingulate cortex (ACC). It is associated with the processes of dedifferentiation of valuable from non-valuable information about our future be-

haviour. This information comes from internal and external sensory systems.

- Executive control network – the executive network is responsible for regulating thoughts and actions in accordance with internal and external goals. Executive functions include cognitive processes such as attentional control, cognitive inhibition, inhibitory control, working memory, and cognitive flexibility (Laird et al. 2011; Lamichhane and Dhamala 2015; Kolev 2019; Kolev and Hryncheva 2023).

In accordance with the laws of classical and quantum physics, the brain is a unique, highly organized biological phenomenon whose function is to constantly compare discrepancies between the expected and the predicted, between error and correction, with the goal of achieving perfection in a given time interval.

Traditional Neurofeedback uses one or two electrodes that are placed on the scalp to increase or decrease a specific frequency or frequencies. swLORETA z-score Neurofeedback uses 19 electrodes in order to diagnose or train the brain in 3 dimensions. It separates the brain into over 12,000 voxels or pieces and calculates brain activity at these locations. It then compares this data to a normative database to determine which areas in the brain differ from those of the mean values. In this way, a relationship of correlation is established between the symptomatology present in the particular person being studied and the areas in the brain that differ from the normal values.

The hardware was originally developed and used as a medical research tool by one of the world leaders in brain research Dr Robert Thatcher in combination with the pioneers of methods of Neurofeedback, Marty Wuttke, Joel Lubar and others.

QEEG, Full surface, 3-Dimensional Deep Brain Neurofeedback is a top level brain research software. The FDA registered QEEG database (meeting inclusion/exclusion criteria, adequate and transparent sample size per age group, and amplifier) is applied. It has been clinically collated and cross-validated in over 100,000 peer-reviewed publications.

Using a full 19 sensor array, swLORETA z-score Neurofeedback provides a real-time 3D image of brain activity. By means of the 3D image one can train directly deep brain areas and functions; as well as Hagmann's Hubs, Modules, and Default Mode Networks. The symptom checklist is combined with LoRETA Z scores measured during a QEEG analysis to help to link symptoms to functional specialization in the brain.

Practically, this means that one can train coherence, processing speed (phase) in all brain regions involved in symptoms as a whole; better imaging and coverage means better performance, which consequently means up to one-third fewer sessions than traditional (individual sensor) Neurofeedback.

swLORETA Neurofeedback Evidence-based medicine

In compliance with evidence assessment guidelines developed by the American Psychological Association (APA) (Arns et al. 2016), efficacy levels for Neurofeedback are:

Level 1: Not Empirically Supported - Immune Function, Eating Disorders;

Level 2: Possibly Efficacious - Autism, Stroke (Cardiovascular Accident), Tinnitus; Depressive Disorders, Mood Disorders, Sleep Disorders, Fibromyalgia/Chronic Fatigue Syndrome, Post-Traumatic, Stress Disorder;

Level 3: Probably Efficacious - Migraine, Insomnia, Chronic Pain, Alcoholism/ Substance Abuse, Headache – Pediatric, Traumatic Brain Injury (TBI);

Level 4: Efficacious – Anxiety, Migraines; Epilepsy, Chronic Pain Headache – Adult Motion Sickness;

- Level 5: Efficacious and Specific – ADHD; Cognitive Impairment;

Thatcher et al. (2020) present a chapter titled "Advances in Electrical Neuroimaging, Brain Networks and Neurofeedback Protocols" in the book "Smart Biofeedback – Perspectives and Applications." They provide an overview of research utilizing z-score EEG biofeedback from 2000 to 2019. The chapter highlights that among the reviewed publications, 32 appeared in peer-reviewed journals, 31 were book chapters or ISNR NeuroConnections publications, and four were reviews and conference presentations. The authors note that no adverse reactions have been published or reported by over 3000 clinicians, six major EEG biofeedback companies, numerous clinics, Veterans Administration and military medical centers, thousands of patients, and more than 60 scientific studies within the last 13 years (Thatcher et al. 2020: 11; Tan, et al. 2009; 2016; Swisher, et al. 2015; Strehl et al. 2006; 2014; 2017; Arns, et al. 2014). To this list 5 more research works could be added from the year 2024: Lin et all (2021); Meeuwsen (2021); Faridi et all (2022); Faridi, et all *(*2023); Wu et all (2024); Bink (2016); Coben (2019); Cortese (2016); Leroy (2018); Micoulaud-Franchi (2014).

In Bulgaria biofeedback methods entered in 2012 with the establishment of the "Bulgarian Association of Biofeedback" (in 2019 it was renamed "Balkan Association of Neurofeedback, Biofeedback and Neuromodulation"), and with the training provided by Stani Nenhov and Agnieszka Velichkov-Deinovic. As trainers, they are joined by Stoyan Vezenkov, Radoslav Shterev and Dimitar Kolev. The establishment of the "EEG and Biofeedback Center" at the Faculty of Public Health, Health Care and Sport at the South-West University "Neofit Rilski" in Sofia has made a huge contribution to the popularization of the method. Through participation in various projects more than 10 new teaching disciplines were developed as part of the Bachelor, Master and PhD degree programmes in various faculties. On the clinical application of Biofeedback methods, one PhD thesis has been defended (Goranova 2021) and 3 monographs have been published (Vezenkov, Goranova 2013; Goranova 2021; Sakareva 2022); dozens of articles have been published, publications have appeared in proceedings and journals, and presentations at conferences have been delivered (Vezenkov, Ivanov, Goranova 2011; Vezenkov and Goranova 2013; Vezenkov 2016; Vezenkov & Mitev 2015; Vezenkov & Hadjiev 2017; Goranova 2012, 2015, 2018, 2020, 2021; Goranova, Kostadinova, Vezenkov 2018; Kostadinova, Sakareva, Goranova, Filipova 2022). Exceptional diagnostic, therapeutic and publishing activity with the application of swLORETA has been developed by Dimitar Kolev, PhD (Kolev & Genov 2017; Kolev, Genov & Dilkov 2018; Kolev 2019; Kolev Hrincheva, 2023).

Conclusions

The implementation of real-time z-score Neurofeedback constitutes a pivotal advancement in the realm of neurotherapeutic interventions, facilitating the detection of deviations from established norms. These deviations, manifesting either as aberrant neurological patterns corresponding to specific symptomatic presentations or transient spikes indicative of momentary extreme states, are rendered perceptible through the real-time monitoring and analysis afforded by this innovative technique.

Integral to the efficacy of z-score Neurofeedback is the utilization of normative datasets as a point of reference. By juxtaposing individual neurophysiological profiles against these normative benchmarks, clinicians are empowered to swiftly discern the requisite direction of intervention. Such discernment encompasses the judicious manipulation of threshold values, a strategic manoeuvre aimed at modulating and optimizing the efficiency of cerebral networks implicated in symptomatology. Whether through the augmentation or attenuation of threshold values, this calibrated adjustment serves as a catalyst for the induction of regulatory mechanisms within the neural architecture, thereby fostering a milieu conducive to therapeutic outcomes.

In essence, the integration of normative data within the framework of z-score Neurofeedback engenders a paradigm wherein clinical decision-making is informed by empirical evidence and guided by a nuanced understanding of individual neurobiological idiosyncrasies. By leveraging normative benchmarks as a heuristic compass, clinicians are empowered to navigate the complex terrain of neurotherapeutic interventions with precision and confidence, thereby optimizing patient care and augmenting therapeutic efficacy.

The literature reviewed here emphasizes the effectiveness of electrical neuroimaging in revealing detailed neural activity patterns in the human brain. This includes the precise localization of neural activity, particularly phase shifts and phase locking across different brain areas like Brodmann areas. These patterns can be accurately quantified using advanced techniques such as LORETA and other distributed inverse solutions.

The advent of novel EEG neuroimaging modalities represents a milestone in the evolution of neuroscientific inquiry and clinical practice. Among these innovations, noteworthy advancements include swLORETA Z Score Cross-Frequency Surface Z-Score Neurofeedback, Brain-Computer Interface (BCI) technology, and swBrainSurfer. These methodologies, characterized by their sophistication and computational robustness, hold transformative potential in enhancing the trustworthiness of EEG source localization while facilitating the establishment of causal links between aberrant neural activity and symptomatic presentations in patients.

Of particular significance is the capacity of these cutting-edge techniques to forge connections between observed neurophysiological dysregulation and the clinical symptomatology exhibited by patients. By delineating the intricate network dynamics underpinning pathological states, clinicians can elucidate the etiological underpinnings of diverse neurological disorders, thereby informing targeted therapeutic interventions tailored to the unique neurobiological substrates of individual patients.

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INTERVIEW

Das war eine überaus wichtige Erfahrung, die zeigte, welche Kräfte entstehen können, wenn Jugendliche, die Objekte der „Jugendfürsorge“ waren, selbst darüber bestimmten, wie sie leben wollten

Manfred Kappeler und Anelia Kassabova im Gespräch[1]

This was an extremely important experience that showed the power that can emerge when young people, who were once the objects of ‘youth welfare’, decide for themselves how they want to live

Manfred Kappeler and Anelia Kassabova in conversation

Abstract: *The text is an interview by Anelia Kassabova with Manfred Kappeler, who is a prominent German social pedagogue and child and adolescent psychotherapist known for his extensive research and advocacy related to the history of residential care for children and adolescent, and the associated societal challenges. Through his critical examination of residential care and his commitment to the rights of former residents, Manfred Kappeler has made significant contributions to social pedagogy and the societal understanding of institutional care. His work is characterized by a deep sensitivity to the experiences of those affected and a relentless pursuit of justice and reform in the social sector. For his contributions to addressing the history of residential care and advocating for the rights of former residents, Kappeler was awarded in 2015 the Federal Cross of Merit in Germany.*

Keywords: *Manfred Kappeler; Institutional Care; Psychiatry; Social Pedagogy; Reform Movement; Residential Care Round Table; Germany.*

Anelia Kassabova: Prof. Kappeler, Ihre Forschung und Aktivitäten sind ein Beispiel für engagierte Wissenschaft. Zahlreich sind Ihre Publikationen zur Geschichte der Sozialen Arbeit, wobei Sie einen langen chronologischen Bogen über das 19. und 20. Jahrhundert bis in die Gegenwart spannen.

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[1] The research and the interview are within the ERC Project "Taming the European Leviathan: The Legacy of Post-War Medicine and the Common Good" (LEVIATHAN). The project has received funding from the European Research Council (ERC) under the European Union’s Horizon 2020 research and innovation programme (Grant agreement No. 854503).

Zugleich setzen Sie sich aktiv ein und betreiben selbst eine Wissenschaft, die gesellschaftliche Verantwortung übernimmt. Ein Beispiel dafür ist Ihre Rolle bei der Aufarbeitung der Geschichte der Heimerziehung in Deutschland. „Gefesselte Jugend – Fürsorgeerziehung im Kapitalismus", herausgegeben 1971, ist programmatisch: Als wissenschaftliche Fragestellung forderte es zugleich zur aktiven politischen Positionierung, zum demokratischen Handeln und zur Reform im sozialpädagogischen Bereich auf. Aktiv waren Sie in der Heimkampagne der späten 1960er Jahre; kritisch haben Sie sich in den Debatten um den „Runden Tisch Heimerziehung" 2009 – 2010 für eine gerechte Aufarbeitung und Wiedergutmachung für die betroffenen ehemaligen Heimkinder eingesetzt. Ihre kritische Auseinandersetzung mit der Heimerziehung und Ihr Engagement für die Rechte ehemaliger Heimkinder haben bedeutende Impulse für die Sozialpädagogik und die gesellschaftliche Wahrnehmung von Heimerziehung gegeben.

Vielen Dank für Ihre Bereitschaft zu diesem Gespräch. Ich beschäftige mich mit der Geschichte der Säuglingsheime, der sogenannten „Mutter und Kind"-Heime. Mein Beispiel ist Bulgarien. Es fällt auf, dass in den deutschen Kinderheimdebatten die Säuglingsheime nicht so oft vorkommen. Auch wissenschaftlich ist das Thema über die Säuglingsheime noch in den Anfängen.

Manfred Kappeler: Weil sich die ehemaligen Heimkinder nicht gemeldet haben und sich nicht erinnern konnten – alle hatten keine Erinnerungen an ihr Säuglings- und Kleinkindalter, erst an die Zeit als Schulkinder und Jugendliche. So hatten die Säuglings- und Kleinkinderheime am „Runden Tisch Heimerziehung" keine Stimme, weil niemand da war, der sich daran erinnern konnte. Karl Burschel, der selbst als Säugling in einem solchen Heim war, hat kritisiert, dass diese ganze Situation der Kleinkinder in Heimen praktisch in der Auseinandersetzung nicht vorkam. Aus persönlicher Initiative gründete er ein Archiv zur Situation von Säuglings- und Kleinkindern in Heimen. Er wurde später adoptiert und hatte in seinem Leben Glück, konnte studieren. Danach engagierte er sich ganz aktiv in dieser Kinderheimdebatte, wurde aber nicht angehört und nicht mal in dieses Gremium eingeladen - offenbar wollten die Vertreter der großen Heimträger dieses Thema nicht behandeln. Es gab keine Anklagen von ehemaligen Heimkindern, die ihre erste Lebenszeit in Säuglings- und Kleinkinderheimen verbringen mussten, weil sie sich daran nicht erinnern können.

A. Kassabova: Das war jetzt, im neuen Jahrtausend, am Runden Tisch Heimerziehung?

M. Kappeler: Ja, der Runde Tisch Heimerziehung wurde 2009 gegründet. Karl Burschel hatte schon vorher das Kleinkinder-Archiv gemacht und eine Dokumentation erstellt. In der aktuellen Debatte bezog er Stellung, wurde aber, wie gesagt, am „Runden Tisch Heimerziehung" nicht angehört. Ich habe mal aus den Fachzeitschriften der 1950er bis 1960er Jahre die Diskussionen um den Hospitalismus und die Säuglingsheime herausgesucht – Kopien aus Fachzeitschriften, Statistiken. Und ich habe eine Untersuchung in der Dachorganisation AGJ gemacht, der Arbeitsgemeinschaft für Jugendarbeit und Jugendpflege, die es bis heute gibt. Vor vielen Jahren habe ich das gesamte Archiv durchgearbeitet und mir angeschaut, welche Diskussionen in dieser Dachorganisation zum Thema Heimerziehung in den 40er, 50er und 60er Jahren stattgefunden haben. Dabei fand ich erstaunliche Sachen zum Thema Säuglingsheime: In den 50er Jahren waren viele Fachleute sich darüber im Klaren, dass diese Säuglings- und Kleinkinderheime Stätten des Hospitalismus waren und dringend abgeschafft werden müssten. Sie hatten auch damals Erkenntnisse gewonnen, die sie an die Bundesregierung weitergeleitet haben, die aber nichts unternahm. Erst in den 70er und 80er Jahren wurden dann die letzten Säuglingsheime geschlossen.

A. Kassabova: Dank auch der Heimbewegung?

M. Kappeler: Ja, natürlich. Die Heimbewegung hat darauf aufmerksam gemacht, was sich dort alles abspielt. Aber es hat bis in die 80er Jahre gedauert, bis es tatsächlich zu Veränderungen kam.

A. Kassabova: Wie sind Sie zu diesem Thema gekommen?

M. Kappeler: Ich bin mit 14 Jahren von zu Hause weggelaufen und habe weit weg von meiner Familie eine Handwerkslehre als Bäcker gemacht. In dieser Zeit habe ich viele Altersgenossen kennengelernt, 14- bis 15-Jährige, die ähnlich wie ich in dieser Nachkriegszeit ums Überleben kämpfen mussten und dabei oft gescheitert sind. Viele von ihnen wurden „Fälle“ des Jugendamtes und kamen ins Heim. Mir war immer klar, dass ich, wenn ich meine Ausbildung nicht schaffe, in die Fürsorgeerziehung kommen würde. Später wurde ich Wohlfahrtspfleger, und die Heimerziehung war ein zentrales Thema in meiner Arbeit. Als junger Wohlfahrtspfleger und Sozialarbeiter in den frühen 60er Jahren arbeitete ich selbst in einem Heim und lernte viele Jugendliche kennen und sah die Heime von innen. So wurde das Thema zu meinem Lebensinhalt, das ich später als Hochschullehrer an der Universität wissenschaftlich untersuchte. Nach meiner Pensionierung 2005 nahmen ehemalige Heimkinder, die mittlerweile 60, 70 und 80 Jahre alt waren und eine Initiative zu ihrer Rehabilitation und Entschädigung gebildet hatten, Kontakt zu mir auf.

Ich unterstützte ihre Initiative und informierte die Fachöffentlichkeit durch Vorträge und Artikel. Zusammen mit meiner Kollegin und Freundin Sabine Hering organisierte ich eine Ausstellung mit dem Titel „Geschichte der Kindheit im Heim“. Endscheident waren immer meine psrsönlichen Erfahrungen.

A. Kassabova: Weil Sie persönliche Erfahrungen gemacht haben. Ihre Werke sind geprägt von einer tiefen Sensibilität für die Erfahrungen von Betroffenen.

M. Kappeler: Ja, ich kannte viele Jugendliche und Kinder, die in diesen Einrichtungen untergebracht waren, und wusste, wie es ihnen dort erging.

A. Kassabova: Mädchen und Jungen separat?

M. Kappeler: Ja, immer getrennt.

A. Kassabova: Theoretisch geben Sie die Richtlinien der Kritik und wie es gemacht werden kann – Selbstbeteiligung, Partizipation. Welche Einflüsse waren für Sie wichtig?

M. Kappeler: Na ja, ich habe bereits Anfang der 70er Jahre Jugendliche unterstützt. In West-Berlin gab es 1971 die ersten Hausbesetzungen. Etwa 120 Jugendliche besetzten ein großes Haus in Kreuzberg, darunter etwa 80, die aus Heimen oder aus ihren Familien weggelaufen waren und „illegal“ im städtischen Untergrund lebten. Ich habe, gemeinsam mit anderen, ihre Selbstorganisation stark unterstützt, weil Polizei und Jugendhilfe sie gegen ihren Willen in die Heime und zurück zu ihren Familien bringen wollten. Wir haben gesehen, was diese Selbstorganisation bewirken kann, wie sie ihr eigenes Haus aufbauten und es einrichteten, wie sie mit dem Drogenkonsum fertig wurden und mit allem Möglichen, was von der Jugendhilfe als „Verwahrlosungserscheinungen“ bewertet wurde. Mich hat sehr beindruckt was für Kräfte sie hatten, wenn sie ihr eigenes Leben gestalten durften. Wir mussten uns dann auch mit der Westberliner Jugendbehörde auseinandersetzen, die dieses Projekt unter die Heimaufsicht stellen wollte. Die Heimaufsicht hatte aber durch Jahrzehnte völlig versagt und nie ihre eigentliche Aufgabe, die ihr vom Gesetzt zugewiesen war, erfüllt: dafür zu sorgen, dass den Kindern und Jugendlichen kein Leid geschieht und sie in den Heimen in jeder Hinsicht gefördert werden. Die Jugendlichen haben sich mit unserer Unterstützung erfolgreich dagegen gewehrt. Das war eine überaus wichtige Erfahrung, die zeigte, welche Kräfte entstehen können, wenn Jugendliche, die Objekte der „Jugendfürsorge“ waren, selbst darüber bestimmten, wie sie leben wollten.

A. Kassabova: Der beste Beweis.

M. Kappeler: Ja, und auch später in der offenen Jugendarbeit habe ich immer wieder die Erfahrung gemacht, dass Jugendliche so viele Kräfte entwickeln, wenn sie die Chance bekommen, selbst zu entscheiden. So war es.

A. Kassabova: Das benötigt aber auch Rahmenbedingungen.

M. Kappeler: Ja, natürlich. Also die ganze Aufbruchstimmung in der Bundesrepublik der 1968er Jahre war der Rückenwind für diese Heimkampagnen. Dieses Buch, das ich damals mitgeschrieben habe, „Gefesselte Jugend. Fürsorgeerziehung im Kapitalismus“, hätten wir ohne diese Bewegungen, von denen wir selbst ein Teil waren, nie geschrieben. Heute ist es viel schwieriger für die jungen Kolleginnen und Kollegen, gemeinsam etwas zu tun, weil ihnen dieser gesellschaftliche Rückenwind fehlt. Sie haben nicht die politische Bewegung im Rücken, die sie stützt, trägt und mutig macht. So müssen sie sich erst als Einzelne durchschlagen und dann in diesem Bereich, der Kritischen Sozialarbeit, gemeinsam organisieren. Alleine kann man nichts machen.

A. Kassabova: Alleine kann man nichts machen. Gemeinsam haben sie vieles gemacht. Viele Zeitschriften, viele spezialisierte Fachzeitschriften. Das ist wichtig.

M. Kappeler: Das ist sehr wichtig.

A. Kassabova: Sie sprechen von Westdeutschland. Hatten Sie Beziehungen zu Ostdeutschland?

M. Kappeler: Ja, auch. Ich habe in der Zeit zwischen 1971 und 1974 in der DDR gearbeitet. Und zwar hatte ich in einer Studienzentrale der Evangelischen Kirche, wo ich als Dozent gearbeitet habe, eine dort nicht genehme Gesellschafts- und Kirchenkritik vertreten. Daraufhin wurde ich an eine evangelische Studienzentrale in der DDR versetzt.

A. Kassabova: Da die evangelische Kirche damals noch eine einheitliche Kirche war?

M. Kappeler: Genau, noch war sie das! Die evangelische Kirche in Deutschland trennte sich Mitte der 70er Jahre in den Evangelischen Bund der DDR und die Evangelische Kirche in Westdeutschland. Das bedeutete, dass jede Kirche Institutionen in beiden Teilen Deutschlands hatte. So konnten sie mich von dieser Studienzentrale in Gelnhausen in der Nähe von Frankfurt in die DDR schicken.

A. Kassabova: Als Strafe sozusagen?

M. Kappeler: Ja, als Strafe. Versetzt. Nach dem Motto: „Geh doch nach drüben.“ Das war in der Bundesrepublik ein gängiger Spruch gegen Linke. So war ich dann bei der Kirche in der DDR und zuständig für die Weiterbildung der kirchlichen Mitarbeiter*innen in „Gruppenpädagogik“

als sogenannter Reisekader. Ich konnte die ganze DDR kennenlernen und das war eigentlich ein Privileg. Aber es ging um Gruppenpädagogik und Jugendarbeit, nicht um Heimerziehung. Was in der Heimerziehung los war, wurde erst nach dem Ende der DDR richtig sichtbar. Nachdem wir 2010 den Runden Tisch Heimerziehung zunächst für die westdeutschen Einrichtungen durchgesetzt hatten, haben sich dann immer stärker die ehemaligen ostdeutschen Heimkinder gemeldet.

A. Kassabova: Der Runde Tisch war zuerst für westdeutsche Einrichtungen. Und erst allmählich kam die Forschung über Ostdeutschland. Auch die Wiedergutmachung?

M. Kappeler: Ja, diese Fonds „Heimerziehung“ sind zeitlich versetzt entstanden, also in der DDR gab es andere Bedingungen mit der Organisation der Heimerziehung, die überwiegend staatlich war. Dagegen waren es in der Bundesrepublik überwiegend kirchliche Träger, die bis zu 70 Prozent der Heimerziehung, im staatlichen Auftrag, zu verantworten hatten. Das gab es in der DDR nicht. Doch gab es bis Anfang der 1950er Jahre auch in der DDR kirchliche Heime, was dann in der DDR-Forschung zunächst nicht berücksichtigt wurde, weil alle Welt davon ausging, dass „alles verstaatlicht“ gewesen sei. Auch in den kirchlichen Heimen in der DDR haben Kinder und Jugendliche ähnliches erlebt wie in der Bundesrepublik. Die Ehemaligen aus kirchlichen Heimen mussten dann sehr darum kämpfen, als Opfer der Heimerziehung in der DDR anerkannt zu werden. Der Staat hatte die Ansicht, um Kinder, die als „schwer erziehbar“ klassifiziert wurden, soll sich mal die Kirche kümmern, mit denen wollen wir nichts zu tun haben. Mitte der 50er Jahre wurde das geändert, da gab es die allgemeine Zuständigkeit des Staates und dann wurden diese Jugendwerkhöfe, Torgau und alle anderen schrecklichen Anstalten, gegründet. Wir haben ziemlich schnell festgestellt, dass die Heimerziehung in der DDR unter sozialistischen Vorzeichen genau so schlimm war wie in der Bundesrepublik unter christlichen Vorzeichen.

A. Kassabova: In mancher Hinsicht vielleicht sogar schlimmer. Eines unserer Themen sind Institutionen für Kinder mit Gebrechen oder Behinderungen. Heute spricht man von Kindern mit verschiedenen Bedürfnissen und Begabungen.

M. Kappeler: Ja, aber damals hies es Behindertenhilfe.

A. Kassabova: Ja, auch in Bulgarien. Die „schwersten Fälle“ galten als nicht erziehbar und nicht beschulbar. In Bulgarien wurden sie an den Randgebieten, geographisch in Grenzgebieten, in ehemaligen Kasernen untergebracht, unter schlimmen Bedingungen, ohne ausgebildetes Personal und mit hoher Arbeitsbelastung. Kristina Popova hat zu diesen Fragen Publikationen veröffentlicht.

M. Kappeler: Das war auch in der Bundesrepublik ein ganz schwieriges Thema. Der „Runde Tisch Heimerziehung“ hat sich geweigert die Behindertenheim-Frage zu untersuchen. Die Mehrheit der Institutionenvertreter*innen sagte, dafür sind wir nicht zuständig; wir sind nur für die Jugendhilfe zuständig. Diese Heime waren offiziell Teil des Gesundheitssystems und waren mit der Kinder- und Jugendpsychiatrie verbunden. Am Runden Tisch wurde gesagt, das sei ein anderes Thema. Obwohl viele Heimkinder, die ich kennengelernt habe, irgendwann einmal in der Psychiatrie waren oder in einem dieser Heime, weil sie als geistig schwach, behindert, schwachsinnig, debil oder nicht bildungsfähig usw. galten. Diese Kinder und Jugendlichen haben die Heimschulen oder Sonderschulen oder gar keine Schulen besucht. In den Akten der Heimkinder gibt es immer wieder Hinweise darauf, dass irgendein Psychiater das Urteil gefällt hat: „Kann nicht beschult werden, ist geistig schwachsinnig“ und so weiter, oft nur aufgrund der Heimberichte und Jugendamtsakten. Das war ein großes Versäumnis des Runden Tisches, obwohl die ehemaligen Heimkinder, und ich auch, ganz massiv, sogar im Bundestag, eingefordert haben, dass Ehemalige aus den „Behindertenheimen“ in die Untersuchung einbezogen werden. Erst viele Jahre später, ich glaube 2017, wurde dann die Stiftung „Anerkennung und Hilfe“ gegründet, die jetzt für diejenigen, die in solchen Einrichtungen waren und dort gelitten haben, Rehabilitation und Entschädigungen bringen soll. Das ist aber eine absolute Almosengeschichte, also die kriegen 5000 Euro und damit sind sie „abgespeist“. Und ihr Leben ist kaputt gemacht worden durch diese Einrichtungen und Schulen, die eben diesen Stempel hatten. Ich habe viele solchermaßen stigmatisierte Frauen und Männer kennengelernt, die sich stark engagiert haben in der Heimerziehungskritik. Wir wissen, dass diese Beurteilungen durch professionelle Fachleute Fehlurteile mit ganz schlimmen, lebenslangen Folgen für die Betroffenen waren. Obwohl es bereits 1915 die Hospitalismusforschung gab, wurde nicht gesehen, dass diese Kinder, die als nicht beschulungsfähig eingestuft worden waren, Einschränkungen hatten, die das Produkt der Heimerziehung selbst waren. Der durch die Lebensbedingungen in den Heimen erzeugte Hospitalismus wurde ihnen als erblich bedingt, als Anlage und so weiter zugeschrieben. Vor allem waren Kinder, die nichtehelich geboren waren, davon betroffen. Die allermeisten nichtehelichen Kinder kamen in solche Anstalten. Sofort nach der Geburt wurden sie der Mutter weggenommen, kamen in ein Säuglingsheim und kriegten diesen Stempel.

A. Kassabova: In Bulgarien gab es die Institution „Mutter und Kind“ Heim, in denen auch schwangere ledige Mütter aufgenommen wurden um dort die Schwangerschaft zu verbergen, nach der Entbindung das Kind eventuell zur Adoption freizugeben. Gab es solche Institutionen hier, welche Rolle hatten sie?

M. Kappeler: Ja, natürlich. Es gab diese „Mutter und Kind“-Heime, in denen die Mütter in diesen meist kirchlichen Institutionen ihre Kinder zur Welt brachten. Die Kinder wurden dann zur Adoption „freigegeben“, während die Mütter vom Jugendamt irgendwo in die Hauswirtschaft vermittelt wurden, wo sie als billige Arbeitskräfte weiter ausgebeutet wurden.

Die Psychiatrie, die Kinderpsychiatrie hat da eine ganz schlimme Rolle gespielt. Die Psychiater waren die Hauptbetreiber dieser ganzen eugenischen Denkweise. In der Stiftung „Anerkennung und Hilfe“ gibt es mittlerweile viel Material zu diesem Thema, aber ob man den Leuten heute wirklich Gerechtigkeit erfahren lassen kann ... Immerhin ist es erforscht. Der Verband der „Kinder- und Jugendpsychiater“ hat sich vor paar Jahren entschuldigt: „Ja, es tut uns leid und wir entschuldigen uns.“ Aber was ist eine Entschuldigung wert, wenn sie nur aus Lippenbekenntnissen besteht. Sie ist in jedem Fall nur eingeschränkt etwas wert.

Viele der betroffenen Menschen sind jetzt 75 bis 80 Jahre alt, viele sind gestorben, und einige haben Selbstmord begangen, weil sie mit diesem Stigma nicht leben konnten. Vor allem gibt es immer wieder Anlässe, die zeigen, dass es nicht vorbei ist. Die Sprache hat sich verfeinert; die Sprache ist nicht mehr so brutal diskriminierend, aber versteckt unter der Fachlichkeit geht es immer weiter.

A. Kassabova: Sie betonen die Sprache. Die Begriffe sind wichtig, welche Bedeutung sie haben und wie sich die Bedeutung ändert. „Verwahrlosung“ ist ein wichtiger Begriff, der vieles umfassen konnte. Sie haben dazu geforscht.

M. Kappeler: Ich habe einen Beitrag über den Begriff „Verwahrlosung“ geschrieben und wie die Jugendhilfe und die Psychiatrie zusammengearbeitet haben. In Deutschland. Jede Form des Eigenwillens konnte als Verwahrlosung eingestuft werden. Das war typisch, wie die Psychiater und Pädagogen diese einfache Erklärung geliefert haben. Der Anfang war so: Ende des 19. Jahrhunderts hat man den Verwahrlosungsbegriff noch so gesehen, dass sie, die Kinder, verwahrlost wurden. Ab 1900 hat man das nach innen verlagert, hat gesagt: „Die sind verwahrlost, das ist ihre Anlage, das ist erblich.“ Bei den Nazis hat man dann angefangen, sie zu sterilisieren.

A. Kassabova: Mit der sogenannten T4-Aktion ist es dann ins Extreme gegangen. Nach dem Krieg gab es die Entnazifizierung und die Auseinandersetzungen um das Nazi-Erbe. Doch das eugenische Denken, das klassifizierende und ausgrenzende Denken – ging es nicht weiter? In beiden Teilen Deutschlands?

M. Kappeler: Die ganzen Chefeugeniker der Nazis haben dann in der Bundesrepublik ohne Ausnahme Karriere gemacht. Alle. Alle sind berühmte Professoren, Institutsleiter und Universitätsrektoren geworden. Die großen Psychiater aus der NS-Zeit gründeten in der Bundesrepublik die Kinder- und Jugendpsychiatrie und waren bis in die 80er Jahre völlig unangefochten – die Zentralberater der Wohlfahrtsorganisationen zur Heimerziehung.

A. Kassabova: Gab es in den Heimen selbst personelle Änderungen? In Bulgarien gab es nach dem Zweiten Weltkrieg einen großen Mangel an Fachkräften, und so ging es auch weiter.

M. Kappeler: So ist es einfach weitergegangen. Die Leute, die vorher dort gearbeitet haben, haben einfach weitergearbeitet.

A. Kassabova: Gerade deshalb muss man es thematisieren. Aber vieles hat sich auch geändert.

M. Kappeler: Ja, natürlich. Was damals die Regelpraxis war, ist heute eine Ausnahme. Aber auch Ausnahmen darf es nicht geben.

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BOOK REVIEW

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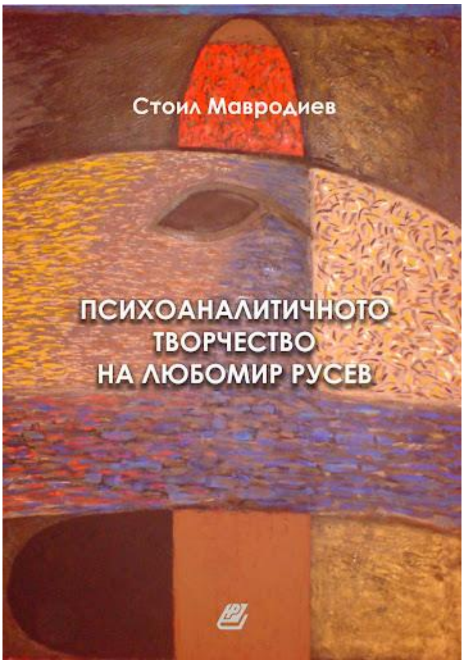
Revealing the Unseen: Stoil Mavrodiev's Exploration of the Psychoanalytical Contributions of Lyubomir Rusev

Abstract: *The review of the book "The Psychoanalytic Work of Lyubomir Rusev" presents a theoretical study carried out by Stoil Mavrodiev, dedicated to the description of the psychoanalytic work of Lyubomir Rusev Minchev, until recently unknown to both the scientific community and the general public, in which the author substantiates his original contribution to the methodology of this paradigm. The book provides an analytical and interpretive, critical reading of Lyubomir Rusev's work and his contribution to Bulgarian science, literary studies, pedagogical practice, and more.*

Keywords: *history of psychology; Bulgaria; psychoanalysis; methodology.*



Mavrodiev, Stoil (2021) *The psychoanalytic work of Lyubomir Rusev.* Blagoevgrad, Bulgaria: University Publishing House “Neofit Rilski”; p. 139. ISBN 978-954-00-0251-4.

In his monograph "The Psychoanalytic Work of Lyubomir Rusev", Stoil Mavrodiev presents both a philosophical-analytical and an empathically verified analysis of the psychoanalytic work of Lyubomir Rusev Minchev who was until recently unknown to both the scientific community and the general public. "The main reason is that the works of the intellectuals who professed Remkeanism and other ideological philosophical doctrines were banned after 1944 by the communist government established in Bulgaria" /p. 2/.

The author has developed his exposition in a total volume of 139 pages, having successfully achieved the intended goal of exploring the entire psychoanalytic oeuvre of Lyubomir Rusev Minchev, revealing his main ideas and contributions to Bulgarian science, literary studies, and pedagogical practice. I consider the completed volume to be exemplary within the scientific genre. The text is both readable and engaging, and skillfully directs the reader towards a neglected and unexplored psychoanalytic perspective that has marked Bulgarian psychological historiography to date.

I must express my admiration for the author's efforts in identifying, locating and accessing relevant sources. Mavrodiev has successfully built on his own scholarly achievements related to the rehabilitation of Bulgarian psychoanalysts' place in contemporary philosophical, psychological and dialectical discourse. The presented work is a part of a commendable scientific journey systematizing, conceptualizing and summarizing knowledge about the most intensive period in the development of the psychoanalytic movement in Bulgaria. It rehabilitates the movement's place in the system of psychological knowledge and demonstrate the original contribution of Bulgarian psychologists to the methodology of this paradigm. The reviewed monograph is immanently linked to the book "Psychoanalysis in Bulgaria until the 1940s", in which the author offers an analytical-interpretive, critical reading of the work of Bulgarian psychoanalytically oriented authors and their contributions to pedagogy, sociology, philosophy, religion, literary studies, and more.

Mavrodiev's original, creative and erudite scientific analysis employs content analysis, interpretation of original texts, the biographical method and the comparative logical method, aiming to rethink some fundamental principles and concepts by identifying their heuristic potential and application in psychology, philosophy, pedagogy, philology, religion, medical and legal practice.

The theoretical basis of the work is extremely informative and convincingly introduces us to the scientific work of Lyubomir Rusev. Rusev's work is conventionally divided into several categories: pedagogical works, including articles devoted to education; fundamental issues of psychoanalysis; psychoanalysis of artistic creativity; and psychoanalysis of religion and social phenomena /p. 3/.

Guided by the belief that the scientific work of Lyubomir Rusev should be rehabilitated and professionally studied, the author has diligently located and studied Rusev’s key writings. Stoil Mavrodiev successfully demonstrates that the works of Lyubomir Rusev have not lost their relevance and would enrich the knowledge of psychologists, pedagogues, philosophers, philologists and other specialists. I believe that such a manner of scholarly writing – especially of a historical nature – demonstrates one of the most valuable qualities of any researcher: scholarly conscientiousness.

The introductory text /pp. 2-3/, with its unmistakable philosophical emphasis, convincingly reveals the motivation for choosing this particular author and topic in the history of the Bulgarian psychological tradition, and accurately highlights the key aspects of the research design.

The author clearly adheres to the view that knowledge of the past in the development of a science aids a more authentic understanding of the present and a more accurate prediction of its future. In this context, the thesis is put forward that "our authors have also made their own original contributions to psychoanalysis. Ivan G. Kinkel developed the question of the origin of religion, and his study "Towards the Question of the Psychological Foundations and Origin of Religion" (Sofia, 1921) was published in the international psychoanalytic journal "Imago" (published in the period 1912 – 1937 in Vienna and Leipzig), receiving admiration by Sigmund Freud himself and his assistant Otto Rank. Lyubomir Rusev's approach is original, exploring the interrelationship between hunger and libido; he applies the psychoanalytic method to the artistic work of Hristo Botev, Peyo Yavorov and others" /p. 2/.

Stoil Mavrodiev's research efforts are focused on deepening the knowledge of national traditions in the development of Bulgarian psychology and its psychoanalytic perspective, highlighting the unique contributions of analysts up to the 1940s and beyond. His work seeks to identify the original contributions of Lyubomir Rusev, challenging the conventional view of Rusev’s activity merely as a popularizer of Freud's ideas by undertaking a kind of rehabilitation of his place in the history of Bulgarian psychology. I highly appreciate the creativity of this approach, which I find successfully realized in the book.

In the first part of the monograph /pp. 9-15/, Lyubomir Rusev’ life and key works, part of his scientific heritage, are presented. "The scientific work of Lyubomir Rusev can be divided into three main thematic areas: pedagogical themes, social-psychological and psychoanalytical research. The main scientific interests of the first half of his life were in the field of psychoanalysis. His books and articles are devoted not only to popularizing this doctrine, but also to applying it as the primary methodology for interpreting the literary works of Botev and Yavorov, Slaveikov (father and son), and others; he was interested in education and the formation of personality, as well as the depths of human culture and religion" /p. 4/.

Within the well-defined parameters of this conceptual framework, Mavrodiev skillfully directs attention to the activities of creating a "Pedagogical Dictionary", which explains over a thousand basic pedagogical concepts and contains biographical data on Bulgarian and foreign pedagogues. Such concepts as "abstraction", "automatism", "apperception", "associative experiment", "association" are clarified based on the views of Wilhelm Maximilian Wundt (August 16, 1832 – August 31, 1920). The notion of "education" is discussed thoroughly, presenting quotations of eminent philosophers on problems of education, and differentiating between the theory and practice of education, among other topics.

The following chapters present in a coherent sequence the philosophy and methodology of Lubomir Rusev's psychoanalytic readings in various problem areas: pedagogy, developmental psychology, psychohygiene and psychoprophylaxis, social phenomena, education and personality formation, the relation of psychoanalysis to fiction, and more.

The inclusion of Stoil Mavrodiev's own interpretation of Lyubomir Rusev's psychoanalysis of Botev's and Yavor's works in the structure of the exposition also deserves positive evaluation. The author demonstrates self-confidence as a researcher and the ability to think independently in the final main chapter, entitled "The Polemic between Lyubomir Rusev and Mikhail Dimitrov”. Here, the interpretive framework correctly and thoroughly presents the key ideas of their counter-argument, addressing both the methodology of psychoanalysis and its application to various fields of knowledge and culture.

A number of noteworthy contributions can be identified in this monographic study. The fact that the period between the 1920s and the 1940s remains unsystematically studied in our psychological historiography gives me a strong reason to argue that as a researcher Stoil Mavrodiev stands out as an innovator who consistently and thoroughly set the general direction for research in the Bulgarian history of psychology, which he further deepened through an analytical and interpretive reading of the works of prominent figures such as Lyubomir Rusev.

The absence of systematic analytical studies on the intensive period of the psychoanalytic movement in Bulgaria, and the rehabilitation of its place in psychological knowledge, highlights Mavrodiev’s significant contribution. He demonstrates that Lyubomir Rusev’s original contributions to the methodology of psychoanalysis have broader implications for the evolution of psychological ideas both nationally and internationally.

The exposition is original, well-conceived and built into a logically developed presentation of themes that have captivated Lyubomir Rusev and other psychoanalytically oriented intellectuals who sought explanations of universal, behavioral and personal problems in the socio-cultural context of their respective historical times. Their foundational ideas go far beyond the boundaries of psychology, enriching the humanities and even literary studies through an original psychoanalytic reading of the works of Botev and Yavorov.

Stoil Mavrodiev undoubtedly enriched and further developed the subject area of the history of Bulgarian psychology. The author’s extensive research and expertise in the difficult field of analytical-interpretive research, proof of which is his study of the scientific work of Lyubomir Rusev and of a number of other Bulgarian psychologists, is commendable. There is no doubt that the book is a valuable read for psychologists and for all specialists in the humanities.

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BOOK REVIEW

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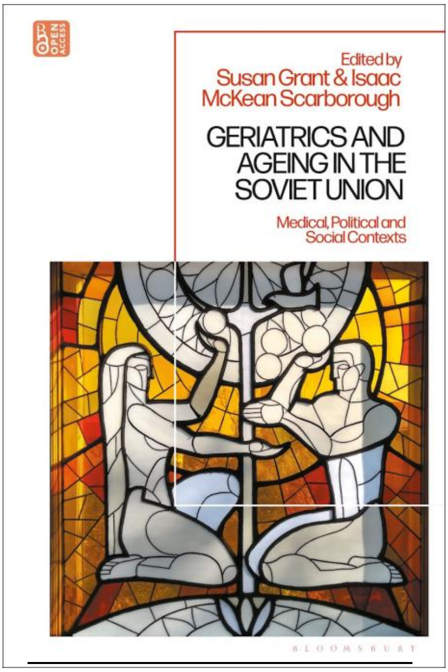
What is 'Soviet' about Soviet Ageing?[1]

Abstract: *This book explores ageing in the Soviet Union from different perspectives: in the context of scientific, educational, and media discourses, in terms of social care and urbanism, and from gender and generational standpoints. In addition, Soviet ageing is innovatively placed in a broader context. The volume is the result of a collaborative and interdisciplinary effort of researchers with deep and long-standing interest in Soviet history, as well as researchers who reside in the countries of the former Soviet Union.*

Keywords: *Soviet Union; ageing; gerontology.*



Susan Grant and Isaac McKean Scarborough (eds.) Geriatrics and Ageing in the Soviet Union: Medical, Political and Social Contexts. London – New York – Oxford – New Delhi – Sydney: Bloomsbury Academic, 2023, 256 p.

I am writing to recommend this book to researchers, students and anyone else interested in the history of medicine, medical anthropology, the social history of the Soviet Union, or ageing studies more broadly. The volume offers a variety of perspectives on ageing: in the context of scientific, educational, and media discourses, in terms of social care and urbanism, as

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[1] This text is part of my work on the project 'Taming the European Leviathan: Postwar Medicine and the Common Good' supported by the European Research Council (grant agreement No. 854503).

well as from gender and generational standpoints.

The first section focuses on the scientific perspective. It opens with an overview of the development of Soviet gerontology written by two of its leading figures: Vladislav Bezrukov, the long-serving Director of the Institute of Gerontology in Kyiv, which was the centre of Soviet gerontology, and Yurii Duplenko, one of the Institute's first employees, who dedicated his entire career to its growth. The authors discuss the ideas on the biological mechanisms of ageing advanced by the pioneers of Soviet gerontology, highlighting the continuity in its development, which lead to its consolidation from the 1930s on and to its institutionalisation with the founding of the Institute in 1958. They outline the research areas in which the Institute excelled and gained international recognition, as evidenced by its hosting of the 9th Congress of the International Association of Gerontology in 1972.

While the first chapter deals with 'hard science,' the next two chapters focus on what might be called 'visionary science' or rather, visionary belief in science as a means to 'conquer' nature, including human nature – the natural processes of ageing and dying. Maria Tutorskaya discusses the intertwining of the Bolshevik revolution with the revolutionary changes in science, which increased its public visibility: the experimental turn in life sciences and their expansion in scale. In particular, the rise of experimental endocrinology generated a 'secular mythology' (p. 47) of sorts, around the idea of human rejuvenation and longevity, tied to the revolutionary project of reorganising society. In the following chapter, Anna Ozhiganova delves into another stream of 'visionary' science: Ilya Arshavsky's theory of the positive influence of stress factors (such as cold) at the early stages of ontogenesis. Arshavsky claimed that cold exposure and physical exertion would 'wind up the clock of life' (p. 65) and have beneficial effects later in life. This theory inspired not only (para-)scientific experiments (most notably Igor Charkovsky's 'aquaculture') but also parental attitudes. The 'visionary physiology' gained popularity in the 1980s in the context of the late Soviet 'alternative science', which obviously responded to the needs and anxieties of the time.

The second section addresses issues of care and support for older people. Alexandra Brokman offers a case study of post-WWII psychiatric care, emphasizing the tendency of medical institutions to see older people as 'bodies' rather than persons, prioritising their bodily needs. Her account of the 'management of bodies' shows a striking parallel with Agamben's concept of 'bare life' in concentration camps: a state of dehumanization where the person is reduced to mere existence between life and death.

In contrast to the challenge that elderly, disabled and psychiatric patients presented to the Soviet project by failing to fit into the narrative of progressive change, the next two chapters focus on efforts to accommodate the needs of elderly people in an attempt to 'humanize' housing and urban environments. In her meticulously researched chapter, Susan Grant explores the design of care homes. Work being the highest value in Soviet society, care homes were initially intended to enable an active life for their residents. However, the residents' physical condition often called for a medical environment, rather than one akin to a home. The author views the need to balance care and independent living more as an intellectual challenge to be solved by architects and designers, rather than a practical one for local administrations and social services. In the same vein, Botakoz Kassymbekova discusses urbanists' visions of built environments that would be friendly to older people. She reveals the dilemma of accommodating older people's desire for independent living versus their need to be close to their adult children. The author draws on sociological surveys from the 1970s and 1980s to reveal how the vision of 'good ageing' was formed and how it guided proposals for improving the situation of older people in cities. However, it remains unclear if any of these proposals was implemented.

The third section deals with representations and discourses of ageing and old age. In her fascinating chapter, Danielle Leavitt-Quist captures the controversies surrounding the 'modern babushka' who diverged from the traditional grandmother roles. The issue was not limited to the changing life style of a cohort of (mostly) educated urban women but also touched upon more fundamental values such as Soviet morality, solidarity, duty, and the hierarchies of socially useful work: care work versus paid work. The problem goes beyond gender stereotypes to the ambivalent nature of communist emancipation, which prescribed full-time employment for women without challenging traditional gender roles. As a result, retired women were vital to the everyday functioning of Soviet society (as well as Bulgarian, Romanian, etc.). By re-framing the issue as a moral one, rather than a systemic one, public debates often suggested a return of older women to traditional gender roles thus pitting generations against each other.

The theme of generation is central in Alissa Klots' and Maria Romashova's chapter on how late Soviet memory politics contributed to the self-perception of retired women who volunteered to collect and organize material for local archives. The captivating case they analyze demonstrates how memory work together with one's elders and peers led to older women-activists' reimagining themselves as the pioneer generation that built socialism. In this way, they inserted themselves into the official Soviet historical narrative and constructed a vindicated self-identity vis-à-vis younger generations.

Finally, Katarzyna Jarosz compares several medical museums in different post-Soviet countries, focusing on the representations of the life cycle in order to distill a narrative 'not only on individuals' Soviet ontogenesis, but the ontogenesis of the Soviet medical system' (p. 167). Her striking finding is that old age and death as phases of the life cycle are conspicuously absent from all surveyed museums. Insofar as death is portrayed, it is always the heroic death of soldiers defending the motherland, bearing a completely different message than one might expect in a museum of medicine.

The last section of the volume seems to diverge from its announced focus on the Soviet Union by introducing other country cases: Ewelina Szpak's chapter on the plight of older people in People's Poland, where old age was excluded from the socialist project and 'was tabooed as a social problem' (p. 192), is juxtaposed with an account of the development of gerontology and the attitudes towards older people in post-WWII UK, where non-state actors, such as the Nuffield Foundation, were the ones to take the lead. While well researched and compellingly argued, these chapters leave some doubt about the need for such contextualization. It might have been better in terms of coherence, if (an)other country case(s) from the Soviet bloc were brought in for comparison. However, the editors seem committed to a global perspective, concluding the volume with an epilogue penned by James Chappel and Isaac Scarborough that ambitiously places socialist (not only Soviet) ageing in a global context. The authors indeed successfully pull together the 'loose ends' of the individual chapters and defend their approach by identifying four major thematic fields in ageing studies: science, rural ageing, gender and race/ethnicity/empire. (The last theme's relevance to ageing in the Soviet world, as the authors admit, remains unclear.) To these, I would add the crosscutting theme of representation, which draws attention to the cultural lens through which ageing is viewed – a dimension present in all chapters.[2]

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[2] For recent work exploring representations of ageing, see the chapters on 'literary gerontology' in Dagmar Gramshammer-Hohl and Oana Hergenröther (2021).

My reservations are, first, that the global perspective actually becomes a backdrop for US-USSR parallels, and second, that some of these parallels seem rather bold. For example, while there were indeed parallels and cross-fertilisations in the field of gerontology, as Scarborough proves in his excellent in-depth study (Scarborough 2022), this was the case in the second half of the 20th century. The earlier period of ideologically informed ‘visionary science’ falls out of the picture, although it is thematised in some chapters. Tellingly, what was to become the Institute of Gerontology in Kyiv, was initially conceived as an ‘Institute for the Study of Longevity’ (Ibid.: 1251), in tune with earlier utopian visions. Moreover, the state’s ‘flattening’ of citizens into standardized categories was often based on ideological principles, as Szpak shows in relation to private farmers in Poland.[3] Also, while Soviet and American older women did face similar challenges, a ‘women’s movement that was urging women towards equal standing’ (p. 235) existed only in the latter case, while in the former, such a movement was theoretically impossible due to the claim that full emancipation was already achieved (and practically impossible, because of state control).

Despite these reservations, I do recommend this book - not only because the individual chapters are well-conceived, well-researched, and written by top scholars in their fields, many of whom reside in the region of the former Soviet Union, but also because the volume opens up new directions for research, reflection and discussion.

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Koleva, D. (forthcoming) How Can Care Produce Inequality? The privileges of the “active fighters against fascism and capitalism” in communist Bulgaria. *Südost-Forschungen*.

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[3] For another case of ideologisation of age see Daniela Koleva (forthcoming).

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BOOK REVIEW

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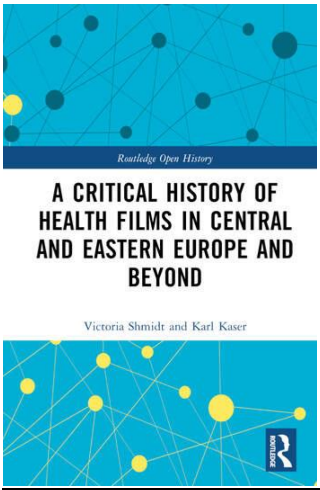
Healing Frames. Health Histories beyond 'West' and 'East' through the Lens of Cinema[1]

Abstract: *The text is a review of "A Critical History of Health Film in Central Eastern Europe and Beyond" by Victoria Shmidt and Karl Kaser – a significant scholarly work that offers an in-depth examination of health films and their role in shaping public health perceptions and policies in Central and Eastern Europe. Drawing on extensive archival material, this interdisciplinary book bridges the fields of film history, media studies, social history, public health history and Central Eastern European studies, providing readers with a nuanced understanding of how visual media was used to promote health issues. The book covers a broad temporal scope, encompassing case studies from the interwar period, World War II, the socialist era, and the post-socialist transformation.*

Keywords: *Health Films; Health Policies; Health Discourses; Filmmakers; Europe; USA; National and International Organisations.*



Victoria Shmidt, Karl Kaser (2023) A Critical History of Health Films in Central and Eastern Europe and Beyond. Routledge. ISBN 9781032215143, 284 Pages 35 B/W Illustrations

It is an honour to review the monograph authored by Victoria Shmidt and Karl Kaser. For me, as a historian and ethnologist/anthropologist with interests in visual studies and medical anthropology, the book is not only fascinating, but highly valuable, as the authors develop a new, multilayered ap-

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[1] The publication is within the ERC Project "Taming the European Leviathan: The Legacy of Post-War Medicine and the Common Good"(LEVIATHAN). The project has received funding from the European Research Council (ERC) under the European Union's Horizon 2020 research and innovation programme (Grant agreement No. 854503).

proach to the history of Central and Eastern Europe through the lens of health films.

The historical presence of health films in Central and Eastern Europe is beyond question, but despite their preserved legacy, the films' history remains a widely unexplored topic to this day. Shmidt and Kaser's book changes this. This interdisciplinary book bridges the fields of film history, public health, and Central and Eastern European studies, providing readers with a nuanced understanding of health films and their role in shaping public health perceptions and policies in Central and Eastern Europe.

Both authors are well-known and established scholars with profound knowledge of the region: Karl Kaser's 'model thinking' meets Victoria Shmidt's attention to detail in a fruitful combination. The applied cross-national historical comparative analysis differentiates the driving political forces in producing and disseminating health films, contributes to the contextualization of health films, and highlights their active, agentic position. Following Juan Fernandez's approach of "grouping singular events under complex interpretative concepts" and focusing on a "rhizome narrative", Shmidt and Kaser use mainly films from Czechoslovakia and Yugoslavia, analyzing them in a broad temporal scope, encompassing the interwar period, World War II, the socialist era, and the post-socialist transformation. The justification for the particular focus on health films from these two states is based on several compelling reasons: Both Czechoslovakia and Yugoslavia were regional pioneers in the use of film as a medium for public health education. Czechoslovak and Yugoslav filmmakers were known for their innovative approaches to film production, which significantly influenced the genre of health films. These countries often led the way in adopting new technologies and narrative techniques that made their health films particularly effective. The political and social contexts of Czechoslovakia and Yugoslavia provided interesting case studies for how health films were used as tools of state policy and social engineering. The shifting political landscape of Czechoslovakia, from a democratic interwar period to Nazi occupation and then to socialism, provided diverse contexts in which health films were produced and utilized. The specific emphasis of the Yugoslav socialist regime on collective health and education, coupled with the country's ethnic diversity, presented a distinct environment for the production of health films aimed at fostering a unified public health consciousness.

One of the book's strengths lies in the detailed archival research. The extensive archival materials and the availability of well-documented records in Czechoslovakia and Yugoslavia allowed for an in-depth analysis of the production, distribution, and reception of health films. The authors did access a wealth of archival footage, government documents, and contemporary critique, enabling them to construct a comprehensive history of health films in these countries.

By emphasizing Czechoslovakia and Yugoslavia, Shmidt and Kaser provide a detailed and representative study of how health films developed and operated within the broader context of Central and Eastern Europe, but also within a global context. Shmidt and Kaser organize the films into "assemblages" to illustrate the interconnectedness of local and global influences on health film production. The authors illustrate how health films in Central and Eastern Europe were influenced by and contributed to global trends through transnational collaborations and exchanges. International organizations like the Red Cross, the International Institute for Intellectual Cooperation and its subdivision the International Educational Cinematographic Institute, the Rockefeller Foundation, the World Health Organization, etc. played a significant role in fostering international collaboration, but also in shaping the content and the production of health films. The distribution and dissemination of health films also had a significant international dimension. Health films were screened in various international settings, reaching diverse audiences and contributing to the global discourse on public health. These films were not just local educational tools but were embedded in global health movements and ideologies. In the interconnected global world there were (and are) important hierarchies. It is to the authors' credit that they point out power relations and asymmetrical power dynamics within the global context. The book discusses how health films from Western Europe and the United States often set the standards for film production and public health messaging. Filmmakers in Central and Eastern Europe frequently had to conform to these standards in order to gain international recognition and funding. Western countries typically had more resources for producing high-quality films, leading to a dependency on their techniques and narratives. This created a hierarchy where Western models were seen as superior or more legitimate.

The “Western” health films were considered the leading pattern, but their adaptation in Eastern Europe is explored in the book in terms of cultural revision, (re-)interpretation and (re-)creation, highlighting the multiple versions of the cinematic stories.

During the socialist period, Soviet influence became prevalent.

Health films from both East and West were often exported to the then so called developing countries, as part of international aid programs. This export was not an equal exchange but often reflected a form of cultural and informational hegemony, where the exporting countries imposed their health paradigms on the recipient nations.

Health films from Central and Eastern Europe were exported to other countries, particularly within the socialist bloc, but also to the "Third world" which was understood as a practice of socialist solidarity. These films sometimes carried implicit assumptions of superiority, portraying socialist health practices as more advanced compared to those in "developing" societies.

The book explores how health films and the ideologies they propagated were influenced by broader international trends and collaborations. This was evident for example in the use of similar themes and narratives in health films, promoting ideas about hygiene, disease prevention, and the ideal family structure that often had racial undertones.

The structure of the book is not linear and chronological but rather organized around key topics. This thematic approach allows the authors to explore various aspects of health films in depth and from multiple perspectives.

Part 1 "Child and nation in the focus of rescue-mission health films" explores the central role that health films played in promoting the health and welfare of children within the broader context of nation-building and national health campaigns. Children were seen as the future of the nation, making their health and well-being a primary focus of public health initiatives. Health films aimed at children were part of broader efforts to build a strong, healthy population, which was considered essential for the nation's progress and survival. The effectiveness of these films in shaping public attitudes and behaviors towards child health and national duty is discussed. The authors examine how films targeted at improving child health were intertwined with ideologies of national strength and purity, often reflecting eugenic ideas. They reflect on how these films contributed to the normalization of eugenic ideas and the prioritization of national health over individual rights.

Part 2 "Health films for teaching children" delves into the dual role of health films as educational tools and vehicles for broader social and moral education. The primary goal of these films was to teach children about hygiene, nutrition, disease prevention, and healthy lifestyles. By focusing on children, these films sought to shape not only individual health behaviors but also societal values and norms. The authors consider both the positive impacts, such as improved hygiene practices, and the potential negative effects of embedding eugenic ideologies, subtly promoting concepts of genetic health in educational content, aimed at influencing children's perceptions of health and heredity.

In Part 3 “Men and women in the focus of health films”, the authors explore the portrayal of masculinity and femininity in health films, as well as the intersection of health education and gender ideologies. Films for women often focused on topics like pregnancy, childbirth, and infant care, while films for men addressed issues like workplace safety and physical fitness. Health films often reinforced traditional gender roles, portraying women primarily as caregivers and men as workers and protectors. Health films are interpreted as *Bildungsroman* for teaching men “proper” male behavior, including the prevention of alcoholism and venereal diseases. The influence of eugenic ideas is evident in films dealing with reproductive health, emphasizing the importance of "healthy" reproduction and the prevention of hereditary diseases, and serving as medical surveillance over women.

The final part 4 “Health films for the interwar periphery” the authors devote to the role and impact of health films in the peripheral regions of Central and Eastern Europe during the interwar period. The section discusses the unique public health challenges faced by peripheral and rural areas, such as higher rates of infectious diseases, poor sanitation, and limited access to medical care. Health films were used as a tool to educate these populations about basic health practices and disease prevention. This section emphasizes the importance of understanding the contextual and logistical challenges of public health education in peripheral regions, as well as the critical role of health films in improving health outcomes and promoting social change during the interwar period. It illuminates the dynamics of campaigns against infectious and sexually transmitted diseases as multi-level projects to ensure global health security, dividing the world into “developing” countries, where warnings were to be issued about potential outbreaks of infectious diseases, and the developed countries that were to be protected. Such a model was adopted by Eastern European states to legitimize themselves and the policy of internal colonialism towards their peripheral regions.

Shmidt and Kaser discuss how different health films were tailored to specific audiences. The target audiences for health films were carefully chosen and differentiated based on the specific health issues being addressed, the social and cultural context, and the intended impact of the films. Films for the general public were made to be easily understandable, often using simple language, visual aids, and dramatizations to convey messages. These films were distributed through public screenings in cinemas, community centers, and even mobile units in rural areas to reach a broad audience. The use of animation, engaging stories, and relatable characters characterized films aimed to capture the attention of younger audiences. Health films became integrated into school curricula and special screenings at schools to ensure that children and adolescents received these messages in an educational setting. Women (especially mothers) were a special target group. Films often included information specifically targeted at mothers, such as breastfeeding, child nutrition, and early childhood development. Such films were screened at women's clubs, community health centers, and other places where women gathered, sometimes followed by discussions led by health professionals. This reflected and reinforced binary gender roles, strengthening the traditional view of women as primary caregivers responsible for the well-being of the family. The focus on maternal responsibility in health education reinforced the idea that nurturing and caregiving are inherently 'natural' female roles. Simultaneously, while many films reinforced traditional roles, some also empowered women by providing them with knowledge and skills that could enhance their autonomy and influence within the household. By educating women on health matters, these films elevated women's status and importance within the family and community, potentially challenging the patriarchal structure in subtle ways. Films targeting healthcare professionals and educators included in some cases women in professional roles, such as nurses and doctors. The representation of women in professional capacities challenged the traditional view of women solely as 'homemakers'. It highlighted their role to contribute to society beyond the domestic sphere.

Shmidt and Kaser's analysis of the authors is intersectional, combining gender, class, religion. Class-based metaphors in health films often depicted a dichotomy between the educated, middle-class families who followed modern health practices and the working-class or rural and Muslim families portrayed as backward or ignorant. This framing served to stigmatize lower-class families while promoting "white" middle-class norms of parenting and hygiene.

The authors cover a diverse range of health films to explore their development and impact in different historical, cultural, and social contexts: Venereal Disease Films (which emerged in the early to mid-20th century, particularly during and after the World Wars when venereal diseases were a significant public health concern), as well as Maternal and

Child Health Films, Hygiene and Sanitation Films, Nutrition and Dietary Films, Mental Health Films, Occupational Health and Safety Films, Alcoholism Abuse and Ant-Smoking Campaigns, Vaccination Campaign Films and others.

Films on tuberculosis serve as one of the ‘case studies’. The book includes a dedicated section – Chapter 13, Part 4, entitled “Films of the National Tuberculosis Association (NTA): Rooting health films for the periphery in the racial hierarchies of the interwar United States”. The NTA played a crucial role in the fight against TB by promoting public health education and advocating for improved sanitary conditions and medical care. The organization produced numerous health films aimed at educating the public about TB prevention and treatment. Shmidt and Kaser demonstrate the contradictory use of health films: while these films played a role in educating the public about TB, they also contributed to the marginalization of racial minorities by depicting them as more susceptible to disease and less capable of adhering to health guidelines. Health films produced by the National Tuberculosis Association during the interwar period were influenced by, but also reinforced, socioeconomic and racial hierarchies prevalent in the United States at the time. The racialized approach to health education had long-term implications for public health efforts and the perception of racial minorities in the United States. And far beyond! Incorporated into the broader analysis of health films, the authors present different TB films from Central and Eastern Europe, providing a nuanced and comprehensive examination of how these films contributed to the fight against tuberculosis while also reflecting the social and cultural contexts in which they were produced.

In light of the topic of the special issue, “Institutional Care”, it is worth noting that Shmidt and Kaser pay special attention to the portrayal of institutionalized childcare. “The institutionalized child as a precondition for the healthy nation” is the revealing title of a subchapter that focuses on interwar films depicting the institutionalized child as a model for a healthy future citizen. These portrayals were intertwined with notions of eugenics and social hygiene, reflecting the era's emphasis on controlling and improving public health through state intervention. Shmidt and Kaser analyze how health films served as tools for promoting specific social policies and ideologies. Health films addressed nations as families in order to include them in the multilevel process of institutionalizing care for children. A number of the films produced in interwar Prague and Zagreb are “rescue” films, designed to convince people of the goodwill of a state that cares for future generations. The neglected child, the protagonist in each of the films, eventually reaches the best possible position by being placed in an institution.

For example, the book delves into the work of Mladen Širola, a prominent filmmaker, to illustrate how his films aimed to promote the idea of "irresponsible parenting" and its opposite – collective care as a means to improve national health standards, reflecting the broader eugenic and humanistic debates of the interwar period.

The films highlighted the contrast between collective care and traditional family structures, often portraying the latter as backward or inadequate. This dichotomy was used to justify the institutionalization of children, especially those from marginalized communities, such as the Roma, Muslim, or disabled children, which underscored a path dependency in the child protection systems of the region. The conflict between "irresponsible parents" and the paternalistic state is shaped by consistent masculinization: powerful men make decisions, and devoted women implement them.

The move towards deconstructing the idea of the 'instituionalized child as a precondition for a healthy nation' and the raising critique on institutional childcare is illustrated by examining films influenced by John Bowlby῾s "Attachment Theory" from the 1950s. The films, debating the emotional deprivation of children in residential care, had a significant impact, sparking broader debates and introducing child psychology, stimulating initiatives for developing substitute family care, and strengthening family-, adoption- and foster care policies. The examples given suggest that the popularity of attachment theory in Czechoslovakia only peaked in the early 1960s. At the time, the 'familialization' of social policy served several political objectives. In addition to legitimizing the political authority of the then-new President of Czechoslovakia, Antonin Novotny, the main goals mirrored those of attachment theory in Western European states in the previous decade: reducing expenditure on preschool care by emphasizing the mother῾s 'indispensable role' in early child development and pushing women out of many labor market roles they had gained access to during the first decade of socialist rule. By following the Czechoslovak film director Kurt Goldberger, highlighting his extensive experience in Great Britain studying British educational films, analyzing his 1963 film "Deti bez lasky" [Children Without Love], and noting his emigration after the Warsaw Pact Invasion of Czechoslovakia in 1968 to West Germany where he continued his career as a documentary filmmaker, Schmidt and Kaser open up a wide field for further research on the interconnected world of "traveling" policies, people, ideas, knowledge, and technologies.

Shmidt and Kaser's critical history underscores the complexity of health films as powerful tools for both education and social engineering. By examining the multifaceted roles and impacts of these films, the authors provide valuable insights into the interplay between health education, eugenics, gender norms, and societal change in Central and Eastern Europe and beyond.

The dense analysis of health films is based on a variety of sources from local, national (film) archives, specialised (medical) media and mass media, etc. Films that had not survived as films are also included, reconstructed on the basis of negatives, photographs, reports etc., and the process of their creation and influence is discussed. Victoria Shmidt and Karl Kaser employ the biographical method to analyze leading personalities in film production and health policy (such as Karel Štapfer, Karel Driml, Andrija Štampar, Kurt Goldberger and others). By focusing on the biographies of key figures in health film production and policy, the authors reveal how personal beliefs, experiences, and motivations of these individuals shaped the content and direction of health films.

Shmidt and Kaser’s thoughts on the "renaissance in rescue-mission films after 1989" as a significant cultural and political phenomenon are provoking. "Rescue-mission films" refer to a genre that focuses on saving or rehabilitating individuals, particularly children, who are perceived to be in danger or to be disadvantaged. In the context of the post-1989 era, these films highlighted the failures of the socialist system, portraying it as oppressive, ineffective or corrupt. The genre experienced a renaissance as it became a vehicle for articulating criticisms of the socialist past and promoting new political and social ideals. These films frequently depicted socialist-era policies and institutions as harmful or inadequate, thereby questioning the legitimacy of the socialist system as a whole. By highlighting systemic failures, filmmakers sought to discredit the previous regime and to promote the new capitalist order. While the post-1989 rescue-mission films played an important role in criticising the socialist past and promoting new democratic values, their often one-sided perspective can hinder a more nuanced and differentiated understanding of socialist societies. A balanced approach is essential for a comprehensive historical narrative that reflects the complexities of the socialist states within the global world divided by the “Iron Curtain”.

In conclusion, the aim of questioning the mode typical of master narratives which consider Eastern European countries as minor actors, not subjects but impersonal singularities of global politics, is achieved. The "dense description" – of the film subject, of (political) ideas, the interrelations between different genres, the use of motifs and the multi-layered development of the characters, the biographical method applied to leading personalities – makes the book an intriguing read.

Written in a readable style, the book contributes to developing critical thinking (and film viewing), triggering a critical re-examination of narrative practices, and moving towards a more nuanced understanding of public health, gender-based politics and the struggle for social justice. The authors conclude their research with the assertion that "the critical history of health film in Eastern Europe seems like an endless story that must be revisited under the call of new events and actions necessary for deconstructing deeply rooted master narratives concerning the emancipation of former subalterns and ascribing greater historical responsibility to Eastern Europe." Their primary aim is to stimulate further research, reflecting their mission to encourage ongoing scholarly inquiry.

With their book, Victoria Shmidt and Karl Kaser provide a rich foundation for scholars from various disciplines – including history, social and cultural anthropology, medical anthropology, ethnology, visual studies, cinema research, and critical heritage studies. Their work encourages scholars and broader audiences to embrace and expand upon this understanding, fostering critical thinking and promoting a deeper, more nuanced exploration of health films and their impact on society.

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VITA ACADEMICA

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International Scientific Conference on “Transformations of Postwar Europe: Medicine, Bodies and Technologies”, Sofia, May 27-30, 2024

Abstract: *The review presents the international scientific conference “Transformations of Postwar Europe: Medicine, Bodies and Technologies” which was held in Sofia between 27th and 30th May 2024 as part of the project “Taming the European Leviathan: The Legacy of Post-War Medicine and the Common Good” [H2020 ERC-2019- SyG; GAID: 854503], funded by the European Research Council, under the European Union’s Horizon 2020 research and innovation programme, and organized by the Medical Anthropology Department at IEFSEM – BAS.*

Keywords: *Postwar Europe; Medicine; Technologies; Governmentality; Care; Representations; Medical Anthropology.*

The international scientific conference “Transformations of Postwar Europe: Medicine, Bodies and Technologies” was held at the Czech Centre in Sofia between 27th and 30th May 2024. The event took place as part of the project “Taming the European Leviathan: The Legacy of Post-War Medicine and the Common Good” [H2020 ERC-2019- SyG; GAID: 854503], funded by the European Research Council, under the European Union’s Horizon 2020 research and innovation programme, and organized by the Medical Anthropology Department at IEFSEM – BAS. The programme included over 40 researchers from different academic institutions across 12 countries who presented their original research inspired by several thematic circles: Technologies of (Self)Governmentality: (Self)Care and (Self)Control; Technologies of the Collective Body; Utopias, Delusions, Risks; Visualizations and Representations.

The forum brought together world-renowned scholars and at the same time attracted many young researchers working in various fields of the humanities, social and applied sciences, including history, ethnology, sociology, philosophy, law, ethics, economics, architecture, etc. Three key note presentations and ten thematic panels were organized within its framework, offering both an interdisciplinary floor for expression and an opportunity for in-depth and dynamic discussions.

The event was opened on May 27 by Vihra Baeva, the Scientific Secretary of the IEFSEM – BAS, followed by Anelia Kassabova, the Principal Investigator in the Bulgarian team of the "Leviathan" project and head of the Medical Anthropology Department. They welcomed all the speakers and guests and presented the main aim of the conference: "contributing to a deeper understanding of the changing concept of care and hence the changes of relationships between the individual, the society, and the state. The emphasis is on the interconnectedness of Europe, on the entangled history that involves different forms of interaction – intersections, exchanges, competition, conflicts".[1]

The opening ceremony continued with the first keynote presentation by Agnieszka Kościańska from the University of Warsaw, introduced by Anelia Kassabova. Drawing on a historical perspective, Kościańska discussed so-called natural family planning in Poland. The focus was on the transnational influence of the Catholic Church in framing it as medically informed expert knowledge. This perspective reinforces *conservative narratives* on issues such as sexuality and reproduction, positively framing the male figure in a sphere typically dominated by female responsibilization, and constructing it as a corrective for 'deviant' female behavior. The paper attracted significant interest as it also addressed contemporary developments in the context of the unfolding large-scale anti-gender movements, which allowed participants in the discussion to share and comment on their local experiences through a comparative perspective.

Kristina Popova introduced the second keynote speaker of the event – Heike Karge from the University of Graz, whose presentation took place on 28 May. Karge's presentation also adopted a comparative research approach, but focused on a different range of questions. This time, the issue of Cold War-era psychiatric discourses came into focus, and more specifically – the psyche of the soldier and treatment for the psychopathological effects of World War II on those serving on the front line. She emphasized the points of transfer, intersection and divergence in diagnostic strategies on both sides of the Iron Curtain. Through her

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[1] For more information about the idea of the event, as well as the full programme: https://iefem.bas.bg/mezhdnarodna-konferenza-transfor.html

case study, Heike Karge illustrated the dynamics of numerous heterogeneous processes that underlie the conceptualization of an experience as trauma(tic) and "tame" the exogenesis of war traumatism. Following her analysis, it can be concluded that such discourses gradually normalize this type of disorders, but only insofar as they pre-assign them as *temporary*. In this sense, the notion of long-lasting effects is delegitimized by psychiatric discourses themselves, and these possible effects seem implicitly repositioned in the realm of individual dispositions.

Gergana Mircheva from the Institute of Sociology and Philosophy at BAS delivered her keynote speech on the next day of the conference, introduced by Daniela Koleva. Mircheva drew the audience's attention to another case of normative construction of (ab)normality from the second half of the 20th century in Bulgaria. Her long-standing interest focuses on the conceptualization of autism and its definition and treatment as a condition with a peripheral presence in expert knowledge. Mircheva examined the diagnostic approaches to autism during this period as unstable categories framed by *psycho-medical scripts,* which in practice are subject to transnational circulation. In this context, a critical analysis of the positioning of this type of experience in view of the ideological significance of childhood, for example, is extremely important. The lecture again opened up an opportunity for in-depth discussion, with some of the questions revolving around the lack of first-person testimonies from the suffering subjects themselves, as well as around current issues faced by people diagnosed with the condition. The discussion was further supported by the participation of representatives of the psychiatric field who worked during the same period, including Ignat Petrov, MD.

The three keynote speeches were preceded by a number of papers presented in thematic panels, offering multiple approaches to the research topics set by the conference theme. The first panel, entitled *Medical Ethics and the Notion of Patient's Agency in Post-war Europe,* featured three scholars who addressed different aspects of ethical and legal debates around the role of expert knowledge and citizenship. This included the medicalization of death in Hungary (Judit Sándor, Central European University) and the Netherlands (Mária Éva Földes, Erasmus University Rotterdam), and the secularization of medical deontology in post-war Poland (Ulf Schmidt, University of Hamburg).

The second panel, entitled *Between Traditional Healing Practices and Alternative Medicine: Science and Critique,* focused on alternative narratives by bringing together several approaches towards the processes of transference and adoption of various spiritual and therapeutic practices. The discussions were particularly interesting as they demonstrated the reflexive attitude of the panelists, each of whom is directly involved in these practices in one form or another: by engaged participant observation during shamanic healing rituals (Emil Antonov, IEFSEM – BAS); via (auto)ethnographic research in the field of Ayurvedic philosophy (Alžběta Wolfová, University of Economics in Prague); and through the professional exercise of Japanese psychotherapeutic practices (Velizara Chervenkova, Osaka University).

Deviant Bodies, Healing Minds: Expert Knowledge and the Medicalization and Demedicalization of the Suffering Subject was the title of the next session. Here, the authors presented their work on several forms of so-called social pathologies, along with the spectrum of normative discourses and endogenous practices applied to their ‘taming’. Tiago Pires (IEFSEM – BAS) addressed the field of Italian ethnopsychiatry and the culturally based methods for the treatment of mental disorders. Jakub Strelec (Institute for the History of Medicine and Ethics in Medicine at Charité, Berlin) and Vjačeslav Glazov (Charles University in Prague), on the other hand, focused on themes related to criminality using the example of socialist Czechoslovakia. Strelec did so through the lens of forensic psychiatry and the projects for prediction of risky behavior, while Glazov examined the framing of the notion of juvenile delinquency as an ideological challenge during late socialism.

The participants in the panel *Crossing Borders, Transgressing Boundaries* illustrated the diversity of forms in which the circulation of ideas, subjects, and practices occurs on both sides of the Iron/Nylon Curtain. Under the chairmanship of Alexa Geisthövel (Institute for the History of Medicine and Ethics in Medicine at Charité, Berlin), several issues were brought into focus: the so-called *traveling Pavlovism* reflected in the educational programmes developed by two leading figures working on one side of the Berlin Wall, but offering different readings of it (Kristina Popova, IEFSEM – BAS); the labor migration of medical personnel as a strategy for strengthening ideological influence in “Third World” countries (Mila Maeva, IEFSEM – BAS); and the contact between the Western pharmaceutical industry and the Eastern drug market (Volker Hess (Institute for the History of Medicine and Ethics in Medicine at Charité, Berlin).

The second day of the scientific forum continued with more papers in four thematic panels. *Nature as Technology: Health Infrastructures and Symbolic Mapping of the Social Space* was one of the sub-themes that problematized various aspects of public welfare policies in socialist

Bulgaria. Slava Savova (IEFSEM – BAS) examined the structuring of space in balneological centers and public baths, emphasizing their implicit gender dimensions that frame female corporeality primarily as reproductive power. The question of the governmentality of leisure and the ideological framing of sport as a universally applicable method for maintaining good health (both for the individual and for the population) was the focus of a presentation by Nevena Dimitrova (IEFSEM – BAS). Ekaterina Tsolova (ETH Zürich) continued this line by focusing more specifically on pioneer camps.

They were joined by Sławomir Łotysz (Institute of the History of Science of the Polish Academy of Sciences) – a participant in the sixth panel of the conference *Management of Risk: Care for the Collective Body and Responsibilization of the Self*. His paper analyzed mainstream media narratives in the coverage of the HIV/AIDS crisis in Poland which contextualized the latter as the result of the deviant behavior of a cluster of marginalized groups – a crisis that contradicts the image built by the socialist propaganda apparatus. Łotysz traces both these discourses and the work of medical circles to overcome their negative effects.

The seventh panel, *Finding Cures and Treating Bodies behind and beyond the Iron Curtain*, delved into the research and treatment history of several more socially significant diseases and conditions. Fruzsina Müller (Institute for the History of Medicine and Ethics in Medicine at Charité, Berlin) traced the changes in the perception of syphilis infection following the discovery of a method for its mass antibiotic treatment via penicillin. Progress in the treatment of Down’s syndrome through the application of cell therapies since the 1960s at an international scale was the topic presented by Paul van Trigt (Leiden University). Georgi Todorov (IEFSEM – BAS) focused on a Bulgarian case, addressing the controversial application of therapies using psychotropic medications in institutions for children with mental disorders.

This line of research was continued by the participants in the next panel, *Institutional Care and Social Marginalization in Post-War Europe: Case Studies*. It featured four papers discussing different approaches and institutional care policies for several segments of the population, with some focusing on childcare. José Luis Aguilar López-Barajas presented his joint work with Natalia Jarska (both from the (Institute of History, Czech Academy of Sciences) exploring the reception and application of John Bowlby’s theories in the setting of the mass introduction of state-run nurseries in Poland and the GDR. David Peace (University of Hamburg) recounted several cases from post-war Britain of newborns placed in a reception center for children from “problem families”, explaining the eugenic programmes behind such institutions. Samuel Fély (CEMS of EHESS) presented an ethnographic study on contemporary early diagnosis processes for children with development difficulties, stressing the forms of pre-school segregation in France. Inxhi Brisku (IEFSEM – BAS) drew attention to another aspect of institutionalization - elder care in Albania during the early years of the socialist regime.

The final day of the event included two more scientific sessions. Z. Selen Artan (Marmara University in Istanbul) examined a series of reproductive laws in post-war Turkey, explicating the biopolitical narratives behind them, while Ivana Dobrivojević Tomić (Institute for Contemporary History in Belgrade) presented on the topic of contraception in Yugoslavia. She drew particular attention to the dissonance between practitioners and health services attempts at promoting contraceptives and the population’s reluctance to use them. Barna Szamosi (Eszterházy Károly Catholic University at the Institute of English, American and German Studies in Eger and the Center for Ethics and Law in Biomedicine) discussed the eugenic legacy of genetic counseling in socialist Hungary, used as a risk management strategy. Their papers were part of the panel *Population Planning and Reproductive Policies:(Self) Care as (Self) Control.*

Beyond the Engineering of the “New Socialist Man”: Institutionalized Practices and Ideological Concepts was the title of the last thematic session dedicated to examining several utopian notions of modernity. Denitsa Nencheva (IEFSEM – BAS) presented the transformations of the ideas behind the concept of “anthropotechnics”. Georgeta Nazarska (University of Library Studies and IT) introduced her historiographical research on the so-called “Program for the Complex Study of Man and his Brain”, linking it to ideas of harmonious development of the personality. Yana Yancheva (IEFSEM – BAS) chose another subject though which to illustrate the exemplary image of the socialist man – that of the comprehensively developed child. Martin Kuhar (Division for the History of Medical Sciences Croatian Academy of Sciences and Arts) commented on the use of eugenic projects to increase the population in the Independent State of Croatia, dating from the end of the first half and the beginning of the second half of the 20th century.

Last but not least, the programme included papers by Iwona Boruszkowska and Kinga Siewior (Jagiellonian University in Cracow); Veronika Stoyanova (University of Kent); Klejdi Këlliçi (University of Tirana); Tatjana Enderić (University of Zagreb Faculty of Humanities and

Social Sciences); and Marie Hintnausová (Charles University in Prague, Faculty of Humanities), who were unable to attend the conference, but along with the other participants, will have the opportunity to develop their ideas in a planned forthcoming volume.

The lectures, presentations, and discussions accompanying all scientific sessions demonstrated the wide range of issues and questions that make the the legacy of post-war Europe increasingly relevant. The focus was on the interweaving of fields such as medicine, technology, social policy, and more, as well as on the explication of techniques of governmentality and tools for social engineering from both local and transnational perspectives. This has allowed for critical reflection on grand narratives and official discourses sometimes manifest and other times elusive to the normative gaze. The approaches identified by the participants and the scholarly dialogue between them highlighted multiple possibilities for thinking about these issues in comparative perspective, both synchronically and diachronically.

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AMBIVALENT LEGACIES

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ПРОТИВОРЕЧИВИ НАСЛЕДСТВА

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NORM AND DEVIATIONS

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НОРМА И ОТКЛОНЕНИЯ

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